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THE MEDIATING ROLE OF NARCISSISTIC VULNERABILITY IN THE
RELATIONSHIPS BETWEEN INTERNALIZED HETEROSEXISM, SHAME,
AND AGGRESSION IN GAY AND LESBIAN INDIVIDUALS

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Individuals

Gey ve Lezbiyen Bireylerde Narsisistik Kırılganlığın İçselleştirilmiş
Heteroseksizm, Utanç ve Agresyon Arasındaki İlişkilerde Aracı Rolü

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Abstract

This study aimed to investigate the role of narcissistic vulnerability in the relationships between internalized heterosexism and aggression, and internalized shame and aggression in gay and lesbian individuals. In line with this objective, a data was collected from 159 gay and lesbian identified individuals by convenience sampling method. Survey package included a Demographic Information Form, Internalized Homophobia Scale (IHS), Internalized Shame Scale (ISS), Hypersensitive Narcissism Scale (HSNS), Buss-Perry Aggression Questionnaire (AQ), and Two-Dimensional Social Desirability Scale (SiÖ). It was hypothesized that internalized heterosexism and internalized shame would be positively correlated, narcissistic vulnerability would be positively correlated with aggression, particularly strong correlations were expected with anger and hostility. Narcissistic vulnerability was expected to mediate the internalized heterosexism-aggression and internalized shame-aggression relationships. Correlation analyses and multiple hierarchical regression analyses were conducted to analyze the data. Data analyses yielded no significant correlation between internalized heterosexism and internalized shame; a significant positive correlation between narcissistic vulnerability and aggression with higher correlation coefficients of anger and hostility. Narcissistic vulnerability was found as a partial mediator of both internalized heterosexism-aggression and internalized shame-aggression relationships. These findings indicated that homosexual individuals who had higher levels of internalized heterosexism and internalized shame also had higher levels of narcissistic vulnerability, possibly due to stigmatization and shaming by the heteronormative culture. This narcissistic vulnerability predicted an aggressive attitude as a coping mechanism in return. Findings of the study are discussed in light of the existing literature and clinical implications and recommendations for future research were suggested.

Keywords: internalized heterosexism, internalized shame, narcissistic vulnerability, aggression, homosexuality

Özet

Bu çalışmanın amacı homoseksüel bireylerde narsisistik kırılmanın içselleştirilmiş heteroseksizm-agresyon ve içselleştirilmiş utanç-agresyon ilişkilerindeki rolünü incelemektir. Bu amaç doğrultusunda cinsel yönelimini gey ve lezbiyen olarak tanımlayan 159 kişiden kartopu örnekleme yoluyla veri toplanmıştır. Anket paketi Demografik Bilgi Formu, İçselleştirilmiş Homofobi Ölçeği, İçselleştirilmiş Utanç Ölçeği, Aşırı Duyarlı Narsisizm Ölçeği, Buss-Perry Saldırganlık Ölçeği ve İki Boyutlu Sosyal İstenirlik Ölçeği'ni içermektedir. Çalışmada, içselleştirilmiş heteroseksizm ile içselleştirilmiş utanç arasında ve narsisistik kırılma ile saldırganlık arasında pozitif yönde ilişki olacağı hipotez edilmiştir. Ayrıca narsisistik kırılmanın içselleştirilmiş heteroseksizm-agresyon ve içselleştirilmiş utanç-agresyon ilişkilerinde aracı rolünde olması beklenmektedir. Veri analizinde korelasyon ve hiyerarşik çoklu regresyon analizleri kullanılmıştır. Analizler sonucunda içselleştirilmiş heteroseksizm ve içselleştirilmiş utanç arasında istatistiksel olarak anlamlı bir sonuç bulunmamıştır. Narsisistik kırılma ile agresyon düzeyi arasında pozitif yönde anlamlı bir ilişki olduğu, öfke ve düşmanlık faktörlerinin fiziksel ve sözel saldırganlık düzeylerine kıyasla narsisistik kırılma ile daha kuvvetli bir korelasyon sergilediği doğrulanmıştır. Narsisistik kırılma hem içselleştirilmiş heteroseksizm-agresyon hem de içselleştirilmiş utanç-agresyon ilişkisinde kısmi aracı rolü olduğu görülmüştür. Bu bulgular, içselleştirilmiş heteroseksizm ve içselleştirilmiş utanç düzeyleri yüksek olan bireylerde, yüksek ihtimalle heteronormatif toplum yapısı tarafından stigmatizasyon ve utandırılma nedeniyle, narsisistik kırılma düzeyinin de yüksek olduğuna işaret etmektedir. Narsisistik kırılma ise bir başa çıkma mekanizması olarak agresyon düzeyine etki etmektedir. Çalışmanın bulguları literatürle bağlantılı olarak tartışılmış ve klinik çıkarımlar ve ileri araştırmalar için öneriler sunulmuştur.

Anahtar kelimeler: içselleştirilmiş heteroseksizm, içselleştirilmiş utanç, narsisistik kırılma, agresyon, homoseksüellik/eşcinsellik

INTRODUCTION

Until recently, homosexuality has been viewed as a “deviance”, an “abnormality” matched with inferiority. Following the Gay Liberation Movement in the second half of the 1960s and early 1970s, the matter of sexual orientation became a political one and a new era of de-pathologizing homosexuality started (Drescher, 2015). Partially due to this environment, “homosexuality” as a diagnostic category was removed from the second edition of Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association (APA). Claiming the civil and political rights of homosexual individuals gained significance and the view of homosexuality started to evolve as a minority status rather than an abnormality or perversion (O’Donohue & Caselles, 1993). Postmodern theories of gender and sexuality assert that the heterosexist ideology creates a differentiation between heterosexuality and homosexuality based on a hypothetical hierarchy invented within this heterosexist structure. This fictitious dichotomy is also the justification of stigmatization and oppression. As members of a stigmatized group, it is inevitable for homosexual individuals to remain unaffected from these negative views toward homosexuality (Herek, 2004). The anti-gay bias in the homosexual identity is referred as “internalized heterosexism” (Allen & Oleson, 1999). The already existing difficulty in coping with stigmatization doubles when the minority identification of the individual is negative. This internal conflict creates a tremendous distress and is therefore related to various psychological difficulties (Meyer, 2013).

Internalized heterosexism has been associated with shame and narcissistic vulnerability. The rejection and contempt directed at the homosexual individual by the society and through the interpersonal interactions filled with negativism and hostility creates a profound shame and narcissistic injury (Meyer, 2003; Wells, 1996). Shame is defined as forming the foundation around which all the other experiences of self are organized, particularly intensely in the context of internalized heterosexism (Kaufman & Raphael, 1996). The defenses developed to cope with these feelings are adaptive at times, keeping away the offender. Yet they

also threaten the very relationships that may help relieve the burden of heterosexism. Aggression in response to shame and narcissistic injury is a prominent defense protecting the individual by functioning as a revolt against discrimination, while at the same time it leads to disruptions in social interactions, and further psychological difficulty (Morrison, 1999).

Although there is a comprehensive literature indicating the effects of anti-homosexual views to the mental health of LGB individuals, few studies empirically investigated the dynamics and possible mediational pathways of internalized heterosexism. This area of research mostly revolved around theoretical discourse based on clinical observation and lacks empirical evidence. The aim of this study is to empirically investigate the role of narcissistic vulnerability in the internalized heterosexism-aggression and internalized shame-aggression relationship. In the first part of this thesis, a detailed literature review of these phenomena and the hypotheses of this study will be presented. In the following section the methodology and study materials will be explained. In the third section, the quantitative results will be presented. The fourth and final section includes a discussion of the findings in relation to the existing literature, clinical implications of the study, and suggestions for future research.

CHAPTER 1

LITERATURE REVIEW

1.1. HOMOPHOBIA

The concept of homophobia was initially brought forward to draw attention to the negative attitude toward homosexuals as the source of the problem, not the homosexuality itself. Weinberg (1972) coined the term “homophobia” in 1972, defining it as “dread of being in close quarters with homosexuals,” and “unwarranted distress over homosexuality”, while referring to certain negative affects, cognitions, and behaviors regarding homosexuality (p. 4-5). Strict definitions of gender roles and sexuality underlie homophobia, manifesting itself in

the form of prejudice and stigma toward homosexuals; justifying the discrimination based on sexual orientation and the heterosexual favoritism even more (Gonsiorek, 1988; Sullivan, 2003; Szymanski & Chung, 2003b). The affects associated with homophobia were defined as unreasonable anxiety and fear, intolerance, disgust or loathing, and anger or hatred (Ernulf & Innala, 1987; Herek, 2004; Szymanski, Kashubeck-West, & Meyer, 2008a; Weinberg, 1972). Cognitions that homophobia entail may be in the form of moral and political reactions or stigmas (Hudson & Ricketts, 1981; O'Donohue & Caselles, 1993; Herek, 2004); while the associated behaviors range from avoidance, prejudice, and discrimination to aggression, hostility, or violence (Herek, 2004; Sullivan, 2003).

Although Weinberg and early studies of homophobia mainly define the feelings of fear and anxiety at the core of the concept, subsequent literature shows that anger and disgust, rather than a phobic response, are the central emotional reactions toward homosexuality (Bernat, Calhoun, Adams, & Zeichner, 2001; Herek, 2004; Van de Ven, Bornholt, & Bailey, 1996). Hostility and violence featuring in hate crimes against sexual minorities certainly indicate an underlying anger rather than fear (Herek, 2004). Instead of homophobia, Herek (2004) used the term "sexual stigma" to define the society's negative attitudes toward any non-heterosexual act, identity, relationship, or community; and adds that one of the primary characteristics of stigma is that it "engulfs the entire identity of the person who has it", overriding all the other aspects of the stigmatized individual's identity (p. 14). Another important feature of stigma concerns the meaning attached to the attribute; social interaction and the social roles are the source of this negative meaning as the stigmatized and non-stigmatized are essentially not so different from each other, but the society judges the stigmatized to be a disgrace, creating the meaning under the attribute (Herek, 2004).

The concept of heteronormativity or normative heterosexuality, brought forward by queer theory and other postmodernist theories of gender and sexuality since the early 1990s, suggests that the dichotomy between heterosexuality and homosexuality underpin the heterosexism, which is the cultural ideology that helps to preserve the sexual stigma (Herek, 2004). In this sense, Herek (2004) interpreted

heterosexism as the set of systems regarding gender and morality that fuel and operate sexual stigma or homophobia, either rendering non-heterosexuals invisible or justifying the discrimination, brutality, and violence if they somehow become visible. Heterosexism incorporates the promotion of any heterosexual lifestyle and mentality as superior to others by the main institutions of society, therefore is named and defined as any other prejudice, similar to racism or sexism (Neisen, 1990). This creates an inevitable power differential, a hierarchy between heterosexuals and non-heterosexuals where heterosexuals are superior and all the others are inferior, have less power, and less access to resources (Herek, 2004). This power differential is the ultimate consequence of heterosexism, further strengthening the dichotomy of heterosexuality-homosexuality and stiffening it both as a social structure, and as an internal structure within the members of this society.

1.2. INTERNALIZED HETEROSEXISM

In his definition of homophobia, Weinberg included the feelings of self-loathing attached to the identities of homosexual individuals as well and named it “internalized homophobia” (Weinberg, 1972, p. 83). In its internalized form, this encompasses, generally unconscious adoption of, society’s messages about gender and sex, resulting in negative feelings, attitudes, and assumptions regarding one’s own sexual orientation, self-devaluation, and low self-regard (Meyer, 1995). Subsequent studies by clinicians, and theorists of feminism and minority stress also asserted that the conflict between these negative messages and sexual identity engender various psychological and psychosocial difficulties in members of sexual minority groups (Brown, 1988; Malyon, 1982; Meyer, 1995; Meyer & Dean, 1998; Shidlo, 1994; Sophie, 1987).

Referring to the experience of stigmatized groups, Herek (2004) stated that adopting and manifesting society’s negative regard toward their minority group is inevitable and the resulting psychological distress is not exclusive for sexual minorities. Allport (1954) studied with racial, ethnic, and religious minorities to

examine the effects of stigma and noted that since it is not possible to remain completely unaffected by the evaluation or expectations of others, there will be an aspect of ego defensiveness in minority group members manifested in the form of numerous defenses to cope with the prejudice. In this sense, internalization of the negative messages in a heterosexist society is an experience common for all homosexuals, in varying degrees, who grew up in this environment (Gonsiorek, 1988; Shidlo, 1994; Sophie, 1988). Allport (1954) divided the defenses adopted by minority members to cope with discrimination into two: *extropunitive*, directed at the perpetrator of stigma, and *intropunitive*, directed at the self. In the case of internalized heterosexism, the intropunitive defenses may manifest themselves in the form of identifying with the negative views of the dominant group, involving a sense of disgust and shame toward both the self and the other members of one's group, as they bear these features of contempt (Herek, 2004). Margolies, Becker, and Jackson-Brewer (1987) noted that identification with the aggressor, projection, denial, and rationalization are the other defensive operations used to cope with stigma. Vigilance, as a reaction to rejection by the society, is also described as one of the ways of defensive coping developed by minority group members; individuals subjected to prejudice learn to approach social interactions warily, expecting negative regard and reinforcement of heterosexist hierarchy (Allport, 1954; Goffman, 1963; Meyer, 2013). Crocker, Major, and Steele (1998) described this vigilance as chronic, almost a constant state of being on guard in case, and probably is, the other person is prejudiced.

From a social psychological stance, social comparison and symbolic interaction theories suggest that the social environment is the source of meaning-making for individuals' worlds and experiences; therefore, the social interactions are critical determinants for one's sense of self and well-being as the negative evaluations of others are absorbed in as a negative view of the self (Meyer, 2013; Stryker & Statham, 1985). In light of these theories, the negative regard from others that stigma and prejudice encompass may have adverse psychological consequences for the minority individual.

The manifestations of internalized heterosexism range from very overt to more covert, for instance either suicidality directly linked to one's homosexuality or condoning offense (Russell & Bohan, 2006). Associated with the integration of homosexual identity, internalized heterosexism is reported to be strongest early in the coming out process (Malyon, 1982; Meyer, 2013). Although it may be unlearned up to a degree, due to both the significance of early socialization experiences and the rigid heterosexist cultural structure, it is unlikely to completely dissolve, even after the integration of homosexuality into one's identity (Malyon, 1982; Meyer, 2013; Meyer & Dean, 1998; Szymanski et al., 2008a). Comprised of these residues, this form of internalized heterosexism is considered covert and is reported to be the most common form, as conscious feelings of inferiority and self-loathe are extremely psychologically distressing and intolerable (Gonsiorek, 1988). With covert internalized heterosexism, the individuals may seem to embrace their sexuality while they may in fact still bear feelings of shame or may even sabotage themselves in various ways. However, it is important to bear in mind that internalized heterosexism is also a resilience factor as much as a risk factor; LGB persons who are far from coming to terms with their sexual orientation and identities are at a greater risk for psychological outcomes of heterosexism while the individuals who confront and challenge this issue both in themselves and in this cultural context of extreme stigma are able to meet anti-gay discourse with greater resilience (Russell & Bohan, 2006; Szymanski et al., 2008a).

1.2.1. Terminology Controversies

The terms of homophobia and internalized homophobia have been criticized for being insufficient and inaccurate in depicting the attitude toward and the experience of LGB individuals. Listing this construct under phobias restricts its focus to the fear and avoidance aspects while the emotions of disgust, shame, and anger were found to be more central to the negative views of homosexuality (Herek, 2004). Since phobias are defined as irrational fears, lesbian feminists have also criticized this term for not actually being an irrational fear, as any non-heterosexual

way of being is an actual threat to the heteropatriarchal structure (Szymanski et al., 2008a). A number of alternative terms have been offered, such as *homonegativity* (Hudson & Ricketts, 1980), *internalized homonegativity* (Mayfield, 2001), *heterosexism* (Herek, 1995), and *internalized heterosexism* (Szymanski & Chung, 2003a). Although *homonegativity* compensates for some of the inadequacies of the term *homophobia*, it neglects the systematic and ubiquitous quality of homophobia by referring it as the negative attitudes of persons and labeling the individual, not the society (Szymanski & Chung, 2003a). On the other hand, as a term formed in the LGB rights movement *heterosexism* implies “an ideological system that operates on individual, institutional, and cultural levels to stigmatize, deny, and denigrate any non-heterosexual way of being” (Szymanski et al., 2008a, p. 512). Following these discussions, the terms *heterosexism* and *internalized heterosexism* will be used in this study since they refer to wide-ranging negative reactions toward homosexuality, both attitude-wise and emotion-wise; point at prejudice at the broader -cultural, political, institutional- context; and also touch upon the issue of gender, suggesting the effect it has on the oppression of sexual minorities.

1.2.2. Internalized Heterosexism as A Social Construct

Apart from the terminology controversies concerning internalized heterosexism mentioned above, there are also some potential problems innate to the concept of homophobia. If approached as an internal quality resident within the persons, requiring individual adjustment through the treatment of intrapsychic matters, this concept has a pathologizing quality for the LGB individuals due to the ignorance of the broader political and cultural structure that is actually the source of oppression (Russell & Bohan, 2006). This individualistic focus is seen in several studies examining internalized heterosexism as an indicator of individual pathology and is criticized for further pathologizing the LGB identity and portraying it as infected with an illness due for recovery by means of therapeutic work (Berg, Munthe-Kaas, & Ross, 2016; Russell & Bohan, 2006). However, internalized heterosexism is the product of the larger culture and of social and political bias, and

it is necessary to cover its roots in the culture's institutions for a thorough understanding of the phenomenon (Berg et al., 2016; Herek, 2004). In fact, the influences that the concept of internalized heterosexism is evolved from are more social and political constructs than individualistic: Allport's (1954) work on stigmatized groups; Goffman's (1963) sociological theories of stigma; and the political perspective derived from Gay Liberation Front (1971) (as cited in Russell & Bohan, 2006). In this sense, it is of utmost importance when working with sexual minority individuals to aid them in locating their experiences within the broader context of the heterosexist culture.

Postmodern theories of self may offer a more comprehensive and accurate account: 'self' is never independent from 'other', it is a co-creation of social interaction (Russell & Bohan, 2006). "One does not contain who one 'is'; one creates a being as one relates to others, who are also beings-in-creation. One's self ... exists not in one's psyche but in the space between and among us" (Russell & Bohan, 2006, p. 349). From this perspective, there is no particular separation between the societal and the intrapsychic; internalized heterosexism is not an internal quality but an output of social exchange and collective experience. The negative regard heterosexism implies is a shared knowledge manifested in cultural ideology, reinforced by society's structure and institutions through an artificial hierarchy among labels that are not inherently meaningful, and internalized by the members of that society via social interaction (Herek, 2004). These are social *roles* created by the binary opposition of heterosexuality-homosexuality dictated by heteronormativity. There is not a particular victim or victimizer per se, but a relational context that creates the stigma.

1.2.3. Theoretical Approaches Used to Conceptualize Internalized Heterosexism

Early theories conceptualize internalized heterosexism from an individualistic perspective, either referring to object relations framework or self-psychology framework. Malyon (1982) suggested that introjection of toxic

homophobic messages, just as the internalization of object representations, results in incorporation of these negative views into one's self-representation, subsequently engendering psychological difficulties. Shelby (1994) explained the experience of homosexuality on the basis of environmental responses influencing one's experience of gender and sexuality and suggested that rejection and negative regard by the others, absence of mirroring, and often explicit hostility cause selfobject failure and considerable narcissistic injury, resulting in disruption in the coherence and cohesion of the self.

Although these theories partially take into account the effect of social and political systems, their focus is mainly restricted to the individual's psyche. Two other theoretical approaches conceptualize the effects of internalized heterosexism on LGB individuals: feminist theory and minority stress theory (Szymanski et al., 2008a).

1.2.3.1. Feminist Theory

Feminist theory suggests that the personal is political; personal struggles are related to the social, cultural, political, and economic atmosphere one lives in and the difficulties experienced by individuals who are oppressed by the dominant culture are viewed as consequences of this oppression (Szymanski, 2005). In addition to the influence of internalizing society's view of homosexuality, heterosexism promotes the invisibility, rejection, discrimination, stigmatization, and brutality concerning the sexual minority individuals, therefore further contributing to the experience of psychosocial and psychological difficulties (Brown, 1988; Szymanski, 2005). Herek (2004) noted that heterosexism serves patriarchy as well, adopting not only oppression based on sexual orientation but also on gender. Considering the effects of multiple socially constructed identities is critical in this sense as the impact of varying forms of oppression on people with multiple minority statuses (e.g. women's exposure to both sexism and internalized heterosexism) will be different (Szymanski et al., 2008a). Women and men may have different experiences of internalized heterosexism due to traditional gender

role socialization and to the variables exclusive for lesbian and gay identity separately.

1.2.3.2. Minority Stress Theory

Minority stress is described as the psychosocial distress experienced by individuals with minority statuses due to discrimination and the discrepancy between one's needs and the social structure, causing mental health difficulties (Meyer, 1995). Thus, minority individuals need more adaptation not because they have a pathological condition but because minority stress accompanies all the other general stressors experienced by every member of the society. In this sense, the minority stress is unique -apart from general stressors-, chronic -connected to rigid and stable cultural structures-, and socially based -derived of social rather than individual processes and institutions (Meyer, 1995). Meyer (1995, 2013) defined three main stressors experienced by sexual minority individuals, varying in proximity to the self: external prejudicial events, vigilance due to the expectation of and rejection stemmed from these events, and the internalization of society's negative view. Distal stressors include stigmatization, discrimination, and overt hostility and violence directed at LGB individuals, while proximal stressors concern the echoes of these experiences in the internal world such as hiding the sexual orientation, restricting homosexual emotional and sexual needs, and the perception and internalization of stigma (Szymanski et al., 2008a). Internalized heterosexism is viewed as the stressor closest in proximity to the self as even when the societal messages are not explicitly conveyed, the negative attitudes previously incorporated within one's self-representation are directed at the self (Meyer, 2013).

In sum, these theories regard the significance of societal factors in shaping the overall LGB experience, including internalized heterosexism and the resulting psychosocial difficulties. Feminist theories adopt a rather more sociocultural and political stance whereas minority stress theory approaches the issue with a perspective based more on the individual processes.

1.2.4. Internalization of Heterosexist Messages

The process of internalization may be affected from various factors, ranging from the degree of heterosexism in the environment, significance of the offenders for the person, or the degree of exposure to gay-affirmative approaches (Szymanski et al., 2008a). Malyon (1982) argued that internalization of anti-gay prejudice occurs before the realization of homosexual desire, therefore the homoerotic motivation is inadmissible before the attribution even begins. Consequently, “the maturation of erotic and intimate capacities is confounded by a socialized predisposition which makes them ego alien and militates against their integration” (p. 60). Thus, complying with the heterosexist regard prevalent in the society imposed upon gender and sexuality interrupts the identity integrity of the LGB individual. Malyon (1982) further suggests that:

Internalized homophobia content becomes an aspect of the ego, functioning as both an unconscious introject, and as a conscious system of attitudes and accompanying affects. As a component of the ego, it influences identity formation, self-esteem, the elaboration of defenses, patterns of cognition, psychological integrity, and object relations. Homophobic incorporations also embellish superego functioning and, in this way, contribute to a propensity for guilt and intropunitiveness among homosexual males. (p. 60)

Internalized heterosexism is viewed as a developmental step where the LGB individuals are expected to carry it to a lesser degree and acquire a greater adjustment as they move along the coming out process, integrating homosexual identity (Meyer & Dean, 1998). Adolescence, the period where the homosexual attribution usually takes place, is particularly important in this sense as it is also a critical period for the identity development and integration (Malyon, 1982). Validation by the peers is of fundamental importance during this period; conforming to the group norms ensures acceptance and differences mean rejection. As the space for the development of all the aspects of the adolescent’s identity is

rarely provided by the peer-group, especially for minorities, self-actualization and identity integration of the LGB adolescent are even more restricted (Malyon, 1982). Therefore, the effects of internalized heterosexism expand to both intrapersonal and interpersonal functioning.

1.2.5. Correlates of Internalized Heterosexism

Internalized heterosexism is found to be associated with various psychological variables including sexual identity development, difficulties in coming-out and disclosure to others, psychological distress, depression and anxiety, suicidal ideation, self-esteem, shame, substance use, relationship difficulties both in terms of social support and relationship quality, and aggression perpetration toward the oppressors and other sexual minorities (Berg et al., 2016; Meyer, 2013; Meyer & Dean, 1998; Szymanski, Kashubeck-West, & Meyer, 2008b; Williamson, 2000).

Cass (1979) reported that avoiding socialization with other members of the LGB community, inhibition of same-sex romantic or sexual relations, pretending as heterosexual are common ways of avoidant coping adopted by sexual minority individuals, leading to delays in sexual identity development of the stigmatized individual and negatively affecting mental health. In their review of empirical literature on internalized heterosexism, Szymanski et al. (2008b) referred to significant positive correlations found between internalized heterosexism and depression and psychological distress in addition to less overall and LGB social support. In this sense, reducing internalized heterosexism is critical for the identity development, contributing to both the social support system and engagement in proactive coping (Cass, 1979).

The distress resulting from the extreme stigmatization, prejudice, and rejection imposed by the society in addition to the conflict due to the incongruity between homosexual identity and a negative internal view of homosexuality are thought to be the reasons behind the prevalence of mental health issues among minority group members (Allen & Oleson, 1999; Meyer, 2013).

Pain due to the dissonance between the ego ideal –expectations of the heterosexist culture– and ego reality –homosexual identity– creates a tremendous dread of being exposed before the eyes of others as defective, or even repugnant; states which also underlie the affect of shame (Allen & Oleson, 1999). In their qualitative study investigating the experiences of gay men, Cody and Welch (1997) observed the experience of intense shame and guilt feelings due to the homosexual identity. As the identities developed in a cultural context of extreme stigma concerning homosexual romantic, emotional, and sexual behavior, shame may even be considered as one of the core affects surrounding, or even forming the texture of, the sexual stigma bearers' identities.

1.3. SHAME

According to Tomkins's affect theory, shame is called the *master affect* and is one of the primary affects developed at a very early age, deeply influencing the self, all the other experiences, and all the other affects (as cited in Brown & Trevelyan, 2010). In this sense, shame closely concerns the identity formation (Kaufman, 1996). In addition to rejection and devaluation, homosexual individuals have been frequently subject to shaming by the dominant culture as a result of growing up in a heterosexist society, which indeed have negative consequences for their identity formation and integration. Repeated experiences of disapproval, or even humiliation, due to the negative attitude of significant others and the broader society could lead to internalization of this shame and to difficulties in self-acceptance (Kaufman & Raphael, 1996). This section will introduce the primary features of the shame theory including the nature and the development of shame affect, specifically in relation to identity, gender, interpersonal relationships, and the cultural context. Kaufman and Raphael (1996) argue that shame is the emotion that all the stigmas and taboos originate from, and the source of reinforcement of these labels and prejudice. Therefore, the role it takes in the LGB experience will be examined, particularly in relation to internalized heterosexism as understanding the shame dynamics and sources both on the individual and the societal level is

necessary to dissolve the stigma attached to the homosexual identity and assure the gay pride.

The earlier the repeated shame-producing experiences occur, the more the person's tendency to be affected by shame and narcissistic vulnerability (Morrison, 1989). Let alone homophobia, homoignorance, and heterocentrism, the intolerance of differences prevalent in this society renders the homosexual individual a target for shaming from very early ages. Hiding to avoid the piercing eye of the society is a reaction common to both shame and internalized heterosexism (Clemson, 2010). Anticipation of prejudice resulting from the internalization of dominant social norms contributes to the emergence of shame and internalized heterosexism, leading to avoidant coping strategies mentioned in the previous section: social withdrawal, passing as heterosexual, concealing the sexual identity, and inhibition of same-sex relations (Allen, 1996; Cass, 1979; Chow & Cheng, 2010). The hiding reaction is an outcome of the conflict between a heterosexual ego ideal and a homosexual identity with the related fears of rejection and abandonment, all of which are key dynamics of shame (Allen & Oleson, 1999). In this sense, the dysphoric affect of shame may be a critical factor when considering the relationships between internalized heterosexism and various psychosocial and psychological difficulties including depression, self-esteem, relationship satisfaction and quality.

Regardless of the self-evident relationship between shame and internalized heterosexism, not much has been written and studied on the topic. According to Allen (1996), the failure to consider the role of shame in relation to internalized heterosexism may be due to the neglect of the construct of shame in the psychological literature in general. Although considered shame at first, Freud later focused on guilt since his structural theory emphasized the intrapsychic conflict and guilt as the primary affect driving this conflict (Morrison, 1989). However, the concept has only received attention with moving away from the id psychology into the further exploration of narcissism and the emergence of self-psychology framework. Kohut's and Kernberg's works on narcissism were referred as the reason for re-consideration of shame (Morrison, 1989).

1.3.1. The Affect of Shame

Shame is a universal affect experienced by anyone when triggered by certain situations, no matter how shame-prone the individual is (Kaufman & Raphael, 1996). It protects the privacy and boundaries around relationships, helping individuals' adjustment and integration processes throughout life. It is considered as the most social affect, functioning as an "interpersonal bridge", organizing the social connections, alerting individuals to the ruptures in the relationships, and motivating to repair these ruptures (Clemson, 2010; Kaufman, 1996; Kaufman & Raphael, 1996). In this sense shame is adaptive and necessary for optimal development as it fosters the formation of intimacy and relational bonds (Kaufman & Raphael, 1996; Schneider, 1987). It is not debilitating in essence, as long as it does not threaten the inner self by magnification and internalization, dominating the self completely (Kaufman & Raphael, 1996). Shame disrupts the relationship for if one feels shame, she/he feels unworthy of relationship, although it is the relationship that she/he needs to prove her/his worth (Rutan, 2000). Kaufman and Raphael (1996) went so far as to claim that shame is the most disturbing emotion as it divides and alienates us from ourselves and others while we still long for relating.

Freud (1914) and a number of other theorists (Piers, 1953; Schafer, 1967; Sandler, 1960; Jacobson, 1954) described shame as the feeling derived from inability to achieve an internalized ideal (as cited in Morrison, 1989). Family is the first place individuals learn the feeling of shame and the need to hide. According to Kohut (1984), the child uses the parent as a *selfobject*, and the parent provides the structure for the child's maturing self through responsive, *consistent empathic intuneness*. Expecting mirroring and acceptance by the idealized selfobject, misattunement and nonresponsiveness induces shame in the child (Morrison, 1989).

Shame evokes feelings of worthlessness, failure, weakness, deficiency, being exposed, and unlovability, making the individual further alienated and isolated (Kaufman & Raphael, 1996; Morrison, 1999; Nathanson, 1992).

Shame has also been found closely related to narcissism, as it stems from one's negative regard toward the self, therefore creating a vulnerability of the self and narcissistic injury (Morrison, 1989). Morrison (1999) suggests that shame not only results from the others' judgments of us but also our own judgment of ourselves, "from our own eye gazing inward at who we are, who we have become, what we have achieved" (p. 92). Although earlier in the developmental process the existence of a significant other initiated the experience of shame by nonresponsiveness, rejection, or contempt, this perspective inhabits the self, becoming autonomous, and no more needing an external observer for stimulation (Morrison, 1999). Kaufman (1985) also emphasized the significance of the experience of being seen and exposed in terms of shame. Calling it "torment of self-consciousness", he pointed out to a state where the individual inspects almost every detail of the self, and finally feeling as completely transparent before the others' eyes (Kaufman, 1985). However, "It is not so much as others are, in fact, watching us. Rather, it is we who are watching ourselves, and because we are, it seems most especially that the watching eyes belong to others" (Kaufman, 1985, p. 9).

The excruciating pain of repeated shame is so intolerable that some secondary reactions or defenses come into action to cope with shame and mask it from view (Allen, 1996). The most common defenses used as reaction to shame are rage, contempt, withdrawal, and disowning parts of the self that induce shame (Kaufman, 1985; Kaufman & Raphael, 1996; Nathanson, 1992; Wurmser, 1981). Rage frequently accompanies shame to keep others at a distance and to protect the self from exposure to further shame (Kaufman, 1985; Lewis, 1987; Morrison, 1987). Despite this protective quality, it also intensifies alienation and isolation of the individual, condemning the person to an internal loneliness by preventing the other from relieving the pain (Kaufman & Raphael, 1996). As a way of defense, rage may even become internalized by losing the connection to its original source and evolving into a general attitude directed at anyone who comes near (Kaufman

& Raphael, 1996). Morrison (1999) reported that rage may also be a reaction in the face of narcissistic injury, aiming the rejecting, nonresponsive, or offending selfobject. This rage reaction as a response to shame may manifest itself in the form of withdrawal from social contact, emotional distancing, or a humiliated fury (Kaufman, 1996; Kaufman & Raphael, 1996; Tangney, 2001). Several studies found positive relationships between shame-proneness and self-directed hostility, anger, direct, indirect, and displaced aggression (Keene & Epps, 2016; Tangney, 2001).

1.3.2. Internalized Shame

Repeated exposure to shaming and identification with a shaming other lead to internalization of these experiences, becoming bound with feelings of shame in the mind (Kaufman, 1985). This process of binding is called *magnification* and it is the foundation of how shame is experienced from then on. Through magnification, feelings of shame become intensified and engraved in the identity of the individual, invading every aspect of the self, and losing its link to time, situations, and persons (Kaufman & Raphael, 1996). The affect of shame becomes constant and unrestricted by the outer world, reproduced within the self at any real or perceived shame-inducing instance. The self as a whole is experienced as deficient and flawed when shame is internalized. Kaufman (1985) named this *the shame-based identity*, where shame constitutes the core of the self and all the other experiences are colored by it. The self has only two aspects: the bad, defected self and the rejecting good parent (Fischer, 1985).

Internalization of shame may occur at any point, however it often begins early in the development when the needs of the child are not met, or not even recognized (Kaufman, 1996). For instance, in our society it is very likely for a gay person's needs and differences to be rejected, ignored, or ridiculed as a child, which in turn may lead to internalization of these early shaming experiences, and to difficulties in acknowledging her/his sexual and gendered identity.

1.3.3. The Distinction between Shame and Guilt

Shame and guilt are both referred as the self-conscious affects, elicited by self-evaluation and self-reflection (Tangney, 2002). Although they appear as overlapping at certain circumstances, they have critical differences. Morrison (1989) noted that the classical drive model referred guilt as the central affect, originating from the conflict between id and superego; shame on the other hand is considered as the primary dysphoric affect concerning the whole self and stemming from narcissistic injury due to the ego's failure to achieve the ideal. Vantage points –superego for guilt and ego-ideal for shame– constitute the main difference between the two affects. From this perspective, the person dreads castration in guilt and abandonment in shame. In addition, Nathanson (1992) asserted that guilt is only experienced at a later stage, when the child acquires the ability to perceive the other as separate from the self.

In shame, the whole self is experienced as bad or defected, while guilt covers only the part of the self, in relation to the other, that has done the bad thing (Davidson, 1995; Lewis, 1987). The ability to pay regard to and empathize with the other is indeed associated with guilt: guilt-prone individuals appear to focus on the impact their actions have on the others, therefore can preserve the connection with the other (Tangney, 2001). On the contrary, since shame-prone individuals are much more preoccupied with themselves and the evaluations of themselves, they have difficulties in considering the other and maintaining contact. Shame involves the feelings of negative evaluation by the self and the other whereas guilt only involves one's evaluation of the self concerning that particular action, often leaving the self undamaged. Normally functioning to motivate productive change, guilt is used by shame-prone individuals to further shame the self (Lewis, 1987). It is conceptualized as subordinate to shame, containing shame at its heart (Nathanson, 1992).

1.3.4. Shame and the Impact of Culture and Society

One of the most prominent sources of shame is culture and its institutions. Although the specific targets of shame differ across cultures, some areas, especially those in relation to gender and sexuality, are regarded similarly. Shame has been used as the primary instrument to maintain social control, serving the heterosexist, gender-bound social structure (Kaufman & Raphael, 1996). Specific ways of gender expression, gender socialization, and sexuality are reinforced by this structure: conformity is prized by pride and deviation from the norm is punished by culture-specific shaming patterns, matching difference with deficiency (Kaufman & Raphael, 1996; Scheff, 1988). These gender shaming patterns are in fact so pervasive in the contemporary society that they are evolved into broader structures of *gender ideologies* (Kaufman & Raphael, 1996). On the other hand, postmodern theories of identity, gender, and sexuality developed by relational, feminist, and queer theorists deny these stratifications and offer more complex and fluid views of identity (Cadwell, 2009). Kaufman and Raphael (1996) argued that:

The awareness of being a member of a minority inevitably translates into being different, and therefore potentially inferior, in a culture prizing social conformity. Insofar as an individual's minority identification is predominantly positive, one solution to the inner conflict is to react with contempt toward the dominant culture, rejecting assimilation. However, insofar as your minority identification is predominantly negative, assimilation into the dominant culture is aided by contempt for your own minority group. ... It is that conflict which must be confronted directly if it is to be eventually transformed. (p. 80)

1.3.5. Shame and Internalized Heterosexism

Sexuality, let alone homosexuality, by itself is a target of shame, a taboo according to the society's moral and ethical standards. There are rigid cultural links between shame and sexuality. The silence about sexuality, and sexual orientation even more, further strengthens and validates this shame. As Kaufman and Raphael (1996) put it:

Silence first of all communicates shame because wherever there is a subject that cannot be spoken about openly, we invariably feel shame. When silence is systematically imposed on a broad societal plane, it becomes a more powerful form of oppression than is experienced in the family. Silence utilized shame on a broad scale to keep a group of people hidden – prisoners within their own society. (p. 103-104)

As part of society's negative regard toward homosexuality, experiences of shaming because of one's sexual orientation are internalized, piled up to form a shame-based minority identity (Kaufman & Raphael, 1996). This begins in the family through the association of shame with identity and sexuality. When the child does not conform to the gender-appropriate standards set by the society, she/he is targeted as a subject for shaming. Family as the most basic institution of the society is the primary source of shame, renouncing love of any kind but heterosexuality (Cadwell, 2009; Kaufman & Raphael, 1996). Shaming and ridicule by the peer group follows the family, imposing normative heterosexuality. To avoid further shaming, rejection, and the anticipated abandonment, genuine expression of the authentic gender and sexual identity is restricted. Considering the repeated experience of misattunement and stigmatization by parents, peers, and the larger society, the risk for developing internalized shame is greater for LGB individuals compared to heterosexuals, even more so for those with higher levels of internalized heterosexism (Kaufman & Raphael, 1996; Wells, 2004).

Feeling different, when different equals being inferior and deviant, evokes a sense of shame. Aside from the feelings of repugnance and failure to achieve an

internalized ideal, shame and internalized heterosexism also share a common theoretical ground. In a sense, internalized heterosexism is a process of introjection, which is a fundamental object relational phenomenon (Allen, 1996). The conflict between the introjection of society's negative regard and the homosexual identity interferes with the integration of one's identity (Malyon, 1982). Shame is also an experience of introjection, and, when too destructive, may also prevent some aspects of the identity from being properly integrated (Spero, 1984). From a self-psychology perspective, as already noted, shame is described as a narcissistic injury to the self, engendering a narcissistic vulnerability (Morrison, 1989). Internalized heterosexism may also be considered as a form of narcissistic injury, where the society becomes the rejecting, nonresponsive, and hostile selfobject leaving the individual with an empty, worthless, and deficient self, similar to shame. Allen and Oleson (1999), Brown and Trevehan (2010), and Chow and Cheng (2010) provided empirical evidence for the connection between shame and internalized heterosexism: they reported that there is a positive correlation between these two constructs and shame is one of the key dynamics underlying internalized heterosexism. In light of these, understanding the significance and consequences of shame–internalized heterosexism relationship is crucial for a thorough comprehension of, intervention to, therefore the transformation of the homosexual experience and, beyond that, of this toxic social structure.

1.4. NARCISSISTIC VULNERABILITY

Narcissism is usually defined in relation to particular difficulty in maintaining self-esteem, preoccupation with the self, and interpersonal difficulties. Not all forms of narcissism are considered as pathological: healthy narcissism is regarded as an adaptive aspect for healthy functioning since it involves a capacity for acquiring and sustaining self-regard, reasonable judgment of one's qualities, and empathy (Kealy & Rasmussen, 2012; Wink, 1991). Healthy narcissism is therefore necessary for developing and pursuing goals and ambitions, repairing self-esteem after frustration, and autonomy and mastery. Pathological narcissism

on the other hand, briefly involves regulatory deficits and dysfunctional coping methods when one's self-image is threatened. Stolorow (1975) defined narcissism as any mental activity functioning to "maintain the structural cohesiveness, temporal stability, and positive affective coloring of the self-representation" (p. 179). This definition implies an approach to narcissism as a spectrum, an adaptive strategy at one end and maladaptive at the other end. On the maladaptive side, due to the difficulties in regulation and maintenance of self-regard, the personality is formed around protecting self-esteem through the acquisition of affirmation and admiration from the others (McWilliams, 1994). However, it is noted that the inadequate regulation in pathological narcissism does not only concern grandiosity but rather the vulnerable, overly fragile core of the self which all the efforts serve to protect (Kealy & Rasmussen, 2012). Indeed, it was proposed that there are two forms of narcissism: a grandiose and a vulnerable subtype (Cain, Pincus, & Ansell, 2008; Hibbard, 1992). Although the key dynamics of these two types of narcissism were defined as common (i.e. entitlement, self-absorption), they differ in manifestations and internal experiences of these core features (Hendin & Cheek, 1997; Wink, 1991).

Due to its deep-seated position in the psychoanalytic theory, there are a variety of approaches regarding the etiology, manifestations, and treatment of pathological narcissism. This variation in theory, as well as the lack of agreement on its measurement and classification, demonstrates the complexity of this construct. This literature review by no means aims to scrutinize the psychoanalytic literature on multifaceted phenomenon of narcissism. It rather attempts to encapsulate the main psychoanalytic theories of pathological narcissism and its subtypes, with an emphasis on vulnerable narcissism and its role in the experiences of homosexual individuals living in a heteronormative society.

1.4.1. Psychoanalytic Theories of Narcissism

Coining the term "narcissism", Freud (1914) was inspired by the Greek myth of Narcissus, tale of a handsome man who fell in love with his own reflection

on a water pond and died from the longing that this unrequited love could never satisfy (as cited in McWilliams, 1994). Freud (1914) described narcissism in drive theory, defining a two-fold construct: *primary narcissism* and *secondary narcissism*. The development of libido follows a path from auto-eroticism to object-love. Primary narcissism, taking place in early infancy, is considered as a stage in the transition from auto-eroticism to object-love, when the baby's libido is completely invested in the self. This self-love is necessary for healthy development and sets the foundation for object relations. Became loaded with libidinal energy and starting to differentiate from the others, the baby transfers this energy from the self to the external objects. The love, or libidinal energy, is re-invested in the self if the individual is faced with major frustrations at this stage. Secondary narcissism is this pathological libidinal cathexis, a fixation at auto-eroticism where the libido is reclaimed from the external world and re-invested in the ego, not to be invested back to objects again.

Freud's theory of narcissism led to the consideration of the interaction between self-esteem, object relations, and narcissistic reactions. Following his lead, theorists from more contemporary psychoanalytic schools of ego psychology (Hartmann, 1950; Jacobson, 1964; Kernberg, 1975), object relations (Fairbairn, 1958; Klein, 1952; Winnicott, 1965), and self psychology (Kohut, 1971, 1977) formulated narcissism in various ways (as cited in Uellendahl, 1990). Among these theorists, two psychoanalysts emerged as the main theorists studying narcissism: Otto Kernberg and Heinz Kohut. Both rejected explaining narcissism solely through drive theory and unconscious conflicts, arguing that it is a mechanism developed to cope with frustrations in early relationships and to compensate the deficiencies in these relationships (McWilliams, 1994). In this sense, both of these theories stressed the significance of good early relationships for healthy development. Kernberg and Kohut differed on their explanations regarding the etiology of pathological narcissism: Kernberg underlined the role of intrapsychic development whereas Kohut interpreted pathological narcissism as resulting from a developmental deficit (Glassman, 1988).

1.4.1.1. Kernberg's View of Narcissism

Kernberg (1974, 1975) postulated that major frustration of early oral needs results in an excessive amount of aggression that the infant is unable to manage. Although a natural reaction to extreme frustration, deprivation, or loss, this rage threatens the baby's self and object representations, and may frighten her that it will destroy the object and the relationship. The baby projects this inner hostility onto the outer world to protect the threatened self and object representations and splits the good self and object representations from bad in an effort to prevent the "contamination" of the good. Impairment in the integrative functions of the ego and excessive use of projecting and splitting defenses lead to the organization of good self and object representations as completely separate from bad self and object representations, subsequently forming a grandiose self.

Kernberg (1975) implied the variance in the manifestations of narcissism noting that there is a contradiction between narcissistic individuals' grandiose view of themselves and an undue need for admiration from others. According to Kernberg's perspective, this contradiction is due to the opposition of the two possible ego states in narcissistic organization: all-good, grandiose and all-bad, depleted regards of the self (McWilliams, 1994). Splitting is used to conceal this insufferable conflict from the conscious awareness.

1.4.1.2. Kohut's View of Narcissism

As different from classical theories, Kohut's school of self psychology views narcissism as part of normal development, unrelated to drives. This line of healthy narcissistic development continues throughout one's life starting from the very beginning. The individual proceeds through the steps of consolidation of an integrated self, formation of a sense of identity, and emergence of self-worth (Banai, Mikulincer, & Shaver, 2005). The caregivers' role as the external sources

of regulation and the children's reliance on their caregivers' presence and responsiveness are essential in obtaining such self-cohesion.

Kohut (1971) coined the term "selfobject" implying that children experience, or expect, the caregiver as merely an aspect of the self, not as a separate being. When the infants are not yet able to carry out some basic regulating functions by themselves, these *selfobjects*, usually the primary caregivers, must regulate and soothe them for the development of a healthy amount of narcissism (Kohut, 1971). Therefore, one's degree of narcissistic vulnerability depends on the quality of the relationships with selfobjects and the dominance of early frustrations. Children depend on selfobjects to provide them three main needs: *mirroring*, *idealizing*, and *twinsip* (Kohut, 1971). Initially, the child needs selfobjects to affirm and admire her/his qualities and accomplishments. Then she/he needs to idealize the selfobjects and merge with them. The sense of merger with the idealized, omnipotent parent provides a sense of self-worth, therefore is crucial for the development of healthy narcissism. Fulfilment of the twinsip need enables the child to feel similar to others, build relationships with them, and develop a sense of connectedness and empathy. The development of an integrated self and the self-regulation capacity depends on the consistent satisfaction of these selfobject needs. In case of consistent denial, neglect, or rejection of the child's needs, failure in consolidation of a cohesive self-structure, therefore the development of a narcissistic personality, is inevitable (Kohut, 1971).

It is not possible for parents to meet each and every one of the selfobject needs of the child. Lapses in parental empathy is inevitable and, furthermore, necessary for healthy development of the self as the child will be acquainted with the external reality (Mayfield, 1999). Although the child will feel threatened and her/his self-esteem will be negatively affected by these instances, anxiety and the sense of threat will diminish when parents empathically respond again. Severe narcissistic injuries due to chronic lapses of parental empathy on the other hand engender heightened narcissistic vulnerability and increased risk of self-pathology both in childhood and in adulthood (Kohut, 1971). Despite a healthy developmental background, an increased risk of narcissistic vulnerability and threats to self-

cohesion may be experienced during particularly stressful times, such as the coming-out process or formation of a positive homosexual identity in a heterosexist culture.

The need to satisfy the deficiencies in selfobject relationships proceeds through adulthood (Campbell, 1999). In this sense, Kohut's view of narcissism resembles a developmental arrest. The narcissistic adult seeks to fulfil her/his needs to acquire an integrated self but is particularly inclined to fragmentation and susceptible to rejection. These individuals have difficulty in forming and maintaining relationships since their main focus is self-enhancement and affirmation to regulate the underlying sense of inadequacy and inferiority (Morf & Rhodewalt, 2001). Although predominantly emphasizing the vulnerable narcissistic dynamics, Kohut's theory contains both vulnerable and grandiose manifestations of pathological narcissism: vulnerable features referred as shyness, conscious feelings of inferiority, low self-esteem, and fear of rejection, whereas grandiose manifestations are referred as grandiose and exhibitionistic behaviors, and tendency to exploit others (McWilliams, 1994).

1.4.1.3. A Comparison of Kohut's and Kernberg's Views

While both Kohut's and Kernberg's theories of narcissism take into account the role of disruptions in early relationships, there are fundamental differences in their approaches to the development of narcissism. The primary difference between the two is that while Kernberg (1975) posits narcissism as a pathological defensive investment of libidinal energy to the self in reaction to early traumatic experiences, Kohut (1971) describes it as a part of healthy development, only becoming a developmental setback in the absence or inconsistency of empathic, responsive presence of the mother. In this sense, Kernberg mainly emphasizes the level of aggression and resistance and Kohut stressed out the fundamental defects in the self when defining pathological narcissism.

It is argued that the considerable difference in Kohut's and Kernberg's portraits of narcissism is because they actually construe two distinct aspects of the

same organization (Adler, 1986). Kohut's description mainly represents the vulnerable type with dominant feelings of inferiority and depletion, while Kernberg's theory primarily elucidates grandiose dynamics with the focus on feelings of envy and rage.

Cornett (1993) noted that Kohut's perspective on narcissism is particularly helpful when examining the issues in homosexual experience (as cited in Mayfield, 1999). In addition to its focus on the development and integration of the self, self psychology also acknowledges the detrimental effects social relationships can have on the individuals. A self psychological approach to the homosexual identity could therefore account for the effects of today's heterosexist culture on the individuals' psyche.

1.4.2. Grandiose and Vulnerable Narcissism

Two contradicting narcissistic profiles are defined in the literature and multiple studies reported that there are two distinct forms of narcissism: grandiose and vulnerable narcissism (Dickinson & Pincus, 2003; Fossati et al., 2009; Hendin & Cheek, 1997; Wink, 1991). Different terms like "overt" and "covert" (Akhtar & Thomson, 1982), "oblivious" and "hypervigilant" (Gabbard, 1989), "thick-skinned" and "thin-skinned" (Rosenfeld, 1987 as cited in McWilliams, 2011) are used to define these two types of narcissism. Grandiosity, exhibitionism, entitlement, disregard for others, and exploitation are commonly mentioned among the characteristic features of narcissistic individuals (Kernberg, 1975; Kohut, 1971; Wink, 1991). However, narcissistic identities also have a side ridden with feelings of inferiority, depletion, and fragility manifested as neediness, shyness and hypersensitivity to rejection and belittlement (Dickinson & Pincus, 2003; Kohut, 1971; Wink, 1991). This split is the result of narcissists' contradictory views of themselves (Akhtar & Thomson, 1982). To deal with the feelings of inferiority, narcissists seek admiration and affirmation from the outside (Pinkus & Lukowitsky, 2010). Although both grandiose and vulnerable narcissism share the same core dynamics of low self-esteem, entitlement, and interpersonal exploitation, they are

very different in how they are experienced internally and how they appear from the outside.

Literature implies that the underside of grandiosity and exhibitionism is hypersensitivity and vulnerability. In fact, both of these sides may be manifested either overtly or covertly and may fluctuate at times (Kealy & Rasmussen, 2012). For instance, the feelings of inadequacy and vulnerability may be the prominent features of one while hidden grandiose fantasies may underlie or an aggressive self-aggrandizement may serve to defensively compensate for the feelings of depletion and shame. The narcissistic organization may be interpreted as a continuum in this sense, where one end is hypersensitivity and intolerance to imperfections and the other end is grandiosity and resistance to narcissistic injury (Gabbard, 1989). Both ends of this spectrum would be considered pathological, the midpoint being healthy narcissistic vulnerability.

Grandiose narcissists are defined as overly confident, charming, manipulative, aggressive, attention seeking, and unaware of the effect their behaviors have on others with an inflated sense of self and overestimation of their capacities and abilities (Cain et al., 2008; Campbell, Rudich, & Sedikides, 2002; Miller et al., 2011; Wink, 1991). While idealizing themselves, these individuals display aggression and devalue people who threaten their self-esteem (Dickinson & Pincus, 2003).

Due to the repeated frustration and traumatization of their self-esteem when growing up, vulnerable narcissists fear rejection and abandonment and are isolated, insecure, sensitive, painfully aware of their inner emptiness, and susceptible to chronic feelings of shame and humiliation (Cain et al., 2008; Gabbard, 1989; Kohut, 1971). Grandiose fantasies may serve to defensively fill the internal void and avoid the feelings of inadequacy and loneliness (Pincus & Lukowitsky, 2010). These individuals devalue themselves and idealize others, avoid situations in which they may feel vulnerable, and withdraw from social relationships to regulate their self-esteem (Gabbard, 1989; Luchner, Mirsalimi, Moser, & Jones, 2008). However, they are also dependent on the feedback and approval of others (Hendin & Cheek, 1997). Too socially inhibited to express their illusion of superiority and exhibitionistic

wishes, vulnerable narcissists experience these feelings only in the form of covert fantasies (Hendin & Cheek, 1997; Wink, 1991).

Unlike grandiose narcissists, conscious awareness of the emptiness and shame cause vulnerable narcissists to experience much more conflict related to their narcissistic dynamics. As a matter of fact, it was suggested that vulnerable narcissism is much more pathological compared to its grandiose counterpart (Rose, 2002). While covert narcissists experience great difficulty in consciously coping with their vulnerability and insecurity, overt narcissists' emotional detachment ease coping with the underlying vulnerability. Similarly, grandiose narcissists' lack of insight was found to be an asset in protecting their mental health against distress that vulnerable narcissists suffer from (Dickinson & Pincus, 2003). Rose's (2002) finding that grandiose narcissism was positively correlated with happiness and self-esteem while vulnerable narcissism was negatively correlated with these constructs supports this claim. However, grandiose narcissists' denial of problems prevents them from seeking treatment at the same time (McWilliams, 2011). In contrast, vulnerable narcissists' extreme regard to the opinions of others, distress surrounding the interpersonal relationships, and susceptibility to narcissistic injury leads to a higher tendency to go to therapy (Dickinson & Pincus, 2003).

Shame is noted as the central affect, the "underside" and "veiled accompaniment" of narcissism (Broucek, 1982; Lansky & Morrison, 1997; Lewis, 1987; Morrison, 1989). The emptiness of the self and failure in fulfilling the grandiose fantasies and forming intimate relationships are the origin of the dominant feelings of shame in narcissism (Morrison, 1989). Feeling worthless, the frustrated child develops narcissistic defenses to counteract the feelings of shame. Hibbard (1992) and Gramzow and Tangney (1992) found that shame was negatively correlated with grandiose narcissism while positively correlated with vulnerable narcissism. These findings confirm the psychodynamic formulation of shame as the "underside of narcissism" (Morrison, 1989), implying that vulnerable narcissists fail in shame regulation and therefore are more pathological than the grandiose narcissists, who cope with the underlying shame by self-inflation and contempt (Robins, Tracy, & Shaver, 200; Rose, 2002).

Another defining feature of both grandiose and vulnerable narcissism is narcissistic rage as a reaction to threats to self-esteem or intolerance to failures and imperfections of oneself (Baumeister, Smart, & Boden, 1996; Cain et al., 2008; Kernberg, 1975; Kohut, 1971). Furthermore, Tangney (2001) reported that shame-prone individuals have a higher tendency to experience anger compared to non-shame-prone individuals. Considering the previously mentioned relationship of narcissistic vulnerability with shame, individuals high on narcissistic vulnerability may experience anger more frequently compared to their grandiose counterparts. Indeed, entitlement rage and the tendency to feel upset and angry was found to be higher in vulnerable narcissists (Keene & Epps, 2016; Pincus et al., 2009). Expression of aggression differs across the vulnerable and grandiose types as well: grandiose narcissists are described as having a high tendency to exhibit aggression while vulnerable narcissists may experience aggression rather covertly (Smolewska & Dion, 2005). Grandiose narcissists may display aggressive behaviors such as committing violent acts or utilizing physical aggression; vulnerable narcissists on the other hand may be afraid to express their aggression due to higher interpersonal anxiety and hypersensitivity to rejection, particularly experiencing the cognitive and affective forms of aggression such as hostility and anger (Houlcroft, Bore, & Munro, 2012).

1.4.3. Narcissistic Vulnerability and Homosexuality

In relation to libido's investment in the self, Freud (1910) initially explained homosexuality on a narcissistic basis, suggesting that individuals with narcissistic dynamics choose sexual objects who resemble themselves (as cited in Rubinstein, 2010). However, this formulation led to the view of homosexuality as self-cathexis and narcissistic disturbance, indicating pathology (Cornett, 1993 as cited in Gaines Jr., 2002) and allowed for the promotion of reparative therapies and conversion therapies by some clinicians and psychoanalysts. When societal heterosexism and heteronormativity is considered, LGB individuals' narcissistic self-focus and susceptibility to narcissistic vulnerability may be interpreted as an adaptive

maneuver and an inevitable consequence of living in a hostile, prejudiced environment with a despised identity, rather than a pathological need for self-idealization and greatness (Gaines Jr., 2002). In this sense, narcissistic vulnerability is a defensive structure developed to cope with the external and internalized heterosexism, and the related feelings of inferiority and shame.

Heard and Bakeman (2000) and Cornett (1993) noted that narcissistic issues in adulthood is predicted by negative parental reactions to childhood gender nonconformity rather than by the nonconforming behavior itself (as cited in Gaines Jr., 2002). Gender nonconforming behavior includes feelings of being “different” and homoeroticism since the heterosexual expression of sexuality is the only form accepted in the context of a homonegative society. When met with contempt and rejection, it may result in chronic injury in the child’s sense of self and self-esteem (Mayfield, 1999). Rubinstein (2010) found higher levels of narcissism among homosexual individuals compared to heterosexuals. These findings are in line with the view of narcissistic vulnerability as an unconscious defensive strategy to cope with oppression, stigmatization, and shame born out of negative parental and societal regard. Construction and integration of a positive homosexual identity is likely to be accompanied with narcissistic injuries as the internalized heterosexism is an additional risk factor triggering selfobject failure and narcissistic injuries experienced in childhood in response to parents’ rejection or denigration of sexual and gender role expression (Mayfield, 1999; Shelby, 1994). As a common reaction to narcissistic injury in general, rage toward both the oppressor and the other members of the sexual minority group, who are also shamed and despised, is inevitable here as well.

1.5. AGGRESSION

Buss (1961), one of the prominent aggression theorists, initially defined aggression as the responses and actions that inflict harm on others (as cited in Ramirez & Andreu, 2003). This behaviorist perspective subsequently gave way to a rather comprehensive approach to include the intention of injury, not simply the

delivery of it (Ramirez & Andreu, 2003). However, this definition was still not sufficient in terms of capturing the full scope of the aggression construct since the intention to harm may not be as clear in certain circumstances where the individual may either deny the intent or may mainly aim a personal gain rather than the infliction of harm (Ramirez & Andreu, 2003). Anderson and Bushman (2002) differentiated the proximate and ultimate goals to address these conceptual issues and account for the distinct definitions of aggression. They defined the intention to harm as a proximate goal whereas the ultimate goal differed depending on the type of aggression.

Aggression is not a unidimensional construct and is consisted of a variety of components. These phenomena may appear as similar; however, each has distinct manifestations and functions, triggered or motivated by separate external and internal factors, and even have different genetic and neural paths (Ramirez & Andreu, 2006). This variance creates an ambiguity surrounding the concept of aggression and a diversity of approaches to and categorizations of it.

1.5.1. Types of Aggression

Buss (1961) defined three dimensions of the behavioral aspect of aggression: physical-verbal, active-passive, and direct-indirect (as cited in Ramirez & Andreu, 2006). The physical-verbal dimension concerns the use of physical and verbal means to harm another person; the active-passive dimension distinguishes between the active engagement in a behavior or harming someone through a passive reaction; direct aggression is defined here as, either physically or verbally, confronting the target of harm, whereas indirect aggression involves the infliction of harm through the means of another person or object, without any face-to-face confrontation (Berkowitz, 1994; Richardson & Green, 2006; Ramirez & Andreu, 2006).

Anger and hostility are considered among the psychological components of aggression: anger constituting the affective part, hostility constituting the cognitive part (Ramirez & Andreu, 2006; Sergeant, Dickins, Davies, & Griffiths, 2006). State

anger is the experience of anger bound by a specific situation in response to a perceived offense, injustice, or frustration (Ramirez & Andreu, 2006). State anger is expected to fluctuate over time, rising when the situation or perpetrator of anger-arising act is seen as intentional and unjustified, or the values of the person are compromised and violated. Trait anger on the other hand is considered as rather temperamental, concerning the threshold of anger. Those who are high on trait anger may respond to relatively trivial triggers with high reactivity or may have particularly elevated levels of anger in the face of competition, rejection, or injustice. Similar to trait anger, anger proneness is considered as a characteristic, referring to a tendency to angry appraisal and angry responding, in other terms anger experience and anger expression (Ramirez & Andreu, 2006).

Hostility is broadly considered as a negative attitude and evaluation of the other people and things, combined with the feelings of anger, disgust, contempt, grudge, and the wish to harm the target (Buss, 1961; Kaufman, 1970; Plutchik, 1980 as cited in Ramirez & Andreu, 2006). As distinguished from anger, Buss (1961) defined hostility as a conditioned anger response that endures relatively longer (Ramirez & Andreu, 2003). Although hostility is described as comprised of affective, cognitive, and behavioral mechanisms, Miller, Smith, Turner, Guijarro, and Hallet (1996) asserted that it is a term specifically involving the cognitive processes since it primarily involves negative beliefs and attitudes, including suspicion and denigration, regarding others.

Although experience and expression of aggression are positively correlated, experience of anger feelings are much more frequent than the expression of or the readiness to engage in the aggressive actions (Ramirez & Andreu, 2006). This finding implies that the affective and cognitive parts of aggression frequently accompany each other, whether or not one ends up act upon this aggression. Indeed, Andreu, Grana, and Pena (2002) compared the correlations between different subtypes of aggression using Buss and Perry Aggression Questionnaire and found that anger and hostility had the highest correlation among the subscales (as cited in Ramirez & Andreu, 2006). Salmivalli (2001) noted that regardless of the link between anger and aggressive behavior, various situational and characteristic

elements influence the behavioral expression of anger and hostility. As both the feeling and expression of anger are frequently subject to attempts of inhibition, aggressive feelings and thoughts may not lead to aggressive behaviors or may be expressed in ways different than behaviors traditionally described as aggressive (Salmivalli, 2001).

Another distinction was made considering the purpose or goal of the aggressive behavior. Behavior that is primarily motivated by an intention to harm the other was found phenomenologically, neurophysiologically, and factor analytically different from behavior that does not specifically aim to inflict harm (Ramirez & Andreu, 2006). This dichotomy was addressed in a number of studies, although different terms were used to refer to these two types of aggression: *hostile* and *instrumental* (Anderson & Bushman, 2002; Bandura, 1973; Feshbach, 1964), *reactive* and *proactive* (Crick & Dodge, 1996; Poulin & Boivin, 2000), *impulsive* and *premeditated* (Barratt & Slaughter, 1998) are among the most common terms.

Hostile aggression is described as impulsive, affective, defensive, and destructive (Ramirez & Andreu, 2006). The primary motivation is to hurt the other person and it generally arises in response to a provocation, as it is affectively loaded and implies difficulties in behavioral control (Barratt, Stanford, Dowdy, Liebman, & Kent, 1999). This form of aggression has been linked to hostile attribution biases, problems in interpretation, and internalizing problems such as depression (Ramirez & Andreu, 2006). The defining features of instrumental aggression are its premeditated, controlled, and relatively constructive character, primarily aiming to solve problems or acquire certain objectives such as an advantage or a profit (Anderson & Bushman, 2002; Barratt et al., 1999; Ramirez & Andreu, 2006). There may not be provocation, or even anger, for instrumental aggression as it is usually goal oriented and deliberate. Although it may be constructive, instrumental aggression may also serve social gain and dominance (Ramirez & Andreu, 2006). Lobbetael, Baumeister, Fiebig, and Eckel (2014) stated that an individual may manifest both hostile and instrumental aggression depending on the circumstances, and that they should be considered as distinct dimensions of aggression.

1.5.2. Narcissistic Rage as A Form of Aggression

Kohut was the among the first to extensively describe narcissistic rage. He viewed narcissistic rage as:

The need for revenge, for righting a wrong, for undoing a hurt by whatever means, and a deeply anchored, unrelenting compulsion in the pursuit of all these aims which gives no rest to those who have suffered a narcissistic injury – these are features ... which set it apart from other kinds of aggression. (Kohut, 1972, p. 380)

Lewis (1987) described it as “rage is anger out of control” (p. 153). Anger and hostility, in the intensified form of narcissistic rage, are referred among the defining features of narcissism in the psychoanalytic literature (Krizan & Johar, 2015). Kernberg (1975) posited that an excessive aggressive drive is the center of narcissism, serving to maintain the split self and ward off the feelings of weakness and shame. Kohut (1972) approached anger not as an overly strong primary driving force, but as an inevitable response to the environmental failure, and a motive for the pursuit of unmet selfobject needs. According to both Kohut and Kernberg, the fragility of the narcissistic individuals’ self and the instability of their self-concept render them particularly susceptible to self-esteem threats, leading to a defensively aggressive reaction in an effort to preserve the grandiose self or fantasies and avoid the underlying feelings of emptiness (Hart, Adams, & Tortoriello, 2017). The social significance and accuracy of the offense are exaggerated, leading to a pervasive and maladaptive anger accompanied by hostile suspicions in response to even minor provocations (Hart et al., 2017; Kernberg, 1975; Kohut, 1972).

Underlying feelings of inferiority and shame intensify the anger; therefore, it can be adaptive to a certain extent by helping the individual to relieve the shame-based pain (Broucek, 1982; Kohut, 1972; Lewis, 1987). However, prolonged and chronic rage reactions may lead to a *shame-rage spiral* by further fueling anger, which in turn intensifies the shame feelings (Lewis, 1987). Indeed, shame-prone individuals are reported to be more inclined to experience anger and express this by aggressive behaviors (Keene & Epps, 2016; Tangney, 2001). Kaufman (1996)

described rage as protecting the self by keeping away the harmful other, while at the same time preventing comforting of the wound of shame and condemning the individual to further loneliness.

Threatened-egotism account of aggression argues that the source of aggression is the ego threat; individuals who feel incomplete and have unstable self-concepts need validation by others to support their fragile self-esteem (Baumeister et al., 1996). This fragility brings along an increased susceptibility, sensitivity, and defensiveness against criticism and perceived denigration, and a stronger reaction to such evaluations. Since negative feedback is excruciatingly painful for those with unstable and negative self-appraisals, they are extremely motivated to fend off any threat to their self-esteem, at the expense of aggressive and violent behavior (Baumeister et al., 1996). In this sense, both grandiose and vulnerable narcissists could engage in reactive, hostile aggression to defend their self-view. However, in their study examining the narcissistic-rage account, Krizan and Johar (2015) found that narcissistic vulnerability has a stronger correlation with trait aggression compared to narcissistic grandiosity. They also identified vulnerability as a predictor of all the aspects of aggression that were measured including anger and hostility, key features of narcissistic rage, whereas grandiosity only predicted physical aggression.

The difficulty with measuring aggression in narcissistic individuals is that they may deny their anger and aggressive tendencies; grandiose narcissists may do so to deny the effect others have on them, and vulnerable narcissists due to their interpersonal anxiety (Smolewska & Dion, 2005). In fact, vulnerable narcissists may even be afraid to express their anger as they are highly sensitive to others' opinions of them. Okada (2010) found that vulnerable narcissists frequently experience aggression in rather covert forms such as anger and hostility rather than expressing it in overt, direct ways like physical and verbal aggression.

1.5.3. Aggression in the Homosexual Experience

Shame and the anticipation of further shame, particularly in the presence of a shaming other, lead to rage and contempt for the perceived humiliators and oppressors (Kaufman & Raphael, 1996). As Kaufman and Raphael (1996) put it, “Shame fuels hatred toward ourselves, just as it fuels hatred toward others” (p. 85).

As previously mentioned, developing a homosexual identity is full of experiences of shaming, and accompanying internalized feelings of inferiority, contempt, and denigration concerning one’s self. Considering the previously mentioned theories and findings, shame and narcissistic injury in relation to the sexual minority identity may lead to a hostile attitude, both toward the members of the minority group, one’s self included, and others. Toward the self and other sexual minorities due to the internalization of heterosexist, negative societal messages; toward non-minorities and the broader rejecting society because of their position as anticipated, and frequently true, initiators and perpetrators of this attitude (Kaufman & Raphael, 1996).

Although the relationships between aggression and internalized heterosexism, shame, or narcissistic injury were briefly mentioned in LGBT literature, particularly gay and lesbian battering research, there is not many studies investigating these dynamics. Coleman (2003) interpreted the lesbian batterers’ aggression as being potentially influenced by their internalized heterosexism and their increased vulnerability to shame-rage as a result of bad, rejecting internal objects. Akekmekçi (2015) found a strong direct impact of internalized heterosexism on hostility, suggesting the impact of narcissistic vulnerabilities and shame-proneness. There is also evidence contradicting with these findings. Kelley and Robertson’s (2008) study examined the relationship between internalized heterosexism and relational aggression in gay male peer relationships. They found a significant relationship between internalized heterosexism and relational victimization, and between relational aggression and relational victimization; however, no significant relationship was found between internalized heterosexism and relational aggression.

Heightened aggression is associated with disruption in interpersonal relationships, difficulties in social adaptation and relationship adjustment, errors in encoding social cues, hyperreactivity to stimuli perceived as threatening, and social anxiety (Raine et al., 2006; Taft et al., 2006). Impairment in social functioning may in turn lead to erosion of social support, which indirectly affects psychological wellbeing (Stice, Ragan, & Randall, 2004). Chow and Cheng (2010) reported that perceived support from friends was related to a more positive lesbian identity by means of decreased internalized heterosexism.

With regard to these findings, it is important to understand the dynamics and the role of aggression in the homosexual experience, particularly considering the effect of the heterosexist environment since it intensifies the isolation of homosexual individual and contributes to various internalized heterosexism-, shame-, narcissistic injury-, and aggression-related difficulties.

1.6. CURRENT STUDY

1.6.1. Aim of the Study

The primary aim of the current study was to investigate the role of narcissistic vulnerability in the relationships between internalized heterosexism and aggression; and internalized shame and aggression in gay and lesbian individuals. The examination of these relationships is important in order to understand the experience of growing up as homosexual in a heteronormative society.

As mentioned above, gay and lesbian individuals are inevitably exposed to negative societal messages about homosexuality and they internalize these homonegative attitudes (Szymanski & Kashubeck-West, 2008a). Early experiences of shaming due to nonconformity to the heterosexist cultural norms contributes this internalization process, blocking the integration of a positive homosexual identity and engendering shame-based identities instead (Kaufman & Raphael, 1996). Internalized heterosexism shares a common base with internalized shame and narcissistic vulnerability as all involve an incongruity between the ego ideal and the

ego reality, along with the dread of being exposed before the eyes of others and being seen as undesirable (Allen & Oleson, 1999; Nathanson, 1992). The contempt and rejection directed to the homosexual individual by the society through the interpersonal interactions filled with hostility would create deep-rooted shame feelings and narcissistic injuries, producing adaptive narcissistic defenses (Kaufman & Raphael, 1996; Meyer, 2013; Wells, 1996). Rage is viewed as one of the most common defenses developed against narcissistic vulnerability (Kohut, 1972). Due to heightened interpersonal anxiety and hypersensitivity, this aggression is mainly in the form of affective and cognitive experiences. While suppressing the underlying vulnerability and shame, aggression also has a protective function as a retaliation to ward off the offender, yet this protective function prevents the comforting of the pain of shame and narcissistic injury, further isolating the individual (Kaufman, 1985; Morrison, 1999).

Few studies empirically investigate the dynamics and affective components of internalized heterosexism, and the relationships between internalized heterosexism, shame, narcissistic vulnerability, and aggression were only theoretically discussed. Therefore, the major aim of the present study is to address this shortcoming of the literature by empirically examining the relationships and potential mediating pathways between these constructs. An understanding of these relationships is expected to offer clinical implications on an individual basis and foster social change by creating an awareness of the means of heteronormative social structure.

1.6.2. Hypotheses

Within the scope of this study, following hypotheses are specified. On the basis of the preliminary analyses, some demographic variables (e.g. age, sex, level of coming out, level of education, SES, and therapy experience) will be controlled and/or included in further analyses for explorative purposes and clinical implications.

1. Level of internalized heterosexism is expected to be positively correlated with internalized shame.
2. Level of narcissistic vulnerability is expected to be positively correlated with the level of total aggression.
 - 2.a. Anger level is expected to have a higher positive correlation with narcissistic vulnerability compared to physical aggression.
 - 2.b. Anger level is expected to have a higher positive correlation with narcissistic vulnerability compared to verbal aggression.
 - 2.c. Hostility level is expected to have a higher positive correlation with narcissistic vulnerability compared to physical aggression level.
 - 2.d. Hostility level is expected to have a higher positive correlation with narcissistic vulnerability compared to verbal aggression level.
3. Level of internalized heterosexism will be positively correlated with aggression.
4. Level of internalized heterosexism will be positively correlated with narcissistic vulnerability.
5. Level of narcissistic vulnerability is expected to mediate the relationship between internalized heterosexism and aggression.
6. Level of internalized shame will be positively correlated with aggression.
7. Level of internalized shame will be positively correlated with narcissistic vulnerability.
8. Level of narcissistic vulnerability is expected to mediate the relationship between internalized shame and aggression.

CHAPTER 2

METHOD

2.1. PARTICIPANTS

Individuals who (a) did not identify themselves as transgender, in other words who self-identified as male or female and were assigned that sex at birth; (b) self-identified as homosexual; (c) were older than 18 years old were eligible to participate in this study.

A total number of 254 individuals responded to the online survey, 94 participants identified themselves as heterosexual or bisexual, therefore were not directed to the main survey package. 1 participant's age was under 18, therefore were removed. The final sample consisted of 159 homosexual-identified participants (75 female, 84 male) with ages ranging from 18 to 49 ($M=26.87$, $SD=6.13$). Participants were mostly individuals living in the main big cities of Turkey, specifically Istanbul, Izmir, Ankara. Other cities of residence included Adana, Mersin, Antalya, Bursa, Sakarya, Samsun, Bartın, Kayseri, and a few other cities in Germany. Participants were mainly contacted through the social-media platforms of the universities located in Istanbul, Izmir, and Ankara, certain e-mail groups and social-media accounts, and personal contacts.

The majority of participants had a high level of education, 77% were either graduates of or still enrolled in bachelor, master or PhD programs, 53% were students. 76% of the participants had middle to high socioeconomic status, and 55% had a history of or still going to psychotherapy. In addition, 93% of the sample were either completely or partially open regarding their sexual orientation while 11 participants (7%) did not come out.

Mostly highly educated, middle to high SES young adults constituted the overall sample. Men were relatively more represented in the sample than women.

2.2. INSTRUMENTS

The study instruments included Demographic Information Form, Internalized Homophobia Scale (IHS), the Internalized Shame Scale (ISS), the Hypersensitive Narcissism Scale (HSNS), Buss-Perry Aggression Questionnaire (AQ), and Two-Dimensional Social Desirability Scale (SİÖ).

2.2.1. Demographic Information Form

The form includes questions as regards the age, gender, sexual orientation and level of coming out, level of education, monthly income, and the history of psychotherapy of the participants. The form is presented in Appendix B.

2.2.2. Internalized Homophobia Scale (IHS)

IHS is a self-report measure developed by Herek, Cogan, Gillis, and Glunt (1997) to assess the level of discomfort homosexual individuals feel regarding their sexual orientation. The scale was adapted both for men and women from Martin and Dean's (1988) interview items designed for gay men, derived from the diagnostic criteria for ego-dystonic homosexuality as described in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980). IHS is a single factor measure, originally consisted of 9 items rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The total score is derived by summing the item ratings, with a possible range of 9 to 45; a respondent was considered a high scorer if she or he had marked "agree" or "strongly agree" to at least one of the 9 items. The internal consistency coefficient was .83 for gay men and .71 for lesbian women in a nonclinical sample of 150 people. Validity was confirmed by showing significant correlations between the IHS and measures of depression, demoralization, and self-esteem.

IHS was adapted to Turkish by Gençöz and Yüksel (2006). Interviews with gay Turkish men revealed an anxiety of being associated with a gay community and

effeminate gay men. An item which assesses this anxiety (i.e., “I avoid being seen and being involved with effeminate gay men”) was included in the scale. Thus, the Turkish version of the scale consisted of 10 items. The scale score of the Turkish version ranges from 10 to 50. Alpha and split-half reliability coefficients revealed good internal consistency of the scale, .82 and .82 respectively. In her study of internalized homophobia and consumption patterns, Gabralı (2017) found high internal consistency coefficients for both men and women, .82 and .97 respectively. Consistent with the original scale, item loadings in Gençöz and Yüksel’s study suggested a single factor. Turkish version of IHS had significant correlations with measures assessing psychological problems, particularly with depression and anxiety; the scale also had a significant positive correlation with negative affect and a negative correlation with self-esteem.

2.2.3. The Internalized Shame Scale (ISS)

ISS is a self-report measure developed by David Cook (2004) to assess the degree to which participants have internalized painful levels of shame emotions. It consists of 30 items measured on a 5-point Likert-type scale (1 = never, 5 = almost always), scores close to 5 indicating a higher level of shame and scores close to 1 indicating lower levels of shame. ISS is comprised of two subscales of shame and self-esteem, with 24 and 6 items, respectively. Items of the self-esteem subscale were taken from the Rosenberg Self-Esteem Scale (RSES) for psychometric purposes and were not included in the total score. The total shame score is derived by summing the item ratings of shame items (24 items), with a possible range of 24 to 120. The ISS scores were categorized as either low level of shame (≤ 61), frequent experience of shame ($= 62$ to 74), and high shame (≥ 75). For a nonclinical sample, total score Cronbach’s alpha was .95 and the 7-week test-retest reliability was .84 (Cook, 1994). Validity was confirmed by showing significant negative correlations between the ISS and the Rosenberg Self-Esteem Scale ($r = .74$) and positive correlations between the ISS and the depression scale of the SCL-50 (short form of the SCL 90) ($r = .71$).

For the present study the scale was translated into Turkish and back-translated into its original language by three bilingual individuals. A pilot-study was carried out to test the statistical strength of the Turkish version. A data of 166 individuals, 111 female (66.9%) and 55 male (33.1%), shows that the Turkish version of ISS is a valid measure ($\alpha = .86$).

2.2.4. The Hypersensitive Narcissism Scale (HSNS)

HSNS is a 10-item self-report measure developed by Hendin and Cheek (1997) to assess the vulnerable and hypersensitive characteristics associated with narcissism. Items are scored on a 5-point Likert scale ranging from 1 (very uncharacteristic) to 5 (very characteristic) and higher scores obtained from this scale are associated with higher levels of vulnerable narcissistic characteristics. The total scale score has a possible range of 10 to 50, obtained by the sum of item scores. In their original study, Hendin and Cheek (1997) reported an adequate internal consistency reliability for the HSNS composite score (Cronbach's alphas of .72, .75, and .76 for three distinct adult nonclinical samples). Criterion-related validity was confirmed by showing low correlations with Narcissistic Personality Inventory (NPI), a tool frequently used for the assessment of grandiose narcissism, and similar patterns of correlation with an MMPI-based measure of covert-narcissism on Big Five Inventory. Another study showed that the HSNS had an adequate internal consistency ($\alpha = .71$, $\alpha = .69$) and moderate 3-month test-retest reliability coefficients of 0.63, and 0.82 for clinical and nonclinical samples respectively (Fossati et al., 2009).

The scale was adapted to Turkish by Şengül et al. (2015). As a result of factor analysis, two items with low loadings (items 1 and 4) were discarded from the Turkish version of HSNS resulting in a final scale of eight items. For the present study, all 10 items were included. Cronbach's alpha coefficient of the Turkish form was found .66, indicating an adequate internal consistency. The correlations between the Turkish version of HSNS and Basic Personality Traits and NPI were

similar to the ones obtained in the original study, ensuring convergent and discriminant validity.

2.2.5. Buss-Perry Aggression Questionnaire (AQ)

The AQ is a self-report measure developed by Buss and Perry (1992) to assess aggression, including its four distinct subtraits. This scale was created to replace the Buss-Durkee Hostility Inventory (BDHI), due to its inconsistent psychometric properties (Eckhardt, Norlander, & Deffenbacher, 2004). AQ consists of 29 items rated on a 5-point Likert scale where “1” stands for “not at all like me” and “5” stands for “completely like me”. It is comprised of four factor-analytically derived subtraits: Physical Aggression (9 items) and Verbal Aggression (5 items) subscales assessing motor components, Anger subscale (7 items) to assess the affective component, and Hostility subscale (8 items) for the assessment of the cognitive component. The score for each subscale is derived from the sum of its item ratings. The total score ranges between 29 and 145, and subscales from 9 to 45 for physical aggression; 5 to 25 for verbal aggression; 7 to 35 for anger; 8 to 40 for hostility subscales. All four scales and the total questionnaire have moderate to high levels of internal consistency (Physical Aggression = 0.85; Verbal Aggression = 0.72; Anger = 0.83; Hostility = 0.77; Total Score = 0.89) and high stability coefficients over a 9-week period (Total Score = .80). To assure validity, correlations of all four factors and the total score with measures of anger expression, impulsiveness, depression, and anxiety were assessed, significant correlations were found.

AQ was adapted into Turkish by Demirtaş Madran (2012). Psychometric properties of the Turkish version of the scale yielded high internal consistency for the whole scale ($\alpha = .85$), adequate internal consistency for the subscales (Physical Aggression=0.78; Verbal Aggression=0.48; Anger=0.76; Hostility=0.71), and a high stability coefficient over a 4-week period (Total Score = 0.97). The internal consistency of Verbal Aggression subscale was found to be lower on both the original and Turkish version due to small number of items. Factor analysis yielded

similar results as the original study, revealing four distinct factors. Turkish version of the AQ significantly correlated with Anger-Related Behaviors subscale of Multidimensional Anger Scale (MAS), indicating its validity.

2.2.6. Two-Dimensional Social Desirability Scale (SİÖ)

Two-dimensional Social Desirability Scale is a self-report measure developed by Akın (2010) in Turkish to assess individuals' tendency of presenting themselves and their opinions as appropriate and socially desirable instead of showing their true selves and opinions. The scale comprises of 29 items divided into two subscales, impression control (16 items) and self-deception (13 items). In this sense SİÖ is consistent with the view that people may be inclined to deceive both others and themselves, trying to give a good impression and feel more satisfied (Paulhus, 1984). SİÖ is answered on a 5-point Likert-scale (1 = totally disagree, 5 = totally agree), higher scores indicating a higher tendency of socially desirable responding. The subscales have high levels of internal reliability consistency evidenced by Cronbach's alpha levels of ($\alpha = .96$) for impression control and ($\alpha = .95$) for self-deception; high test-retest reliability coefficients evidenced by .83 for impression control and .79 for self-deception. Validity analyses were conducted, and the factor-structure was found appropriate.

2.3. PROCEDURE

Internalized Shame Scale (ISS) was translated into Turkish by the researcher and back-translated into English by three individuals who were either bilingual or has been living in an English-spoken country for at least 10 years.

Ethics approval from Istanbul Bilgi University Ethics Committee was taken. Following the ethics approval, a pilot study was carried out to test the reliability and validity of the Turkish version of ISS. Data was collected via an online survey tool, SurveyMonkey. The sample of the pilot study was consisted of 166 participants. After the statistical analysis of reliability for ISS was conducted, the

online survey link leading to the survey package was shared via e-mails, social media posts, and personal contacts.

Participation in this study was voluntary, and an informed consent was obtained from all the participants. They were informed about the purpose of the study, their right of withdrawal, and confidentiality of their information; also, were encouraged to contact the researcher in case any adverse effects were experienced, or any questions arose. Upon the approval of the informed consent form (See Appendix A), participants were instructed to proceed with the survey package. Demographic Information Form (See Appendix B) was presented first, order of the rest of the questionnaires were not fixed and the order was randomized for each participant to prevent any effect the order may have on the measured variables. A brief information about each measure was given at the beginning of each part. It takes approximately 15 minutes to complete all the scales. No identifying information was asked at any point.

2.4. DATA ANALYSIS

Independent variables of this study are Internalized Heterosexism, measured with Internalized Homophobia Scale (IHS) and Internalized Shame, measured with Internalized Shame Scale (ISS). Based on the existing literature, Narcissistic Vulnerability is hypothesized as a mediator variable and it is measured using Hypersensitive Narcissism Scale (HSNS). The dependent variable is Aggression, which is measured by Buss-Perry Aggression Questionnaire (AQ).

To conduct the statistical analyses, 21th version of Statistical Package for the Social Sciences (SPSS) was used. Pearson Correlation Analyses were conducted to investigate the relationships between internalized heterosexism, internalized shame, narcissistic vulnerability, and aggression. Two separate hierarchical multiple regression analyses were conducted with aggression as the dependent variable, narcissistic vulnerability as the potential mediator, and internalized heterosexism in the first model, internalized shame in the second model as the predictor variables. Social desirability and age were controlled to eliminate

their effect on the mediation relationships. Finally, a series of t-tests and ANOVAs were conducted to explore the relationships between psychotherapy experience and study variables.

CHAPTER 3

RESULTS

The findings of the current study will be presented in five parts. The preliminary analyses for the study materials and the descriptive statistics for the study variables will be presented prior to the analyses relevant to the hypotheses. Pearson correlation analyses for the investigation of the relationship between narcissistic vulnerability and aggression will be given. Subsequently, results of the hierarchical multiple regression analysis testing whether narcissistic vulnerability mediates the relationship between internalized heterosexism, predictor, and aggression, dependent variable, will be presented. A second mediation model with internalized shame as predictor, aggression as the dependent, and narcissistic vulnerability as the mediator variables will be tested with hierarchical multiple regression analysis. Finally, explorative analyses regarding the associations of therapy experience and study variables will be presented.

3.1. DESCRIPTIVE STATISTICS

Following the pilot study, reliability analyses of the Turkish version of Internalized Shame Scale (ISS) was conducted since it was translated into Turkish by the researcher. Following the data collection, Cronbach's alpha was calculated to determine the internal consistency of the total ISS. The internal consistency coefficient was found .86, indicating high internal consistency. The Turkish version of ISS can be used as a reliable measure to assess the level of internalized shame.

Prior to the investigation of the relationships between study variables, the reliability coefficients for each scale and subscale were computed to assure the internal consistency of the scales for this study. The reliability coefficients and descriptive statistics including minimum, maximum, mean, and standard deviations for the scales can be found in Table 3.1.

Table 3.1. *Descriptive Statistics and Reliability Coefficients of the Study Variables*

	Min	Max	<i>M</i>	<i>SD</i>	α
Internalized Heterosexism (IHS)	10	50	16.51	7.28	.89
Internalized Shame (ISS)	25	120	62.72	20.62	.96
Narcissistic Vulnerability (HSNS)	13	45	29.18	6.08	.73
Total Aggression (AQ)	39	137	77.77	17.41	.90
Physical Aggression	9	45	19.55	6.54	.84
Anger	7	35	18.89	6.26	.86
Hostility	11	39	23.81	5.85	.75
Verbal Aggression	7	24	15.50	3.47	.64
Social Desirability (SIÖ)	50	132	88.22	13.97	.87
Self-Deception	23	61	41.03	9.87	.78
Impression Management	23	71	47.70	9.87	.85

All scales and subscales yielded acceptable reliability ranging from .73 to .96, except for Verbal Aggression subscale of the Aggression Questionnaire, which yielded a moderate internal consistency coefficient ($\alpha = .64$). This finding is in line with the prior studies. As previously mentioned in the Method section, relatively lower internal consistency coefficients of this subscale are interpreted as a result of the small number of items.

The participants reported low levels of internalized heterosexism ($M = 16.51$, $SD = 7.28$). In fact, 35 individuals (22%) had the lowest score of 10, and 47 individuals (30%) scored between 11 and 13 points. Frequent experience of shame is observed in the participants ($M = 62.72$, $SD = 20.62$). The rest of the scale scores ranged from moderate to high levels. Social desirability, measured by Two-Dimensional Social Desirability Scale, was found as significantly negatively correlated with all the study variables except Verbal Aggression subscale of the Aggression Questionnaire. As opposed to impression management subscale, self-deception subscale had higher correlation coefficients with internalized heterosexism, internalized shame, and narcissistic vulnerability. Total aggression and the subscales of aggression questionnaire on the other hand correlated more

strongly with impression management subscale in comparison to the self-deception subscale. Pearson correlations among social desirability scales and study variables are presented in Table 3.2.

Table 3.2. *Pearson Correlations Among Social Desirability Scales and Study Variables*

	Social Desirability Total	Self-Deception	Impression Management
Internalized Heterosexism	-.17*	-.16*	-.13
Internalized Shame	-.37***	-.54***	-.17*
Narcissistic Vulnerability	-.44***	-.49***	-.29***
Total Aggression	-.42***	-.31***	-.40***
Physical Aggression	-.35***	-.19**	-.37***
Anger	-.34***	-.26***	-.30***
Hostility	-.42***	-.45***	-.30***
Verbal Aggression	-.15	.04	-.24**

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Additionally, a Pearson correlation analysis was conducted to test the intercorrelations between the subscales of the Aggression Questionnaire and Social Desirability Scale to ensure reliability. The correlation coefficients among the variables are presented in Table 3.3. and Table 3.4. Significant positive correlations between subscales were found, indicating that the measures were internally consistent.

Table 3.3. *Pearson Correlations Among Subscales of Aggression Questionnaire (AQ)*

	1	2	3	4	5
1. Total Aggression	1				
2. Physical Aggression	.81***	1			
3. Anger	.90***	.65***	1		
4. Hostility	.75***	.40***	.56***	1	
5. Verbal Aggression	.61***	.32***	.52***	.30***	1

*p<0.05, **p<0.01, ***p<0.001

Table 3.4. *Pearson Correlations Among Subscales of Two-Dimensional Social Desirability Scale*

	1	2	3
1. Social Desirability Total	1		
2. Self-Deception	.77***	1	
3. Impression Management	.90***	.43***	1

*p<0.05, **p<0.01, ***p<0.001

75 individuals (47%) identified their sex as female and 84 (53%) as male. The age of the participants ranged from 18 to 49 ($M = 26.87$, $SD = 6.13$). Of the sample, 123 (77%) were either graduates of or still enrolled in bachelor, master or PhD programs, 85 (53%) were students, 121 participants (76%) had middle to high socioeconomic status, and 87 (55%) had a history of or still going to psychotherapy. In addition, 148 participants (93%) were either completely or partially open regarding their sexual orientation while 11 (7%) did not come out.

3.2. THE ASSOCIATION OF INTERNALIZED HETEROSEXISM WITH INTERNALIZED SHAME

Hypothesis 1: Level of internalized heterosexism is expected to be positively correlated with internalized shame.

Based on the literature, the first hypothesis of this study expected a significant positive correlation between internalized heterosexism, measured by Internalized Homophobia Scale (IHS) and internalized shame, measured by Internalized Shame Scale (ISS). To test this relationship, a Pearson correlation was conducted. Results yielded no significant correlation between internalized heterosexism and internalized shame, $r(159) = .13, p = \text{n.s.}$ Considering that half of the sample scored between 10 and 14 in a score range of 10 to 50, an independent samples t-test was conducted by clustering internalized heterosexism as low and high, split from the median, and comparing the means of low internalized heterosexism ($M = 59.79, SD = 21.08$) and high internalized heterosexism group ($M = 65.86, SD = 19.78$) with regard to their internalized shame levels. The analysis did not yield any significant result, $t(157) = -1.86, p = \text{n.s.}$

A partial correlation analysis was conducted controlling for social desirability as it was significantly correlated with both internalized heterosexism and internalized shame, the correlation was still nonsignificant, $r(159) = .07, p = \text{n.s.}$

3.3. THE ASSOCIATION OF NARCISSISTIC VULNERABILITY WITH AGGRESSION

Hypothesis 2: Level of narcissistic vulnerability is expected to be positively correlated with the level of total aggression.

- 2.a. Anger level is expected to have a higher positive correlation with narcissistic vulnerability compared to physical aggression.
- 2.b. Anger level is expected to have a higher positive correlation with narcissistic vulnerability compared to verbal aggression.
- 2.c. Hostility level is expected to have a higher positive correlation with narcissistic vulnerability compared to physical aggression level.
- 2.d. Hostility level is expected to have a higher positive correlation with narcissistic vulnerability compared to verbal aggression level.

A positive correlation between the level of narcissistic vulnerability, measured by Hypersensitive Narcissism Scale (HSNS), and aggression level, measured by the total score of Aggression Questionnaire (AQ) was expected. Additionally, based on the literature, levels of anger and hostility were expected to have higher correlations with narcissistic vulnerability compared to the levels of physical and verbal aggression. Age and social desirability were significantly correlated with narcissistic vulnerability and aggression. Therefore, a partial Pearson correlation was conducted between narcissistic vulnerability and aggression, controlling for social desirability and age. The correlation coefficients of the variables are presented in Table 3.5.

Table 3.5. *Correlations of Narcissistic Vulnerability with Total Aggression and Aggression Subtypes*

	Narcissistic Vulnerability	
	Partial	Zero-Order
Total Aggression	.40***	.52***
Physical Aggression	.24**	.35***
Anger	.29***	.41***
Hostility	.53***	.63***
Verbal Aggression	.12	.18*

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

As hypothesized, the level of narcissistic vulnerability had a significant zero-order positive correlation with the total aggression level, $r(159) = .52, p < .001$. Furthermore, zero-order correlations between narcissistic vulnerability and different types of aggression were significant positive correlations, with only the correlation with verbal aggression being significant at the 0.05 level, and others at the 0.01 level of significance. Consistent with the sub-hypotheses, both anger and hostility had stronger correlations with vulnerable narcissism, respectively $r(159) = .41, p < .001$; $r(159) = .63, p < .001$, compared to those of physical and verbal aggression, $r(159) = .35, p < .001$; $r(159) = .18, p < .05$.

When social desirability and age were controlled, narcissistic vulnerability was still significantly correlated with total aggression, $r(155) = .40, p < .001$. Results of the partial correlation suggested that anger, $r(155) = .29, p < .001$, and hostility, $r(159) = .53, p < .001$, had higher correlation coefficients with narcissistic vulnerability compared to physical, $r(155) = .24, p < .01$, and verbal aggression, $r(155) = .12, p = \text{n.s.}$

These correlations indicate that higher levels of narcissistic vulnerability is associated with higher levels of total aggression and aggression subtypes separately, with particularly stronger associations with anger and hostility compared to physical and verbal aggression. Although removing the effects of social desirability reduced the correlations between other variables, the associations remained still significant, except the correlation between narcissistic vulnerability and verbal aggression, which was reduced to a nonsignificant correlation.

3.4. THE RELATIONSHIPS BETWEEN INTERNALIZED HETEROSEXISM, AGGRESSION, AND NARCISSISTIC VULNERABILITY

Hypothesis 3: Level of internalized heterosexism will be positively correlated with aggression.

Hypothesis 4: Level of internalized heterosexism will be positively correlated with narcissistic vulnerability.

Hypothesis 5: Level of narcissistic vulnerability is expected to mediate the relationship between internalized heterosexism and aggression.

A mediation model was expected with the internalized heterosexism as the predictor, narcissistic vulnerability as the mediator, and the total aggression level as the dependent variable. Prior to conducting a hierarchical multiple regression analysis to test the mediation model, the relevant assumptions of this statistical analysis were tested.

3.4.1. Results of Pearson Correlations

To test for mediation, significant correlations between the predictor, mediator, and dependent variables were expected. Intercorrelations between the multiple regression variables are presented in Table 3.6.

Table 3.6. *Pearson Correlations Among Internalized Heterosexism, Narcissistic Vulnerability, Aggression, and Social Desirability*

	1	2	3
1. Internalized Heterosexism	1		
2. Narcissistic Vulnerability	.20*	1	
3. Aggression	.33***	.52***	1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Results of the Pearson correlation regarding the relationship between internalized heterosexism, predictor variable, and the aggression level, dependent variable, indicated that there was a significant positive association between these variables, $r(159) = .33, p < .001$. This relationship suggests that increases in internalized heterosexism were correlated with increases in the level of aggression. The Pearson correlation yielded a significant positive association between internalized heterosexism and narcissistic vulnerability, probable mediator, $r(159) = .20, p < .05$. This correlation indicated that higher levels of internalized heterosexism was associated with higher levels of narcissistic vulnerability. With respect to the relationship between narcissistic vulnerability and aggression level, a significant positive correlation was found as hypothesized, $r(159) = .52, p < .001$. Increases in narcissistic vulnerability was associated with increases in aggression.

Additionally, social desirability had significant negative correlations with all the study variables except Verbal Aggression. These correlations implied a socially desirable responding pattern, and the necessity of controlling for social desirability for further analyses. Age was also found to have significant negative

correlations with aggression and narcissistic vulnerability (presented in Table 3.5.) and was controlled in further analyses.

3.4.2. Results of Mediation Analysis

Prior to testing the mediation model, the association of predictor variable with dependent variable and predictor variable with the potential mediator was assessed using simple linear regression analyses. The regression of internalized heterosexism on aggression, without the potential mediator in the model, was significant, $\beta = .33, p < .001$. Internalized heterosexism also significantly predicted narcissistic vulnerability, $\beta = .20, p < .05$. After ensuring the ground rules for the mediation relationship, a hierarchical multiple regression analysis was conducted to investigate whether narcissistic vulnerability mediated the relationship between internalized heterosexism and aggression. Sex, level of coming-out, level of education, SES, and therapy experience were transformed into dummy variables and included in regression analyses as covariates to examine their relationships with aggression. However, none of these variables were found as significantly associated with the dependent variable, therefore, were not controlled for in the further analyses.

Internalized heterosexism was entered at stage one of the regression and narcissistic vulnerability was entered at stage two. The regression statistics are presented in Table 3.7.

Table 3.7. Summary of Hierarchical Regression Analysis for the Mediation Model of Internalized Heterosexism, Narcissistic Vulnerability, and Aggression

	β	R	R ²	Adj. R ²	R ² Change	F Change
Step 1		.33	.11	.10	.11	18.77***
Internalized Heterosexism	.33***					
Step 2		.57	.33	.32	.22	50.80***
Internalized Heterosexism	.23**					
Narcissistic Vulnerability	.48***					

Note: N=159; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

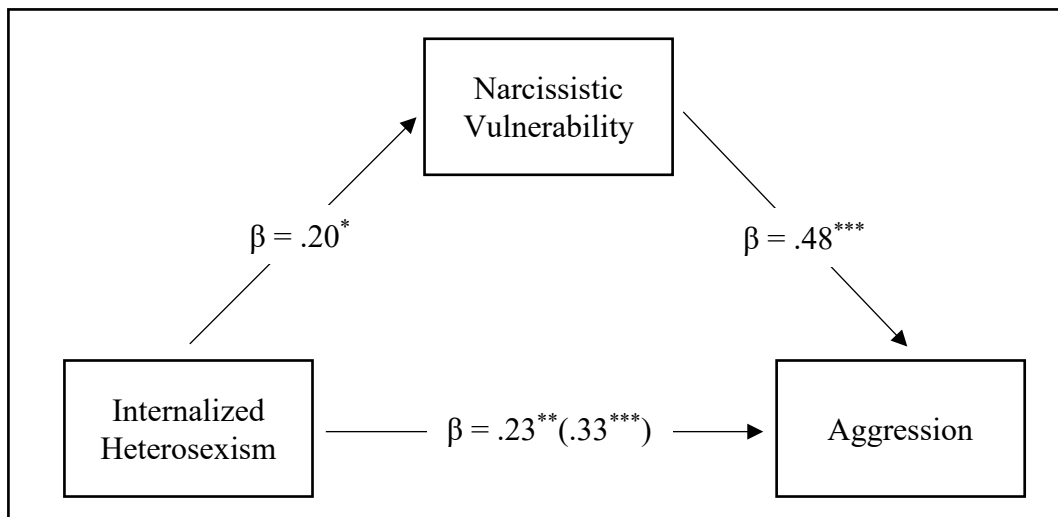
The results revealed that at stage one, Internalized Heterosexism ($\beta = .33, p < .001$) contributed significantly to the regression model, $F(1,157) = 18.77, p < .001$, and accounted for 10.7% of the variation in Aggression. Introducing the Narcissistic Vulnerability ($\beta = .48, p < .001$), the potential mediator, explained an additional 21.9% of variation in Aggression, accounting for 32.6% of the variance combined with internalized heterosexism. This change in R^2 was significant, $F(1,156) = 50.80, p < .001$, and the relationship between internalized heterosexism and aggression was reduced ($\beta = .23, p \leq .001$).

An additional hierarchical multiple regression analysis was conducted to control for age and social desirability as they were significantly associated to the dependent variable. Age was entered at stage one, social desirability was entered at stage two, internalized heterosexism was entered at stage three, and narcissistic vulnerability was entered at stage four of the regression. Age accounted for 4% of the variance and significantly predicted aggression, $F(1,157) = 6.55, p < .05$. Social Desirability ($\beta = -.40, p < .001$) accounted for an additional 15.9% of the variation in aggression and significantly contributed to the model, $F(1,156) = 30.86, p < .001$. When Internalized Heterosexism ($\beta = .26, p < .001$) was entered the model, it explained an additional 6.6% of variation, and was a significant predictor of aggression, $F(1,155) = 13.81, p < .001$. Adding Narcissistic Vulnerability ($\beta = .37, p < .001$) accounted for an additional 10.7% of the variation in aggression and this

change in R^2 was significant, $F(1,154) = 26.22, p < .001$. These four variables together explained a variance of 37.1% in aggression. The relationship between Internalized Heterosexism and Aggression slightly reduced after Narcissistic Vulnerability was added ($\beta = .21, p \leq .001$).

These results suggest that a pattern of socially desirable responding account for some variance in the dependent variable of aggression, and therefore affect the mediation model. Since the coefficient for internalized heterosexism remained significant when narcissistic vulnerability was entered the model, narcissistic vulnerability is not a full mediator of the relationship between internalized heterosexism and aggression. However, after the addition of narcissistic vulnerability, there was still a decrease in the relationship of internalized heterosexism with aggression and the R^2 change was significant in both of the hierarchical multiple regression analyses, possibly indicating that narcissistic vulnerability acted as a partial mediator of this relationship. Sobel test results confirmed the significance of the decrease in the association of internalized heterosexism to aggression, indicating a partial mediator role of narcissistic vulnerability. The mediation model is presented in Figure 3.1. Significance of this mediation may be further investigated by using path analysis or bootstrapping techniques.

Figure 3.1. *Narcissistic Vulnerability as Partial Mediator between Internalized Heterosexism and Aggression*



Note: Sobel's $z = 2.42$, $p < 0.01$; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

3.5. ANALYSES RELEVANT TO THE ASSOCIATIONS OF INTERNALIZED SHAME, NARCISSISTIC VULNERABILITY, AND AGGRESSION

Hypothesis 6: Level of internalized shame will be positively correlated with aggression.

Hypothesis 7: Level of internalized shame will be positively correlated with narcissistic vulnerability.

Hypothesis 8: Level of narcissistic vulnerability is expected to mediate the relationship between internalized shame and aggression.

For the final model, it was hypothesized that narcissistic vulnerability would mediate the relationship between internalized shame and aggression. A hierarchical multiple regression analysis was conducted to test this hypothesis. An additional hierarchical multiple regression analysis was conducted with social desirability included in the model, due to its significant correlations with study variables. To test for the mediation model, there must be significant associations among study

variables. Therefore, prior to conducting the hierarchical regression analyses, the relevant assumptions of this statistical analysis were tested.

3.5.1. Results of Pearson Correlations

Significant correlations between the predictor, mediator, and dependent variables were expected. Correlations between the multiple regression variables are presented in the Table 3.8.

Table 3.8. *Correlations Among Internalized Shame, Narcissistic Vulnerability, Aggression, and Social Desirability*

	1	2	3
1. Internalized Shame	1		
2. Narcissistic Vulnerability	.60***	1	
3. Aggression	.49***	.52***	1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Results of the Pearson correlation regarding the relationship between internalized shame, predictor variable, and the aggression level, dependent variable, indicated that there was a significant positive association between these variables, $r(159) = .49, p < .001$. This relationship suggests that increases in internalized shame were correlated with increases in the level of aggression. In line with the hypothesis, the Pearson correlation yielded a significant positive association between internalized shame and narcissistic vulnerability, the expected mediator, $r(159) = .60, p < .001$, indicating that higher levels of internalized shame was associated with higher levels of narcissistic vulnerability. As for the relationship between narcissistic vulnerability and aggression level, a significant positive correlation was found, $r(159) = .52, p < .001$. Increases in narcissistic vulnerability was associated with increases in aggression. Social desirability was negatively correlated with aggression, $r(159) = -.42, p < .001$, internalized shame, $r(159) = -.37, p < .001$, and narcissistic vulnerability, $r(159) = -.44, p < .001$. As mentioned

in the previous section, a socially desirable responding pattern may be prevalent, affecting the relationships among study variables.

3.5.2. Results of Mediation Analysis

Independent variable is expected to separately significantly predict dependent and mediator variables to test for a mediation model. Two distinct simple linear regression analyses were conducted to assess the effect of internalized shame on aggression and narcissistic vulnerability. Internalized shame significantly predicted aggression, without the potential mediator in the model, $\beta = .49, p < .001$. The regression of internalized shame on narcissistic vulnerability was also significant, $\beta = .60, p < .001$.

After relevant assumptions were tested and met, two hierarchical multiple regression analyses were conducted to investigate whether narcissistic vulnerability mediated the relationship between internalized shame and aggression. Only internalized shame was included as predictor in the first model, and the second model also involved age and social desirability to control for their effects on aggression. No other demographic variable were controlled for in these analyses as they were not found as associated with the dependent variable. The summary of regression statistics are presented in Table 3.9.

Table 3.9. *Summary of Hierarchical Regression Analysis for the Mediation Model of Internalized Shame, Narcissistic Vulnerability, and Aggression*

	β	R	R ²	Adj. R ²	R ² Change	F Change
Step 1		.49	.24	.23	.24	48.49***
Internalized Shame	.49***					
Step 2		.57	.32	.31	.085	19.40***
Internalized Shame	.27**					
Narcissistic Vulnerability	.36***					

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

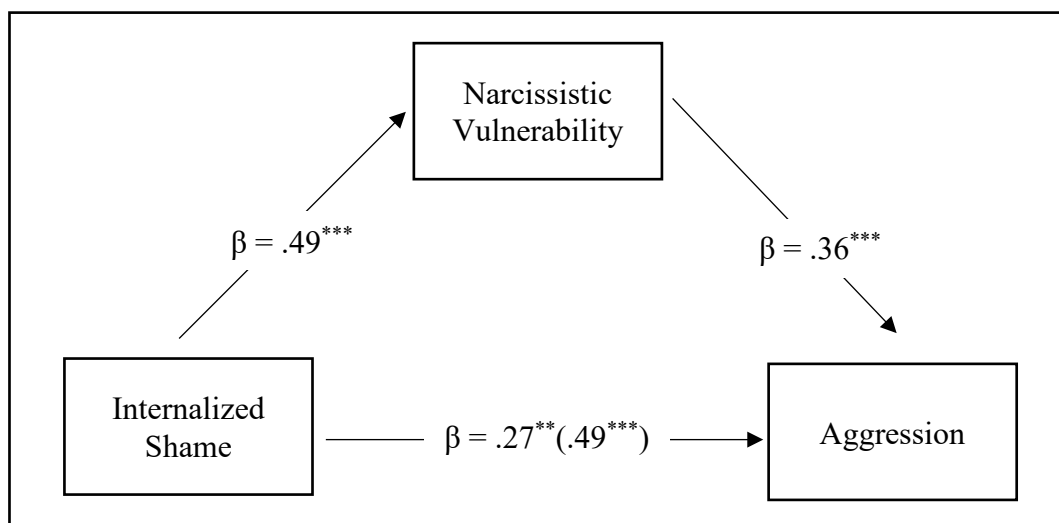
In the first hierarchical multiple regression analysis, internalized shame was entered at stage one of the regression and narcissistic vulnerability was entered at stage two. The results revealed that at stage one, Internalized Shame ($\beta = .49, p < .001$) contributed significantly to the regression model, $F(1,157) = 48.49, p < .001$, and accounted for 23.6% of the variation in Aggression. Introducing the Narcissistic Vulnerability ($\beta = .36, p < .001$), the potential mediator, explained an additional 8.5% of variation in Aggression, accounting for 32.1% of the variance with internalized shame. This change in R^2 was significant, $F(1,156) = 19.40, p < .001$, and the relationship between internalized heterosexism and aggression was reduced ($\beta = .27, p \leq .001$).

Age was entered the second hierarchical regression analysis at stage one, social desirability was entered at stage two, internalized shame was entered at stage three, and narcissistic vulnerability was entered at stage four. Age ($\beta = -.20, p < .05$) explained 4% of the variation on its own and significantly predicted aggression, $F(1,157) = 6.55, p < .05$. Social Desirability ($\beta = -.40, p < .001$) accounted for an additional 15.9% of the variation in aggression on its own, contributing significantly to the model, $F(1,156) = 30.86, p < .001$. When Internalized Shame ($\beta = .37, p < .001$) was entered the model, it explained an additional 11.2% of variation, and was a significant predictor of aggression, $F(1,155) = 25.30, p < .001$. Adding Narcissistic Vulnerability ($\beta = .29, p \leq .001$) accounted for an additional 4.8% of the variation in aggression and this change in R^2 was significant, $F(1,154) = 11.50, p \leq .001$. These three variables together explained a variance of 35.9% in aggression. The relationship between Internalized Shame and Aggression reduced after Narcissistic Vulnerability was added ($\beta = .22, p < .05$).

The results indicated that social desirability is a predictor of aggression along with internalized shame and affects the mediation model. Although the relation of internalized shame with aggression remained significant when narcissistic vulnerability was entered the model, the decrease in the coefficient of internalized shame and the significance of the change in R^2 in both of the hierarchical multiple regression analyses may indicate that narcissistic vulnerability

acted as a partial mediator of this relationship. Sobel test results indicate a partial mediator role of narcissistic vulnerability; however, further analyses, path analysis or bootstrapping technique, regarding the significance of the mediation effect may be pursued. The mediation model is presented in Figure 3.2.

Figure 3.2. *Narcissistic Vulnerability as Partial Mediator between Internalized Shame and Aggression*



Note: Sobel's $z = 3.99$, $p < 0.001$; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

3.6. EXPLORATIVE ANALYSES

To examine the relationships of psychotherapy history of the participants with the study variables, and to infer clinical implications, additional explorative analyses consisting of independent samples t-tests and one-way ANOVAs were conducted. Of the participants, 87 (55%) received therapy before; of these, 20 (13%) were still going to therapy, 5 (3%) has been continuing for 1-2 months, 4 (2%) for 3-6 months, 11 (7%) for more than 6 months. 40 participants (62%) who received therapy before but were not continuing now, went to therapy for 1-8 sessions (1-2 months), 14 (9%) for 9-24 sessions (3-6 months), and 10 (6%) for more than 25 sessions (more than 6 months). Additionally, 57 participants (36%)

among those who received therapy reported that they were satisfied with psychotherapy, while 32 (20%) were not.

Independent samples t-tests were conducted with Therapy Experience as grouping variable, received therapy and did not receive therapy, and Internalized Heterosexism, Internalized Shame, Narcissistic Vulnerability, and Total Aggression as test variables separately. Only significant mean difference was observed for internalized shame levels, with those who did not receive psychotherapy ($M = 58.90$, $SD = 18.78$) reporting significantly lower levels of internalized shame compared to those who received psychotherapy ($M = 65.89$, $SD = 21.62$), $t(157) = 2.15$, $p < .05$. A second independent samples t-test was conducted to investigate the differences between the dynamics of participants who were still continuing to therapy and who were not. The participants who were going to therapy had significantly higher levels of internalized shame ($M = 83.40$, $SD = 18.86$) compared to participants who received psychotherapy before but were not receiving now ($M = 60.47$, $SD = 19.58$), $t(86) = 4.64$, $p < .001$. T-test for the narcissistic vulnerability levels of the same groups yielded similar results, with those who were going to therapy reporting higher levels of narcissistic vulnerability ($M = 32.20$, $SD = 5.87$) and those who were not continuing therapy anymore reporting significantly decreased levels of narcissistic vulnerability ($M = 28.83$, $SD = 5.53$), $t(86) = 2.35$, $p < .05$. There were no significant differences between the groups who were satisfied with psychotherapy as opposed to those who were not satisfied with psychotherapy with regard to study variables.

Two one-way ANOVAs were conducted to investigate the differences between groups who were continuing or went to psychotherapy for 1-2 months, 3-6 months, and more than 6 months. Internalized Heterosexism, Internalized Shame, Narcissistic Vulnerability, and Aggression were entered as the dependent variables while therapy duration was entered as factor with three levels. No significant differences were found between the three groups.

CHAPTER 4

DISCUSSION

This study mainly aims to investigate the relationships between internalized heterosexism, internalized shame, narcissistic vulnerability, and aggression in homosexual individuals. Examination of these relationships serve to elucidate the experience of living in a heteronormative culture with a homosexual identity and to understand how this social structure affects the individuals' intrapsychic and interpersonal dynamics. More specifically, exploring the role that shame and internalization of homonegative messages by homosexual individuals has on narcissistic hypersensitivity and the resulting aggressive tendency was within the scope of this study. The results of the study with reference to existing literature, clinical implications, limitations, and future research directions will be discussed in the following section.

There is limited empirical research on the affective outcomes of internalized heterosexism particularly in relation to narcissistic vulnerability and aggression. This study is the first to examine these relationships. Therefore, it is important to consider the findings of the present study in light of the scant evidence.

4.1. DISCUSSION OF DESCRIPTIVE FINDINGS

Results suggested that the sample was a relatively heterogeneous group: majority of participants were mainly living in Istanbul, Izmir or Ankara, 77% had a high level of education and 76% of the participants had middle to high socioeconomic status.

In general, participants reported very low levels of internalized heterosexism. 35 participants (22%) scored 10, which was the minimum score for Internalized Heterosexism Scale (IHS), and the mean score was 16. In this sense, participants displayed a tendency to view themselves as strictly non-heterosexist. This may be due to the limitation of this scale in measuring internalized heterosexism, IHS may be measuring rather explicit components of this construct

and may not represent an accurate profile regarding the levels of internalized heterosexism. Indeed, a similar problem was encountered in the original study (Herek et al., 1997). With regard to other study variables, participants reported moderate levels of shame, narcissistic vulnerability and aggression.

Significant negative correlations with Two-Dimensional Social Desirability Scale may indicate a socially desirable pattern of responding. Particularly strong negative correlations of self-deception with internalized heterosexism, internalized shame, and narcissistic vulnerability implies that participants are not only inclined to present themselves in certain socially acceptable ways but also view themselves in a more positive light. This may have affected the self-reports of participants, intervening in the study results.

4.2. INTERNALIZED HETEROSEXISM AND INTERNALIZED SHAME

Association of shame with sexuality and specifically non-heterosexual orientation is theorized to begin in the family and peer group by shaming and denigration of any deviation from social norms regarding gender and sexuality (Kaufman & Raphael, 1996). As repeated experience of shaming leads to internalization of shame, homosexual individuals may be under a greater risk for developing shame-based identities (Wells, 2004). Negative views of the society regarding homosexuality are internalized by gay and lesbian individuals just as the shaming experiences are, further contributing to the feelings of self-loathe and failure to achieve an internalized ideal (Allen, 1996). In this sense, internalization of shame and heterosexism fuel each other, with increased levels of one leading to further internalization of the other. Feeling and being different from the heteronormative standard evokes a sense of shame through implications of inferiority. Therefore, internalized heterosexism, where one feels as bad or defective due to her/his sexual orientation, is likely to be stemming from and followed by a pervasive, internal shame. Shame and internalized heterosexism are also described as sharing a common theoretical background since both are viewed as a process of introjection, interfering with identity integration (Allen, 1996). In

addition, the internalization of both heterosexism and shame engender narcissistic vulnerability due to narcissistic injury, constantly regenerated by the individual herself/himself (Kaufman & Raphael, 1996). Several studies provided evidence for the relationship between shame and internalized heterosexism, reporting that they are positively correlated and shame is one of the key dynamics underlying internalized heterosexism (Allen & Oleson, 1999; Brown & Trevethan, 2010; Chow & Cheng, 2010).

Drawing on these theoretical discussions and empirical findings, it was assumed that internalized heterosexism and internalized shame would be positively correlated. However, this hypothesis was not confirmed. Although additional analyses comparing the mean internalized shame scores of low heterosexism group and high heterosexism group did not yield any statistically significant results, high heterosexism group's slightly higher internalized shame scores suggest a possible relation between the two factors. A number of limitations of the current study may be the reasons behind the failure of finding evidence for this relationship.

Meyer (1995) asserted that varying degrees of internalized heterosexism is an experience common to all homosexual individuals living in this society. Malyon (1982) and Szymanski et al. (2008a) also noted that although it may be unlearned up to a degree, internalized heterosexism is unlikely to completely dissolve. Considering the large number of participants who had the minimum score in Internalized Homophobia Scale (IHS), it may be assumed that this scale may have failed to capture the accurate levels of internalized heterosexism. Shidlo (1994) viewed internal negative views of homosexuality as constituted of a conscious and an unconscious facet. Considering both its item number and wording, IHS may be measuring rather explicit manifestations. This limitation of IHS contributed to the already existing difficulty of measuring internalized heterosexism due to reluctance of expressing homonegative views when identifying oneself as homosexual. Indeed, Shidlo (1994) noted that despite its good internal consistency, IHS has limited content validity as it particularly measures extreme levels of internalized heterosexism.

The sample of this study was mainly consisted of highly educated young adults living in big cities, who may have rather moderate or subtle forms of internalized heterosexism. In this sense, IHS may not have detected these low and moderate levels. With a more diverse sample who had a broader range of internalized heterosexism levels and utilization of a scale more sensitive to subtle manifestations of internalized heterosexism, a stronger relationship between these two variables could have emerged.

Significant negative correlation with the social desirability scale suggests that social desirability is also a source of response bias, both for internalized heterosexism and internalized shame. This may also have possibly affected the results. Stronger correlations with the self-deception subscale indicate that it was not the individuals' reluctance to report their true levels of heterosexism and shame but mainly the defensive response pattern that influenced their self-reports.

4.3. NARCISSISTIC VULNERABILITY AND AGGRESSION

The second hypothesis of this study concerned the relationship of narcissistic vulnerability with aggression and the subtypes of aggression. As hypothesized, a significant negative correlation was found between hypersensitive narcissism and aggression. Individuals who exhibit high levels of narcissistic vulnerability also reported higher levels of aggression.

These findings were in line with existing literature. Numerous psychoanalytic views link narcissistic injuries to aggressive reactions, more specifically to anger and hostility (Krizan & Johar, 2015). Narcissistic rage is conceptualized as the aggressive reaction to self-esteem threats and to intolerance of one's failures or imperfections (Baumeister et al., 1996; Krizan & Johar, 2015). Vulnerable narcissistic individuals struggle to avoid the underlying feelings of inferiority and fill the internal void either by means of repression and projection or by seeking admiration and affirmation from the outside (Cain et al., 2008). Therefore, they are defined as relatively more susceptible to self-esteem threats and to react with a defensive aggression (Hart et al., 2017; Pinkus & Lukowitsky, 2010).

In relation to overemphasis of the affirmation from others, minor threats and provocations lead to pervasive feelings of anger and hostility (Hart et al., 2017). As pioneers of narcissism theory, Kohut (1972) approached aggression in narcissistic dynamic as a response to environmental failure, more specifically to the selfobject's failure to meet the needs of the child; while Kernberg (1975) viewed it as an overly strong driving force at the core of narcissistic identity, serving to protect the fragile self.

Individuals' search for the fulfilment of narcissistic needs continue into adulthood (Campbell, 1999; Kohut, 1971). Frequently facing unresponsive or rejecting attitudes by significant others and the society on a broader scale, homosexual individuals' needs of mirroring and idealization may be left unfulfilled. This may lead to aggressive reactions toward the outer world as a means of "revenge, righting a wrong, undoing a hurt by whatever means" (Kohut, 1972, p. 380). The positive correlation between aggression and narcissistic vulnerability is meaningful in this sense, implying that the utilization of aggression may serve to fight against the feelings of inferiority, imposed upon the individual by the values of a heteronormative society. In addition, negative parental and peer reactions to sexual or gender nonconformity in early childhood and adolescence leads to selfobject failure and chronic injury in the sense of self and self-esteem (Mayfield, 1999). This may bear an anger toward the rejecting outer world, turning into a trait-like aggression. Indeed, reactions to gender role and sexual nonconformity in childhood was found as related to narcissistic issues in adulthood (Gaines Jr., 2002). Consistent with the threatened-egotism account of aggression, constant ego threat and injuries to self-esteems of homosexual individuals may form the source of aggression, serving to defend the self-view. This aggressive reaction may be manifested in the form of increased sensitivity to, defensiveness against, and intolerance of criticism and denigration (Baumeister et al., 1996).

Anger and hostility are key features of narcissistic rage (Krizan & Johar, 2015). Narcissistic vulnerability was defined as the predictor of all aspects of aggression measured by Buss-Perry Aggression Questionnaire (AQ); anger and hostility were found to have stronger correlations with narcissistic vulnerability as

opposed to physical and verbal aggression (Keene & Epps, 2016; Krizan & Johar, 2015; Okada, 2010). The findings of the current study confirm empirical evidence. Narcissistic vulnerability had significant correlations with all the aspects of aggression. Only the correlation with verbal aggression was nonsignificant when social desirability and age was controlled. However, this finding may be related to relatively low reliability of verbal aggression factor due to low number of items. As expected, anger and hostility had higher correlation coefficients compared to physical and verbal aggression. Houlcroft et al. (2012) and Smolewska and Dion (2005) noted that vulnerable narcissists' experience of aggression may be rather covert, particularly in the forms of anger and hostility. Individuals who have high levels of narcissistic vulnerability may refrain from explicitly expressing their aggression due to a fear of rejection and elevated interpersonal anxiety. Constructing a homosexual identity may intensify this fear and contribute to the anticipation of further rejection and contempt. Such feelings potentially prevent the individual from expressing her/his aggressive feelings and direct her/him to experience them in the form of hostile suspicions or a constant, trait-like anger.

4.4. INTERNALIZED HETEROSEXISM, NARCISSISTIC VULNERABILITY, AND AGGRESSION

In the third, fourth, and fifth hypotheses, it was hypothesized that internalized heterosexism would be positively correlated with aggression and narcissistic vulnerability; and narcissistic vulnerability would mediate the relationship between internalized heterosexism and aggression. Results revealed that internalized heterosexism was positively associated with both aggression and narcissistic vulnerability. Narcissistic vulnerability partially mediated the relationship between internalized heterosexism and aggression.

There is scant evidence on the relationship of internalized heterosexism with aggression. The existing empirical evidence mainly comes from lesbian and gay battering research and psychological wellbeing research. Internalized representations of heterosexist views and a homosexual identity creates an extreme

incongruity and conflict, leading to a tension discharged by aggressive reactions. Living with the distress created by external heterosexism further contributes this aggressive tendency. Aggression in relation to internalized heterosexism is described both as a reaction to the society's oppression on homosexual individuals; and as a consequence of internalized negative views of the sexual minority identity (Balsam, 2001; Kaufman & Raphael, 1996). Balsam (2001) interpreted lesbian batterer's violent tendencies as a way of coping with the external stigma and oppression by means of assuming a position of power and control in the context of intimate relationship. The batterer may be unconsciously attempting to compensate for the feelings of worthlessness, inferiority, and shame in the outside world. Similarly, Coleman (2003) viewed batterers' aggression as being potentially influenced by their internalized heterosexism. Indeed, a desire to overcome oppression, revenge an injury or gain control over the opposition may fuel aggression (James et al., 2005). Constantly carrying the views of oppressor directed at one's self may further intensify anger. In this sense, the significant positive correlation between internalized heterosexism and aggression may be interpreted as a defensive and justified reaction to one's conflicting views of the self and to the view of others as hostile.

Reviewing the literature, it was hypothesized that there would be a significant positive correlation between internalized heterosexism and narcissistic vulnerability. This hypothesis was confirmed. As previously mentioned, reactions toward homosexuality and the inevitable internalization of these attitudes may lead to constant feelings of worthlessness and emptiness. Individuals may develop of defensive maneuvers to cope with these feelings and the negative self-view (Mayfield, 1999). Beginning from childhood, the child may encounter contempt and rejection for feeling and being different than the expectations of others (Gaines Jr., 2002). Therefore, internalized heterosexism is an additional risk factor for narcissistic injuries by means of constantly triggering and regenerating early selfobject failures from the inside (Shelby, 1994).

4.4.1. The Role of Narcissistic Vulnerability in the Relationship between Internalized Heterosexism and Aggression

In light of the views presented in the previous section, this study expected narcissistic vulnerability to mediate the relationship between internalized heterosexism and aggression. Narcissistic vulnerability was not found as a full mediator of this relationship, but a partial mediation model was confirmed. Internalized negative views of homosexual identity are considered as setting the base for frequent narcissistic injuries by creating an effort to protect the self from shame and defectiveness feelings, and a hypersensitivity to feedback from others (Mayfield, 1999; Rubinstein, 2010). This vulnerability triggers aggressive affect, cognition, and behavior (Cain et al., 2008; Hart et al., 2017; Kohut, 1972).

James et al. (2005) listed a set of implicit mechanisms at the core of aggression: hostile attribution bias – self-defense in response to an attribution of hostile intent to the other; potency bias – aggression for the correction of a perceived injustice; retribution bias – aggressive response to reclaim self-respect after denigration; victimization by powerful others bias – reclaiming a role of bravery or strength as opposed to a harmful other; derogation of target bias – aggression as a legitimate strike against the oppressor; social discounting bias – aggression as an attempt to free oneself from oppression. All of these mechanisms involve vulnerable narcissistic dynamics that may be applicable to the position of a homosexual individual living in a heterosexist culture.

The findings regarding the mediation hypothesis are in line with these conceptualizations. Anticipation of hostility and ill will from others; desire to restore self-view after shaming and ridicule by others due to one's sexual orientation; motivation to gain power against the oppressor may be the driving forces behind the experience of aggressive feelings as a way of fighting the society and the internal representations of it. The assumptions underlying these mechanisms are frequently accurate for homosexual individuals. When internalized, negative regard of the society may torture the homosexual identity. Directed at the broader system and at the sexual minority identity, aggressive

reactions may eventually turn into one's way of coping with the pain caused by internalized heterosexism.

Narcissistic vulnerability was not found as a full mediator but as a partial mediator. This indicates that although internalized heterosexism affects aggression via increased narcissistic vulnerability, there may be other interacting factors in this relationship. In addition, the findings may also indicate that while some aspects of internalized heterosexism predict aggression via increased narcissistic vulnerability, other aspects may directly influence the level of aggression rather than through a mediator. Indeed, literature describes hostility and anger as common reactions to perceived oppression and discrimination. In this sense, part of the aggressive tendencies of homosexual individuals may be a way of self-defense in response to being attacked, serving to striking against oppression by both internal and external forces.

Limitation of Internalized Homophobia Scale (IHS) in measuring internalized heterosexism may also be a possible factor affecting the significance of mediation. Therefore, this relationship may be further tested with advanced analyses using path analysis methods such as Structural Equation Modeling (SEM) or the Process macro for SPSS.

Social desirability should be considered as an intervening factor, blurring the relationships between study variables. However, even when social desirability and age were controlled as covariates, the mediation relationship was partial.

4.5. INTERNALIZED SHAME, NARCISSISTIC VULNERABILITY, AND AGGRESSION

The sixth, seventh, and eighth hypotheses addressed the associations between internalized shame, narcissistic vulnerability, and aggression. Drawing on the literature, significant positive correlations between internalized shame, narcissistic vulnerability, and aggression were expected. Also, narcissistic vulnerability was expected to mediate the relationship between internalized shame and aggression. The correlation hypotheses were confirmed, and narcissistic

vulnerability was found as a partial mediator between internalized shame and aggression.

The significant positive correlation between shame and aggression is in line with the existing literature. Kaufman and Raphael (1996) interpreted shame at the root of hatred toward one's self and others. Aggression, particularly rage, is defined as one of the main defense mechanisms or reactions to shame, developed as a means of coping with the pain of internalized, constant shame (Allen & Oleson, 1999; Kaufman, 1985). It serves a protective function of preventing further shame by keeping away the harmful, shaming other (Morrison, 1987). However, aggression also intensifies the isolation of the individual and the same-related distress as it gets in the way of comforting the wound through relating with the others (Kaufman, 1996). Rage may become internalized and evolve into a general attitude where the individual, due to the anticipation of further shame, approaches the outer world as hostile and repels anyone who comes near (Kaufman & Raphael, 1996). This cycle is called a *shame-rage spiral*, where chronic shame and aggression fuel each other (Lewis, 1987). Positive relationships between shame-proneness and aggression were reported in the literature by several studies (Keene & Epps, 2016; Tangney, 2001). In the current sample, the relationship of shame and aggression may be particularly meaningful. Homosexual individuals as members of a minority group are often subjects of humiliation and contempt. Experience, and inevitable internalization, of repeated shame may result in forming shame-based identities. In addition to the already existing rage and contempt due to oppression, they may develop a trait-like aggressive style to prevent further shaming and ward off the internalized feelings of shame. Indeed, prior studies reported a positive association of shame with trait-anger and indirect expressions of hostility (Krizan & Johar, 2015; Tangney, 2002). Although it was not among the hypotheses of this study, stronger correlations of internalized shame with both anger and hostility compared to physical and verbal aggression confirms these findings.

Literature interprets shame as also closely related to narcissistic vulnerability. Therefore, a significant positive correlation between internalized shame and narcissistic vulnerability was assumed. Morrison (1989) conceptualized

both narcissistic vulnerability and shame as arising from one's negative regard toward the self; Kaufman (1985) emphasized the experience of being seen and exposed both in the context of shame and narcissistic vulnerability. The heightened self-consciousness and the resulting hypersensitivity in narcissistic vulnerability is viewed as related to the internalized shame underlying the narcissistic dynamics, in which the narcissistically vulnerable individual feels as completely defective and transparent before the eyes of others. (Kaufman, 1985). The presence of a rejecting, hostile other and the overemphasis of one's impression in the eyes of the other are central themes for both internalized shame and narcissistic vulnerability. The defective, flawed self of shame-based identities constitute the core of vulnerable narcissism (Broucek, 1982; Lansky & Morrison, 1997). The narcissistic defenses of grandiose fantasies, seeking affirmation from others or withdrawal from relationships are described as means of coping with the underlying shame (Morrison, 1989). In the current study, increase in internalized shame was associated with increase in narcissistic vulnerability, which may indicate that the internalization of constant shaming by parents, peers, or the society in general, results in experiencing the self as empty and deficient, and bringing forward a narcissistic vulnerability.

4.5.1. The Role of Narcissistic Vulnerability in the Relationship between Internalized Shame and Aggression

Parallel with the literature, the mediating role of narcissistic vulnerability in the relationship between internalized shame and aggression was supported by this study. Narcissistic vulnerability was found as a partial mediator rather than a full mediator. This partial effect may either be due to the interaction of other factors in this relationship in addition to narcissistic vulnerability, or indirect prediction of aggression only by certain aspects of internalized shame, while some other aspects directly impact aggression.

Repeated exposure to shaming, specifically when it begins from early childhood, invades the whole identity through internalization, and results in

experiencing the whole self as deficient and inferior (Kaufman & Raphael, 1996). This risk may be even greater for homosexual individuals as being a sexual minority member renders one a subject of further shame in this society. Common reactions to shame are restricting genuine expression of authentic gender and sexuality to avoid further shame and rejection or attempting, but failing, to achieve an internal ideal primarily formed in the light of social values that greatly conflict the individual's identity. However, these reactions intensify the fragility of the self and create a narcissistic vulnerability. The findings show that aggression seems to be a product of these narcissistic blows. The aggressive feelings, cognitions, and, less frequently, behaviors may be directed to the other sexual minorities due to perceiving them as repugnant, similar to the self; and toward non-minorities as a reaction to oppression. Understanding the partial mediation of narcissistic vulnerability lies in the difference between the aspect of internalized shame that is mainly related to the self-view and the aspect that provokes revolting against a hostile world; respectively, one may predict aggression through increased vulnerability, whereas the other may directly predict aggression as a form of strike against oppression and humiliation.

4.6. IMPACT OF PSYCHOTHERAPY

To infer clinical implications and investigate the relationships of psychotherapy with study variables, explorative analyses were conducted. In the demographic questionnaire, participants were asked whether they went to therapy before, whether they were still going to therapy, the length of psychotherapy process, and whether they were satisfied with therapy. Their levels of internalized heterosexism, internalized shame, narcissistic vulnerability, and aggression were evaluated in relation to their history of psychotherapy.

The only significant finding related to one's psychotherapy experience was with the level of internalized shame. Those who received psychotherapy before or were still going to therapy had significantly higher levels of internalized shame compared to those who never went to therapy. Since Internalized Shame Scale (ISS)

measures not the explicit shame feelings but deeper, implicit shame regarding one's self, the internalized feelings and the shame-related issues may be more accessible to those who had an experience of psychotherapy. This view is in line with the literature. Psychotherapy increases the conscious awareness of and access to deep-seated dynamics that are otherwise veiled (Mollon, 1986). Mingling with one's own identity conflicts inevitably affects the conscious awareness of these issues, bringing distressing feelings or conflicts to the surface. Significantly high levels of narcissistic vulnerability in individuals going to therapy may be explained from a similar perspective. Narcissistic issues of these individuals were frequently triggered; therefore, their hypersensitive narcissism levels were higher compared to individuals who never went to therapy or were not going to therapy at the time of this study.

The relationship between internalized heterosexism and psychotherapy experience was very close to the level of statistical significance. Those who did not receive psychotherapy had higher levels of internalized heterosexism compared to those who had a history of psychotherapy. Failure in finding a significant relationship may be due to the sample size as well as Internalized Homophobia Scale's (IHS) previously mentioned limitation in thoroughly measuring internalized heterosexism as a wide ranged phenomenon. In line with the literature, these findings suggest that psychotherapy may reinforce the development and integration of a positive homosexual identity by serving as a secure base where the individual is not shamed, ridiculed, or rejected; but embraced and appreciated with all the aspects of her/his self.

4.7. CLINICAL IMPLICATIONS

First and foremost, the main aim of this study is to understand the specific dynamics that homosexual individuals develop to cope with a heterosexist world, and through this understanding, offer suggestions both for psychotherapy with gay and lesbian individuals and for social change on a broader scale. This section is consisted of clinical implications of the study findings.

It is important to note that despite considerable number of individuals who reported themselves as having no heterosexism at all, a larger group of participants had internal negative views of homosexuality in varying degrees. On a broader level, this prevalence suggests a need for intervention to prevent, or at least diminish, homonegative attitudes toward sexual minorities on a sociocultural basis. These social preventive efforts concern change through society's institutions. On an individual level, the findings of this study suggest that an affirmative psychotherapeutic approach sensitive to the issues of internalized heterosexism, stigma, and socialization is crucial for the development and integration of a positive homosexual identity. Considering the theoretical literature and current findings, therapists are encouraged to view internalized heterosexism as a result of social and individual exchange rather than a consequence of individual dynamics, as this might eventually lead to a pathologizing approach. Russell and Bohan (2006) noted that if the problem is viewed as lying in the individual dynamics, solution only comes from changing the individual while the social order remains unchanged. In this sense, adopting feminist therapy's perspective of "personal is political" may help clinicians when working with internalized heterosexism to assess and address individual's experience of both the rejecting self and other.

By emphasizing the social-roots of their shame, self-doubt, and narcissistic injuries, therapists may help homosexual clients to accept their identities with all its aspects. When working with homosexual individuals, clinicians are advised to consider the roles of deep-rooted shame invading the entire self, feelings of hypersensitivity and vulnerability, and an aggressive tendency completely coloring the interpersonal arena. Although internalized heterosexism is a risk factor for further psychological difficulties, creating an awareness regarding the dynamics of internalized negative views may enable the individual to approach with greater resilience and respond constructively in the face of heteronormative imposition. Rather than describing LGB individuals as passive victims of social oppression and stigma, viewing them as actors who interact with society helps to address the coping processes they adopt and the relative strength they have. Such a perspective would

aid the acknowledgement of individual agency and resilience, which further contributes to the ego-strength of the individuals.

A finding of primary importance was the relationships between internalized negative views of self and aggression. Heightened aggression, particularly anger and hostile attribution, further leads to disruptions in relationships when combined with shame, internalized heterosexism, and narcissistic vulnerability. Impairment in social functioning was associated with decreased perceived social support, which is a prominent factor significantly affecting psychological wellbeing (Stice, Ragan, & Randall, 2004). Perceived social support is associated with decreased internalized heterosexism; therefore, it is of major importance for a positive homosexual identity (Chow & Cheng, 2010). Clinicians may frequently encounter difficulties in social adjustment when working with LGB populations and may focus on strengthening self-esteem and creating a self-affirming identity, which in turn reinforces intimacy.

Therapists' understanding of the dynamics and origins of feelings related to a shamed, narcissistically injured homosexual identity is a key to an empathic and affirmative approach. This is what restores the narcissistic equilibrium and leads to a greater mastery over the negative self-views. The decrease in the internalized heterosexism levels of those who had an experience of psychotherapy also suggest that feeling acknowledged, affirmed, and worthy is the sole remedy for healthy integration of the homosexual identity.

4.8. LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

Although the majority of the hypotheses were confirmed in the current study, there are several limitations. First of all, the independent variables assessed in this study were primarily unconscious, internally operating phenomena. Use of self-report measures is a critical issue and an important limitation when investigating highly unconscious constructs such as internalized shame, and internalized heterosexism even more so. Participants may have had approached the study materials defensively in an effort to conceal these unconscious internal

conflicts. Especially internalized heterosexism is vulnerable in this sense given the difficulty of expressing heterosexist views when one identifies as gay. For this reason, further studies could utilize qualitative methods to capture the unconscious processes better.

Causal inference was not possible due to cross-sectional design of the study. Although meaningful associations were found in mediation models, causality cannot be assumed. A longitudinal design keeping track of the progression of internalized heterosexism and shame could better infer causality. Additionally, since narcissistic vulnerability was found as partial mediator in internalized heterosexism-aggression and internalized shame-aggression relationships, use of causal modeling techniques such as structural equation modeling (SEM) may bring further explanation to the significance of these mediations. Considering other variables as potential interacting factors or examining specific aspects of predictor variables that directly affect aggression may also be important in understanding the partial mediator role of narcissistic vulnerability. Since much of the literature on internalized heterosexism is atheoretical, and there is a need to extend the theory base behind it.

Another important limitation concerned the use of Internalized Homophobia Scale (IHS). In addition to the conceptual difficulty of measuring internalized heterosexism, inability of IHS in assessing moderate and subtle levels of the concept further contributed to the response bias of participants and resulted in a large number of people reporting no heterosexism at all. This finding conflicts with the literature as varying degrees of internalized heterosexism is expected in all homosexual individuals as a result of growing up in a heteronormative society (Meyer, 1995). Shidlo (1994) noted that despite its good internal consistency, IHS lacks content validity due to assessment of only conscious and extreme levels of heterosexism. Future research may fill the need for additional internalized heterosexism assessment materials available in Turkish. The limited number of empirical research on internalized heterosexism in Turkey may also be related to this deficiency. More comprehensive assessment tools, sensitive to low and moderate levels of internalized heterosexism such as Nungesser Homosexual

Attitudes Inventory (NHAI) may be used to have a better understanding of this construct.

The participants were mainly contacted through social media accounts and e-mail groups of universities in main cities of Turkey. Although collecting data from LGBT organizations was not preferred due to potentially biased sampling, the sample of the present study may still have fallen short in representing the broader homosexual population. Having a more diverse and larger sample would broaden the range of participants and overcome the issues of generalizability and assessment of internalized heterosexism. Future studies may consider including a tool assessing the homosexual identity stage to ensure control over more equal distribution of the sample along the continuum.

Social desirability was another issue encountered in measuring the study variables, mainly because of the problems mentioned above. Although it was controlled in statistical analyses, significant negative correlations with social desirability, especially with its self-deception aspect, indicate that this was a common responding pattern for the current sample.

CONCLUSION

The present study mainly served the purpose of contributing to LGBTQ literature, primarily aiming to increase the visibility of sexual minority individuals in academia given the limited acknowledgement of LGBTQ experience in Turkey. This study was the first to investigate and provide evidence on the relationships of internalized heterosexism and internalized shame with aggression by partial mediation of narcissistic vulnerability. It was shown that increase in internalized heterosexism predicts aggression by means of increased narcissistic vulnerability. A similar relationship was observed for internalized shame as well: increased internalized shame was associated with greater narcissistic vulnerability, which in turn result in aggressive reactions. Affective and cognitive components of aggression, more specifically anger and hostility as opposed to physical and verbal aggression, were more frequent reactions in the face of narcissistic vulnerability stemmed from internalized heterosexism and shame.

These findings point out a need for an urgent intervention not only on an individual level via utilization of an affirmative psychotherapeutic approach, but more importantly on a societal level by strike against the underlying force of pervasive cultural and institutional heterosexism.

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APPENDICES

Appendix A: Informed Consent Form

Sayın Katılımcı,

Bu çalışma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Ilgın Su Akçiçek tarafından Prof. Dr. Hale Bolak Boratav danışmanlığında, cinsel yönelime dair tutumlar ile duygusal reaksiyonlar arasındaki ilişkinin incelenmesi amacıyla, yüksek lisans tez çalışması kapsamında yürütülmektedir.

Araştırmaya cinsel yönelimini homoseksüel olarak tanımlayan ve kendisini transseksüel olarak tanımlamayan 18 yaş üstü bireyler katılabilmektedir. Çalışmanın amacına ulaşması için sizden beklenen, tüm soruları eksiksiz ve içtenlikle cevaplamanızdır. Her bölümün başında ilgili bölümdeki ölçeğin nasıl cevaplanacağı konusunda bilgi verilmiştir. Soruları tamamlamanız yaklaşık 15 dakika sürmektedir.

Çalışmaya katılım tamamıyla gönüllülük esasına dayanmakta olup araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden anketi doldurmayı bırakabilirsiniz. Bu formu okuyup onaylamanız, araştırmaya katılmayı kabul ettiğiniz anlamına gelecektir.

Bu çalışma kapsamında verecek olduğunuz tüm bilgiler tamamen gizli kalacak, araştırmacılar dışında kimse ile paylaşılmayacaktır. Çalışmanın hiçbir bölümünde isminizi veya kimliğinizi ortaya çıkaran bir soru bulunmamaktadır. Doldurduğunuz anketlere verdiğiniz cevaplar yalnızca bilimsel amaçlar için kullanılacaktır. Bilgileriniz hiçbir kimse ile ya da ticari bir amaç için paylaşılmayacaktır. Çalışmanın objektif olması ve elde edilecek sonuçların güvenilirliği açısından uygulama süresince içtenlikle duygu ve düşüncelerinizi yansıtacak yanıtlar vermeniz önemlidir.

Çalışma hakkında daha fazla bilgi almak için Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Ilgın Su Akçiçek (e-posta: ilginsuakcicek@gmail.com) ile iletişime geçebilirsiniz.

Bu bilgilendirilmiş onay belgesini okudum ve anladım. Verilen bilgiler doğrultusunda çalışmaya katılmayı kabul ediyorum.

Appendix B: Demographic Information Form

- Yaşınız: _____
- Cinsiyetiniz:
Kadın Erkek
- Cinsel yöneliminiz:
Homoseksüel (Eşcinsel) Heteroseksüel Biseksüel Diğer
- Cinsel yöneliminiz ile ilgili:
Tamamen açığım (Çevremdeki herkes yönelimimi bilir)
Kısmen açığım (Sadece belirli insanlar bilir, örn: yakın arkadaşlarım veya ailem)
Kapalıyım (Kimse bilmez)
- Yaşadığınız şehir: _____
- Lütfen eğitim durumunuzu en iyi tanımlayan seçeneği işaretleyiniz.
İlköğretim Lise Üniversite Lisansüstü
- Öğrenci misiniz?
Evet Hayır
- Öğrenci iseniz okuduğunuz okul: _____
- Aylık ortalama hane geliriniz:
0-2999 TL 3000-5999 TL 6000-9999 TL
10.000-14.999TL 15.000 TL ve üzeri
- İlişki durumunuz:
Var Yok

11. Daha önce terapiye gittiniz mi?
Evet Hayır
12. Şu anda terapi süreciniz devam ediyor mu?
Evet Hayır
13. Şu anda terapi süreciniz devam etmiyor ise, ne kadar süre devam ettiniz?
1 – 2 Ay (1 – 8 seans) 3 – 6 Ay (9 – 24 seans)
6 aydan fazla (25 seanstan fazla)
14. Şu anda terapi süreciniz devam ediyor ise, ne kadar süredir devam ediyorsunuz?
1 – 2 Ay (1 – 8 seans) 3 – 6 Ay (9 – 24 seans)
6 aydan fazla (25 seanstan fazla)
15. (Daha önce terapiye gittiyseniz veya hala devam eden bir süreciniz varsa)
Memnuniyet/tatmin durumunuzu belirtiniz.
Memnun kaldım Memnun kalmadım

Appendix C: Internalized Homophobia Scale (IHS)

Aşağıda 10 cümle ve her birinde cevaplarınızı işaretlemeniz için ‘kesinlikle katılmıyorum’, ‘katılmıyorum’, ‘kararsızım’, ‘katılıyorum’, ‘kesinlikle katılıyorum’ şeklinde dereceler verilmiştir. Her cümlede verilen bilginin sizin için ne kadar doğru olduğunu belirtmek için o cümlenin yanındaki en uygun boşluğu işaretleyiniz. Lütfen hiçbir maddeyi boş bırakmayınız.

Erkek Formu		Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1	Genel olarak erkekleri çekici bulmamaya çalışırım.	1	2	3	4	5
2	Birisi bana tamamen heteroseksüel olma imkanı sağlasaydı bu şansı kaçırmazdım.	1	2	3	4	5
3	Keşke eşcinsel olmasaydım.	1	2	3	4	5
4	Eşcinsel olmamın benim için kişisel bir eksiklik olduğunu hissediyorum.	1	2	3	4	5
5	Cinsel yönelimimi eşcinselden heteroseksüele çevirmek için bir uzmandan yardım almak isterdim.	1	2	3	4	5
6	Kadınlara daha fazla cinsel ilgi duymak için çaba sarf ediyorum.	1	2	3	4	5
7	Diğer eşcinsel erkeklerle kişisel ya da toplumsal beraberliklerden mümkün olduğunca kaçınıyorum.	1	2	3	4	5
8	Eşcinsel olduğum için kendime yabancılaştığımı hissediyorum.	1	2	3	4	5
9	Keşke kadınlara karşı daha fazla cinsel ilgi duyabilseydim.	1	2	3	4	5
10	Feminen olan erkek eşcinsellerle ilişki kurmaktan ve birlikte görünmekten kaçınıyorum.	1	2	3	4	5

Kadın Formu		Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1	Genel olarak kadınları çekici bulmamaya çalışırım.	1	2	3	4	5
2	Birisi bana tamamen heteroseksüel olma imkanı sağlasaydı bu şansı kaçırmazdım.	1	2	3	4	5
3	Keşke eşcinsel olmasaydım.	1	2	3	4	5
4	Eşcinsel olmamın benim için kişisel bir eksiklik olduğunu hissediyorum.	1	2	3	4	5

5	Cinsel yönelimimi eşcinselden heteroseksüele çevirmek için bir uzmandan yardım almak isterdim.	1	2	3	4	5
6	Erkeklere daha fazla cinsel ilgi duymak için çaba sarf ediyorum.	1	2	3	4	5
7	Diğer eşcinsel kadınlarla kişisel ya da toplumsal beraberliklerden mümkün olduğunca kaçınıyorum.	1	2	3	4	5
8	Eşcinsel olduğum için kendime yabancılaştığımı hissediyorum.	1	2	3	4	5
9	Keşke erkeklere karşı daha fazla cinsel ilgi duyabilseydim.	1	2	3	4	5
10	Maskülen olan kadın eşcinsellerle ilişki kurmaktan ve birlikte görünmekten kaçınıyorum.	1	2	3	4	5

Appendix D: The Internalized Shame Scale (ISS)

Aşağıda, zaman zaman sahip olabileceğiniz veya uzun zamandır sahip olduğunuz için size tanıdık gelebilecek duyguları veya deneyimleri anlatan ifadelerin bir listesi bulunmaktadır. Her ifadeyi dikkatlice okuyun ve ifade anlatılanı hissettiğiniz veya deneyimlediğiniz sıklık derecesini işaretleyin. Lütfen hiçbir maddeyi atlamadan ve mümkün olduğunca dürüst bir şekilde yanıtlamaya çalışın.

		Hiçbir Zaman	Nadiren	Bazen	Sık Sık	Neredeyse Her Zaman
1	Asla yeterince iyi olmadığımı hissederim.	0	1	2	3	4
2	Bir şekilde dışlanmış gibi hissediyorum.	0	1	2	3	4
3	İnsanların beni küçük gördüğünü düşünürüm.	0	1	2	3	4
4	Genel olarak başarılı olduğumu düşünmeye meyilliyim.	0	1	2	3	4
5	Kendimi azarlarım ve eleştiririm.	0	1	2	3	4
6	Başkalarının benim hakkımdaki görüşleri konusunda kendimi güvensiz hissederim.	0	1	2	3	4
7	Diğer insanlara kıyasla, bir şekilde kendimi asla onlarla aynı derecede görmüyorum.	0	1	2	3	4
8	Kendime karşı daha fazla saygı duyabilmeyi isterdim.	0	1	2	3	4
9	Genelde kendimi başarısız bir kişi olarak görme eğilimindeyim.	0	1	2	3	4
10	Kendime karşı olumlu bir tutum içindeyim.	0	1	2	3	4
11	İnsan olarak bir şekilde kusurluymuşum, sanki bende bir sorun varmış gibi hissediyorum.	0	1	2	3	4
12	Kendimi başkalarıyla kıyasladığımda ben onlar kadar önemli değilim.	0	1	2	3	4

13	Hatalarımın başkalarının önünde ortaya çıkacağına dair çok büyük bir korkum var.	0	1	2	3	4
14	Bazı olumlu özelliklerim olduğunu düşünüyorum.	0	1	2	3	4
15	Mükemmellik için çabalayıp sürekli yetersiz kaldığımı görürüm.	0	1	2	3	4
16	Başkalarının kusurlarımı/eksiklerimi görebildiğini düşünürüm.	0	1	2	3	4
17	Bir hata yaptığımda kafamı duvarlara vurasım gelir.	0	1	2	3	4
18	Genel olarak kendimden memnunum.	0	1	2	3	4
19	Bir hata yaptığımda küçülüp uzaklaşmak isterim.	0	1	2	3	4
20	Bunalana/boğulana kadar olayları tekrar tekrar kafamda döndürürüm.	0	1	2	3	4
21	Kendimi en az diğer insanlar kadar değerli buluyorum.	0	1	2	3	4
22	Bazen bin parçaya bölünecek gibi hissederim.	0	1	2	3	4
23	Bedensel fonksiyonlarım ve hislerim üzerinde kontrolümü yitirmiş gibi hissediyorum.	0	1	2	3	4
24	Bazen kendimi bir bezelye tanesi kadar küçük hissederim.	0	1	2	3	4
25	Bazen kendimi o kadar açıkta/çıplak hissederim ki yer yarılrsa da içine girsem isterim.	0	1	2	3	4
26	İçimde dolduramadığım acı veren bir boşluk var.	0	1	2	3	4
27	Kendimi boş ve tatmin edilmemiş hissediyorum.	0	1	2	3	4
28	Kendime karşı olumlu bir tutum içindeyim.	0	1	2	3	4
29	Yalnızlığım daha çok bir boşluk gibi.	0	1	2	3	4
30	Eksik bir şey var gibi hissediyorum.	0	1	2	3	4

Appendix E: The Hypersensitive Narcissism Scale (HSNS)

Lütfen aşağıdaki soruları, her bir maddenin sizin duygu ve davranışlarınızı ne dereceye kadar tanımladığına karar vererek cevaplandırınız. Derecelendirme ölçeğinden bir derece seçerek her bir maddenin yanındaki boşluğu doldurunuz.

		Kesinlikle Tanımlamıyor	Tanımlamıyor	Ne Tanımlıyor Ne Tanımlamıyor	Tanımlıyor	Kesinlikle Tanımlıyor
1	Duygularım başkalarının alayları veya aşağılayıcı sözleriyle kolayca incinir.	1	2	3	4	5
2	Bir mekana girdiğimde sıklıkla kendimin farkında olur ve başkalarının gözlerinin benim üzerimde olduğunu hissederim.	1	2	3	4	5
3	Diğer insanların sorunları hakkında endişelenmeksizin kendimde yeterince sorun olduğunu hissederim.	1	2	3	4	5
4	Mizaç olarak çoğu insandan farklı olduğumu hissederim.	1	2	3	4	5
5	Sıklıkla başkalarının görüşlerini kişisel olarak yorumlarım.	1	2	3	4	5
6	Kendimi kolayca kendi uğraşlarıma kaptırır ve başkalarının varlığını unuturum.	1	2	3	4	5
7	Bir gruptaki kişilerin en az biri tarafından takdir edildiğimi bilmezsem, o grupla beraber olmaktan hoşlanmam.	1	2	3	4	5
8	Diğer insanlar sorunları için zamanımı ve acılarını paylaşmamı isteyerek bana geldiklerinde içten içe kızgın ya da rahatsız olurum.	1	2	3	4	5

Appendix F: Buss-Perry Aggression Questionnaire (AQ)

Aşağıda bazı duygular ve deneyimler hakkında bir dizi ifade yer almaktadır. Lütfen ifadelerin sizi ne kadar yansıttığını yan tarafta bulunan dereceler arasından seçiniz. Doğru veya yanlış cevap yoktur, lütfen cevap verirken mümkün olduğunca dürüst olmaya çalışın.

		Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1	Bazı arkadaşlarım benim öfkeli biri olduğumu söylerler.	1	2	3	4	5
2	Gerekirse hakkımı korumak için şiddete başvurabilirim.	1	2	3	4	5
3	Birisi bana fazlasıyla iyi davrandığında "Acaba benden ne istiyor?" diye düşünürüm.	1	2	3	4	5
4	Arkadaşlarımın görüşlerine katılmadığım zaman bunu onlara açıkça söylerim.	1	2	3	4	5
5	Öfkeden deliye döndüğümde bir şeyler kırıp dökerim.	1	2	3	4	5
6	İnsanlar benim görüşlerime katılmadıklarında onlarla tartışmaktan kendimi alıkoyamam.	1	2	3	4	5
7	Zaman zaman bazı olaylara/kişilere yönelik kızgınlığım uzun süre bitmek bilmez.	1	2	3	4	5
8	Bazen başkalarına vurma dürtümü kontrol edemiyorum.	1	2	3	4	5
9	Sakin yapılı biriyimdir.	1	2	3	4	5
10	Tanımadığım insanlar bana fazla yakın davrandıklarında onlara şüpheyle yaklaşırım.	1	2	3	4	5
11	Daha önce tanıdığım insanları tehdit ettiğim oldu.	1	2	3	4	5
12	Çok çabuk parlar ve hemen sakinleşirim.	1	2	3	4	5
13	Birisi bana sataşırse kolaylıkla onu itip tartaklayabilirim.	1	2	3	4	5

14	İnsanlar sinirimi bozduklarında kolaylıkla onlar hakkında ne düşündüğümü söyleyebilirim.	1	2	3	4	5
15	Zaman zaman kıskançlık beni yiyip bitirir.	1	2	3	4	5
16	Bir insana vurmanın mantıklı bir gerekçesi olamayacağını düşünüyorum.	1	2	3	4	5
17	Bazen hayatın bana adaletsiz davrandığını düşünürüm.	1	2	3	4	5
18	Öfkemi kontrol etmekte zorluk çekerim.	1	2	3	4	5
19	Yapmak istediğim bir şey engellendiğinde kızgınlığımı açıkça ortaya koyarım.	1	2	3	4	5
20	Zaman zaman insanların arkamdan güldüğü duygusuna kapılırım.	1	2	3	4	5
21	İnsanlarla sıkça görüş ayrılığına düşerim.	1	2	3	4	5
22	Birisi bana vurursa ben de karşılık veririm.	1	2	3	4	5
23	Bazen kendimi patlamaya hazır bir bomba gibi hissediyorum.	1	2	3	4	5
24	Diğer insanların her zaman çok iyi fırsatlar yakaladıklarını düşünüyorum.	1	2	3	4	5
25	Birisi beni iterse onunla kavgaya tutuşurum.	1	2	3	4	5
26	Arkadaşlarımın arkamdan konuştuklarını biliyorum.	1	2	3	4	5
27	Arkadaşlarım münakaşacı/tartışmayı seven biri olduğumu söylerler.	1	2	3	4	5
28	Bazen olmadık şeylere ortada mantıklı bir neden yokken aniden sinirlenir, tepki veririm.	1	2	3	4	5
29	Çoğu insana kıyasla daha sık kavgaya karıştığımı söyleyebilirim.	1	2	3	4	5

Appendix G: Two-Dimensional Social Desirability Scale (SİÖ)

Aşağıdaki ifadelerin kendiniz için uygunluğunu değerlendiriniz ve size en uygun seçeneği işaretlemeniz beklenmektedir. Lütfen hiçbir maddeyi boş bırakmayın.

		Hiç Uygun Değil	Uygun Değil	Biraz Uygun	Uygun	Tamamen Uygun
1	Verdiğim kararlardan dolayı asla pişmanlık duymam.	1	2	3	4	5
2	Birinin arkasından kesinlikle kötü şeyler konuşmam.	1	2	3	4	5
3	Bana yönelik eleştirileri her zaman dikkate alırım.	1	2	3	4	5
4	Hayatımda hiç hırsızlık yapmadım.	1	2	3	4	5
5	Bir şeyi kafama koyduğumda diğer insanlar nadiren fikrimi değiştirebilir.	1	2	3	4	5
6	Kendi kaderimi yazabileceğimi düşünürüm.	1	2	3	4	5
7	Bana ait olmayan şeyleri asla almam.	1	2	3	4	5
8	İş veya okuldan izin almak için hasta numarası yapmam.	1	2	3	4	5
9	Verdiğim kararlara çok güvenirim.	1	2	3	4	5
10	Kesinlikle sokağa çöp atmam.	1	2	3	4	5
11	Araç kullanırken hız limitini aşmam.	1	2	3	4	5
12	Diğer insanların benim hakkımda ne düşündüğünü dikkate almam.	1	2	3	4	5
13	Kendime karşı her zaman dürüst davranırım.	1	2	3	4	5
14	Suçlu duruma düşme ihtimalim olmasa bile her zaman yasalara uyarım.	1	2	3	4	5

15	Tamamen mantıklı bir insanım.	1	2	3	4	5
16	İnsanların özel bir şeyler konuştuğunu duyarsam dinlemekten kaçınırım.	1	2	3	4	5
17	Zihnimi dağıtan bir düşünceden uzaklaşmak benim için zor değildir.	1	2	3	4	5
18	Hatalarımı kesinlikle gizlemem.	1	2	3	4	5
19	Kötü alışkanlıklarımı terk etmek bana zor gelmez.	1	2	3	4	5
20	Duygularımın yoğunlaşması düşüncelerimde önyargılı olmama neden olmaz.	1	2	3	4	5
21	Mağaza eşyalarına zarar verirsem kesinlikle bu durumu görevlilere bildiririm.	1	2	3	4	5
22	Diğer insanlar hakkında dedikodu yapmam.	1	2	3	4	5
23	İnsanlara yönelik ilk izlenimimde yanılmam.	1	2	3	4	5
24	Çok mecbur olsam bile yalan söylemem.	1	2	3	4	5
25	Hiçbir kötü alışkanlığım yoktur.	1	2	3	4	5
26	Yaptığım işlerde her zaman doğru adımlar atarım.	1	2	3	4	5
27	Asla cinsel içerikli kitap veya dergi okumam.	1	2	3	4	5
28	Kesinlikle küfür etmem.	1	2	3	4	5
29	Alışverişlerde para üstünü fazla aldığım durumlarda hemen geri veririm.	1	2	3	4	5

**ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY
THE ETHICS COMMITTEE**

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

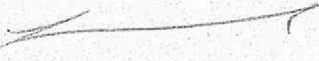
Başvuru Sahibi / Applicant: Ilgınsu Akçiçek

Proje Başlığı / Project Title: The Mediating Role of Narcissistic Vulnerability on the Relationships between Shame, Internalized Homophobia and Aggression in Sample of Gay and Lesbian Young Adults

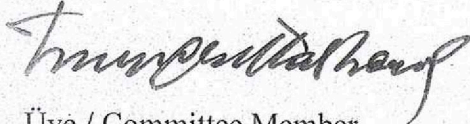
Proje No. / Project Number: 2019-20024-55

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 9 Nisan 2019


Kurul Başkanı / Committee Chair

Doç. Dr. İtir Erhart



Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

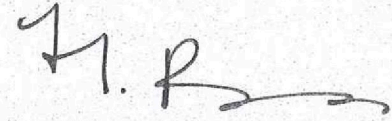


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Prof. Dr. Aslı Tunç



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Prof. Dr. Hale Bolak Boratav