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THE ROLE OF PERCEIVED MATERNAL NARCISSISM AND  
DEPRESSION ON THE LATER DEVELOPMENT OF NARCISSISTIC  
PERSONALITY ORGANIZATION

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The Role of Perceived Maternal Narcissism and Depression on the Later  
Development of Narcissistic Personality Organization

Anneye Dair Algılanan Narsisizm ve Depresyonun Narsisistik Kişilik  
Örgütlenmesinin Gelişimine Etkisi

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## TABLE OF CONTENTS

<b>ABSTRACT .....</b>	<b>vii</b>
<b>ÖZET .....</b>	<b>viii</b>
<b>ACKNOWLEDGEMENTS .....</b>	<b>ix</b>
<b>INTRODUCTION.....</b>	<b>1</b>
<b>CHAPTER 1.....</b>	<b>3</b>
<b>LITERATURE REVIEW.....</b>	<b>3</b>
<b>1.1. NARCISSISM.....</b>	<b>3</b>
<b>1.1.1. Narcissism in Classical Psychoanalysis .....</b>	<b>3</b>
<b>1.1.2. Going beyond the drive: Narcissism and Ego Psychology.....</b>	<b>6</b>
<b>1.1.3. Kohut vs Kernberg: The Central Argument about Narcissism .....</b>	<b>8</b>
<b>1.1.3.1. Kohut’s Perspective on Narcissism.....</b>	<b>9</b>
<b>1.1.3.2. Kernberg’s Perspective on Narcissism .....</b>	<b>12</b>
<b>1.1.3.3. A Comparison of Kohut’s and Kernberg’s Perspectives .....</b>	<b>15</b>
<b>1.1.4. Grandiose and Vulnerable Subtypes of Narcissism.....</b>	<b>16</b>
<b>1.1.5. Etiology and Prevalence of Narcissism .....</b>	<b>18</b>
<b>1.2. THE NARCISSISTIC PARENT .....</b>	<b>21</b>
<b>1.2.1. Perinatal Phantasies and Narcissistic Vulnerability.....</b>	<b>21</b>
<b>1.2.2. The Child Martyr of Narcissistic Parents .....</b>	<b>24</b>
<b>1.2.3. The “Dead” Mother .....</b>	<b>26</b>
<b>1.3. FATHER AS A PROTECTION AGAINST NARCISSISM.....</b>	<b>27</b>
<b>1.4. SELF CONSTRUAL: AUTONOMY AND RELATEDNESS.....</b>	<b>29</b>
<b>1.5. CURRENT STUDY .....</b>	<b>30</b>
<b>CHAPTER 2.....</b>	<b>33</b>
<b>METHOD.....</b>	<b>33</b>
<b>2.1. PARTICIPANTS .....</b>	<b>33</b>

<b>2.2. INSTRUMENTS</b> .....	<b>33</b>
2.2.1. Demographic Information Form .....	34
2.2.2. The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) .....	35
2.2.3. Autonomous and Related Self Scales .....	36
2.2.4. Perceived Maternal Narcissism Scale .....	36
2.2.5. Perceived Maternal Depression Scale .....	37
<b>2.3. PROCEDURE</b> .....	<b>37</b>
<b>2.4. DATA ANALYSIS</b> .....	<b>38</b>
<b>CHAPTER 3</b> .....	<b>39</b>
<b>RESULTS</b> .....	<b>39</b>
<b>3.1. DESCRIPTIVE STATISTICS</b> .....	<b>39</b>
<b>3.2. ASSOCIATIONS OF NARCISSISM WITH MATERNAL NARCISSISM, MATERNAL DEPRESSION, SELF-CONSTRUAL AND FATHER’S PRESENCE</b> .....	<b>41</b>
3.2.1. Narcissism and Perceived Maternal Narcissism and Depression .....	41
3.2.2. Narcissism and Self-Construal .....	42
3.2.3. Narcissism and Father’s Presence.....	43
<b>3.3. FACTORS THAT PREDICT NARCISSISM</b> .....	<b>43</b>
3.3.1. Factors that Predict Vulnerable Narcissism .....	44
3.3.2. Factors that Predict Grandiose Narcissism .....	47
3.3.3. A Comparison of the Factors that Predict Vulnerable and Grandiose Narcissism .....	49
<b>CHAPTER 4</b> .....	<b>51</b>
<b>DISCUSSION</b> .....	<b>51</b>
<b>4.1. MATERNAL NARCISSISM, MATERNAL DEPRESSION AND NARCISSISM</b> .....	<b>51</b>
<b>4.2. SELF-CONSTRUAL AND NARCISSISM</b> .....	<b>54</b>
<b>4.3. PERCEIVED PRESENCE OF THE FATHER AND NARCSISSIM</b> .....	<b>57</b>
<b>4.4. DEMOGRAPHICS AND NARCISSISM</b> .....	<b>58</b>

<b>4.5. CLINICAL IMPLICATIONS.....</b>	<b>59</b>
<b>4.6. LIMITATIONS AND FUTURE DIRECTIONS .....</b>	<b>61</b>
<b>CONCLUSION .....</b>	<b>63</b>
<b>REFERENCES.....</b>	<b>64</b>
<b>APPENDICES.....</b>	<b>72</b>
<b>Appendix A: Informed Consent Form (In Turkish) .....</b>	<b>72</b>
<b>Appendix B: The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) ..</b>	<b>73</b>
<b>Appendix C: Autonomous Related Self Scales .....</b>	<b>76</b>
<b>Appendix D: Perceived Maternal Depression Scale .....</b>	<b>78</b>
<b>Appendix E: Perceived Maternal Narcissism Scale .....</b>	<b>79</b>

## LIST OF TABLES

<b>Table 2.1</b>	Demographic Characteristics of Participants.....	51
<b>Table 3.1</b>	Descriptive Statistics of the Scale Scores of Study Variables. ....	59
<b>Table 3.2.1</b>	Correlations of Vulnerable and Grandiose Narcissism with Perceived Maternal Narcissism and Depression and Self-Constual.....	60
<b>Table 3.3.</b>	Summary of Stepwise Regression Analysis for Vulnerable Narcissism	48
<b>Table 3.4.</b>	Results of the Stepwise Regression Analysis for Variables Predicting the Vulnerable Narcissism .....	48
<b>Table 3.5.</b>	Summary of Stepwise Regression Analysis for Grandiose Narcissism...	48
<b>Table 3.6.</b>	Results of the Stepwise Regression Analysis for Variables Predicting the Grandiose Narcissism.....	48

## **ABSTRACT**

There has been much debate on the origins and presentation of narcissism. The name derived from the Greek Myth of Narcissus, this concept has attracted much clinical and pop culture attention. It has been both theorized as a healthy and normative development stage and as a pathological fixation. Differing in description, it can be said that narcissism can be regarded as problems with sense of self and problems with object relationships. There are two different categories of narcissism described. Vulnerable Narcissism as individuals hypersensitive to others and Grandiose Narcissism as individuals who do not give regard to the subjectivity of others. Early dyadic and triadic relationships are important in the future development of psychopathology for an individual. Although there is a vast amount of clinical examples on the relationship between mother-child interactions for the development of narcissism, there has been limited empirical research on this subject. For this reason, the aim of the current study is to examine the relationship between grandiose narcissism and depression of the mother and the later development of narcissistic personality organization for the child. In order to measure this relationship, an online survey was conducted and results from 221 participants were analyzed. The results showed that perceived maternal narcissism, self-construal, age and perceived maternal narcissism were predictors of current levels of vulnerable narcissism. These results provide preliminary findings on the relationship between mother's personality pathology and the personality pathology of her child.

*Keywords:* narcissism, depression, child development, mother-child relationship, personality organization

## ÖZET

Narsisizmin kökeni ve tanımı hakkında bir çok tartışma olmuştur. Narcissus adlı Yunan Mitolojisinden ismini alan konsept, klinik ve pop kültüründe yoğun ilgi görmüştür. Farklı kuramlar tarafından narsisizmin sağlıklı ve normal bir gelişimsel evre olduğu ya da patolojik bir fiksasyon olduğu söylenmiştir. Farklı anlatımları olsa da, narsisizm benlik algısında ve ilişkilerde problemler olarak görülebilir. Narsisizmi anlatmak için iki farklı kategori geliştirilmiştir. Kırılgan Narsisizm ötekilere aşırı duyarlı bireyler olarak ve Büyükleme Narsisizm ötekilerin öznelğine önem vermeyen bireyler olarak tanımlanmıştır. Erken ikili ilişkilerin ve üçlü ilişkilerin psikopatolojinin gelişimi üzerinde önemli etkileri vardır. Engin klinik anlatımlar olmasına rağmen, anne-çocuk ilişkisinin narsisizm üzerindeki etkisi hakkında kısıtlı empirik araştırma yapılmıştır. Bu sebeple, bu araştırmanın amacı annedeki büyükleme narsisizm ve depresyonun çocukta kırılgan narsistik kişilik örgütlenmesinin gelişimindeki ilişkisini gözlemlemektir. Bu ilişkiyi ölçmek için, çevrimiçi bir anket yürütülmüştür ve 221 katılımcının sonuçları analiz edilmiştir. Sonuçlar, algılanan anne narsisizmin, benlik kurgusunun, yaşın ve algılanan anne depresyonunun güncel kırılgan narsisizmin göstergisi olduğunu bulmuştur. Bu sonuçlar, annenin psikopatolojisinin çocuğunun psikopatolojisi üzerindeki etkisi hakkında ön bulgular sağlamaktadır.

*Anahtar Kelimeler:* narsisizm, depresyon, çocuk gelişimi, anne-çocuk ilişkisi, kişilik örgütlenmesi



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## INTRODUCTION

Narcissism has been discussed by many clinicians and there has been an ongoing debate about symptomology. It has been put forward as having an illusion of self-sufficiency, grandiosity and lack of empathy (Freud, 1914; Kernberg, 1974), used to fight against depending on another, envy (Rosenfeld, 1987) and low self-worth (Kohut, 1971). Despite the differences, literature shows a cohesive view of narcissistic psychopathology that emphasize fragmentation of self, lack of self-knowledge, and lack of boundaries that lead to a symbiotic, at times parasitic, relationship with others (Kernberg, 2004; Kohut, 1971; Mollon, 1993; Robbins, 1982).

In psychodynamic literature, narcissism has repeatedly been described in two different categories: vulnerable type and grandiose type. The grandiose type has been described as having no awareness or regard for others, being arrogant and self-involved, needing always to get admiration and be in the spotlight (Gabbard, 1989; Kernberg, 1983). The vulnerable type has been described as being highly sensitive to others' regard, thus, shying away from attention, easily being hurt, and being hypervigilant to outside criticism (Gabbard, 1989; Kohut, 1971; Rosenfeld, 1987).

Individuals with narcissistic personality organizations may seem very well adjusted, successful and may function very well in contexts such as work and school, but they have significant problems in their interpersonal lives, having inner feelings of emptiness and boredom, not getting enjoyment out of life expect with affirmation from others used as 'selfobjects' (Kernberg, 2004; Kohut, 1970, Miller, 1979).

There has been little research on the etiology and temperament of narcissistic personality disorders and most hypotheses about them are not empirically tested, but are generated from clinical observation, probably because people with narcissism has no cost to society and seems content and successful on the outside. The internal pain and hunger they possess is not apparent to the outside world (McWilliams, 2011). Although narcissism is not a big problem to society, the

way they relate causes major issues to those closest to them (Kernberg; 1980, 2004). When in relation to a person with narcissistic pathologies, one might feel worthless, devalued, and even non-existent (Gazillo et al., 2015). Since the primary and most determining relationship is the one with the primary caregiver, who is the mother for most people, growing up with a narcissistic mother has a negative impact on the psychic development of the child, thus his/her adult character and functioning (Cooper & Maxwell, 1995).

Clinical observation shows us that narcissistic mothers use the child as a mere extension of herself. Consequently, the child has to sacrifice his 'true self' in order to form relations with an unempathic and self-involved mother, creating vulnerabilities and fragmentations in the self which make the child more susceptible to using narcissistic defenses (Gardner, 2004; Raphael-Leff, 1995).

Reviewing literature, it is seen that the mother-child relationship regarding narcissism has not gotten much attention in Turkey. The aim of this study is to understand and describe the relationship between narcissistic personality pathology of the mother and narcissistic personality pathology of her child. In addition, literature shows us that other family dynamics like the mother being depressed and the absence of paternal function in the relationship have effects on the development of the child. In addition to the mother's narcissism, it is aimed to understand and describe the relationship between the mother being depressed and the absence of paternal function.

In the current study, the relationship between the personality pathology of grandiose narcissism of the mother and the personality pathology of vulnerable narcissism of the child will be investigated. In the first part of the thesis, a detailed literature review of narcissism and the interaction of a narcissistic parent with his or her child will be presented. The hypotheses of this study formulated on the basis of the existing literature will be included. In the following section, the methodology will be described. In the third section, results of the study will be presented. Finally, discussion about the findings of this study in regard to the literature will be brought forwards.

## **CHAPTER 1**

### **LITERATURE REVIEW**

#### **1.1. NARCISSISM**

The term narcissism was inspired by the Greek myth of “Narcissus”. The myth tells the tale of a handsome man, who all the nymphs were in love with but he did not return their love. The gods decided to punish Narcissus with unrequited love when he rudely rejected one nymph called “Echo,” who had disappeared with shame and grief after the rejection. One day Narcissus saw his own reflection in a lake and fell in love with it, thinking it was a water spirit. Not being able to get an answer from his love, he got consumed with melancholia and died by the lake (Cooper, 1989). His love with his own image was his demise.

Throughout history, value systems changed the meaning given to self-love and self-abnegation. Christian and Greco-Roman values made self-abnegation be regarded as a virtue, but from a psychoanalytical point of view the same concept came to be seen as a pathological, masochistic condition. In the present day, the influence of Western culture has created a value system that defines success and achievement through visibility (White, 1980); promoting self-love and also creating an obsession with self-image via social media platforms (McCain & Campbell, 2016).

##### **1.1.1. Narcissism in Classical Psychoanalysis**

Ellis (1898, cited in Pulver, 1970) was the first to describe narcissism, and regarded it as a sexual perversion, an individual taking his own body as a sexual object. Sigmund Freud also initially defined it as a sexual object choice made by homosexuals (1910). Later on, following Ellis, in his article “On Narcissism: An Introduction,” Freud (1914) defined narcissism as a sexual perversion, “a person who treats his own body in the same way in which the body of a sexual object is

ordinarily treated- who looks at it, that is to say, strokes it and fondles it till he obtains complete satisfaction through these activities” (p. 73).

In the following years, Freud made revisions on this definition. To get a better understanding of Freud’s concepts while defining narcissism, we must first take a look at what he defines as ‘self’. Like Hume, Freud suggested that there is no single entity inside us that can be defined and experienced as the “self”, there are only self-representations that we can observe (Smith, 1995). So, Freud saw narcissism as a condition that affected the individual’s self-representations and said that the individual is narcissistic to the degree that his self-representations only contain things that are viewed as “good” and yield pleasure (Freud, 1915).

Although Freud regarded narcissism as a perversion, in “Three Essays on the Theory of Sexuality,” Freud also (1905) paved the way to thinking about narcissism as a developmental phase when he mentioned that what seems like a sexual deviation looking back in adulthood, is normative in childhood. And as a conclusion, Freud (1914) says that narcissism is not a deviation but “a libidinal complement to the egoism of the instinct of self-preservation, a measure of which may justifiably be attributed to every living creature” (as cited in White, 1980, p. 146), which defines self-love as a way of self-preservation, a non-sexual instinct that, with the introduction of the model of id, ego and superego, through development becomes an ego function (Freud, 1923). From a developmental perspective, Freud defined two stages of narcissism: primary and secondary. *Primary narcissism* was defined as a transition stage between auto-erotism and object-love. The first “object” chosen by the baby is his own body, a libidinal investment of the self. This infantile self-love is present and normal in all babies and is the base for object-relations. At the end of this stage, the omnipotent self becomes too loaded to discharge and love is leaked to objects, primarily the mother. But when major frustrations take place, the love can be re-invested to the self. What is pathological is this *secondary narcissism* that happens when love is reclaimed from the object, reinvested in the self, and can’t be invested back to objects.

In secondary narcissism, there is a libidinal reinvestment of the self because of a withdrawal from the external world of objects. Freud (1914) said that

these individuals were similar to psychotics, who do not have a libidinal investment in other people or the world, and said that these individuals could not be analyzed because of their lack of investment to objects. The narcissist, unlike the neurotic, does not replace the external object with a fantasized one via repression (Smith, 1995). Instead, there is an over libidinal investment made to the mental representation of the “self.” Also coming from an economical view of libidinal investment, Freud (1914) theorized that between ego-libido and object-libido; the more investment made to one, the more the other is depleted.

Accepting the complexity of the term, Freud gave different examples to study narcissism. For example, people who suffer from an organic illness and/or hypochondriac symptoms also withdraw their interest from the object world and libidinally invest in himself, relieving the pain (1914). Also, he described falling in love as idealizing the chosen object and putting it in the place of the ego ideal, transferring the narcissistic libido. The chosen object is usually seen as containing components that the ‘self’ does not have, an object that completes the ‘self,’ thus, feeding its narcissism (Freud, 1921). Freud (1917) also theorized that “the disposition to fall ill of melancholia... lies in the predominance of the narcissistic object-choice” (p. 250). All of these situations are narcissistic in quality because there is an investment made to the self or an aspect of the self with the withdrawal from the outside world of objects.

While Freud regarded primary narcissism as a stepping stone towards object-relations and secondary narcissism as going backwards from object-relations to the sole investment of the self, Klein (1952) proposed that narcissism and object-relations exist together. According to Klein, the base for a satisfactory and secure development is laid via the first object relations with the mother and her breast which is introjected for the development of the ego. Object relations in Kleinian terms do not denote a “real” exchange between people. Rather, it refers to the internal representations of these exchanges, which she defined as phantasies. Narcissistic object relations are characterized by the projection of good or bad parts of the self, so that the object represents part of the self (Klein, 1946). When these projections are extensive, the self can only be controlled via the control of the other,

bringing out the desire to dominate the other (Klein, 1952). When a frustration takes place within the relationship with the mother, narcissistic withdrawal takes place because with the withdrawal, a relation with the internal representation of the mother and her breast is re-built. So, narcissism takes the place of the relationship with internal representations of objects.

Like Klein, Rosenfeld (1957) proposed that the intrapsychic organization of the narcissistic individual are made up of defenses against envy, the expression of Freud's death instinct. The individual identifies with an "all good" object with no distinction between self and object. With this identification, the denial for dependency on a primary "good" object is achieved. If dependency was permitted, a need for a potentially frustrating object would take place, leading to envy and aggression (Rosenfeld, 1964). The individual feels "safe" only when the destruction of all relations that pertain the threat of causing envy are destroyed, explaining the relational issues that narcissistic pathologies have (Rosenfeld; 1971, 1975). The main way that the narcissistic individual relates with the object is via projective identification, where parts of the self are split and are projected onto the object that in turn modifies the qualities of the object. Through this mechanism, the object is equated with the self where there is no boundary or identity, diminishing any form of competition, envy or anger towards other, as well as feelings of weakness, inferiority and inadequacy in self.

### **1.1.2. Going beyond the drive: Narcissism and Ego Psychology**

One of the most defining features of narcissism is narcissistic rage due to perceived failures and/or limitations of oneself (White, 1980). At this point, it is useful to turn to Hartmann's (1950) concept of using defense mechanisms as an adaptation to the perceived environment via making changes in oneself. It is theorized that this narcissistic rage is a primitive defense against seeing one's own imperfections and the imperfections of the associated world. So how does this mechanism start in the first place? Jacobson (1964) suggests that the sudden disappointment and traumatic experiences with caregivers at an early age, when the

infant is starting to gain awareness of his own helplessness and shortcomings, causes the immature idealization of parent imagoes or self in the place of experiencing disappointment coming from the parents.

To understand the vast amount of aggressive drives in narcissistic individuals, we should turn again to Hartmann's (1950) concept of neutralization (White, 1980), "the probably continuous process by which instinctual energy is modified and placed in the service of the ego" (p. 87). With neutralization, the individual becomes able to delay drive discharge and use this energy to further ego functions. Building on this, Blanck and Blanck (1974) claim that object relations are formed by placing energy that was formerly used by drives are transferred to the ego. Another claim made by Blanck and Blanck (1974), is that "...while neutralized libido builds object relations, neutralized aggression powers the developmental thrust toward separation-individuation" (cited in White, 1980, p. 16). This opens up an arena to view aggression and aggressive drives not only as a harm causing, negative concept but as a drive that furthers individuation and aims towards forming a separate and autonomous identity.

Further, Margaret Mahler, who was a developmental ego psychologist, split Freud's concept of primary narcissism into two different stages. The first stage of normal autism, which she identified with Freud's primary narcissism, is the "twilight state of early life... the infant shows hardly any sign of perceiving anything beyond his own body. He seems to live in a world of internal stimuli." (Mahler, 1958, p. 77). At the second stage, normal symbiosis, the baby takes the mother as a "need-satisfying object," and behaves as if they were an omnipotent unit (Mahler, 1958). Towards the end of this normal symbiosis phase, secondary narcissism begins and the child moves onto the separation-individuation phase, which Mahler (1975) termed as the second and psychic birth of the child. In this phase, the child develops an awareness of being separate and in relation with external reality via his own body and via the first love object, the mother. According to Mahler, this separation-individuation phase is the cornerstone of the development of 'self.' The mother's "holding behavior" as indicated by her emotional availability and care, is what organizes the development of a separate self and identity and helps the child



take his own body as the object of his secondary narcissism that is a prerequisite for allowing the identification with the external world of objects (Mahler, 1975). The quality of the “holding behavior” is of utmost importance here since this act was seen as building the child’s self-representations and later image as an adult. From her observations, Mahler (1975) came to see that a person is not driven towards separation, but separation is a must because there is an innate drive toward individuation and this cannot be done without separation, citing from Erikson (1959) that this separation-individuation process is ever present and continues throughout a person’s lifespan (cited in Smith, 1995).

### **1.1.3. Kohut vs Kernberg: The Central Argument about Narcissism**

Heinz Kohut and Otto Kernberg are regarded as the two most prominent theorists who have worked on and advanced our understanding of narcissism and its origins. Both theorists devoted their lives to understanding narcissistic individuals who were previously regarded as unsuitable for analytic therapy because of their lack of libidinal investment towards objects, and focused on creating an analytic treatment that would work for them. Although both were interested in the same pathologies, they had very divergent views about the causes of narcissism, inner mental organizations of narcissistic individuals and the recommended form of treatment.

Kohut is seen as the forefather of self-psychology (Mitchell, 1996), departing from the views of Freud focusing mainly on individuals’ need for empathic understanding and self-expression (Kohut, 1971). He also proposed that “Narcissism... is defined not by the target of the instinctual investment (i.e. whether subject himself or other people) but by the nature or quality of instinctual charge” (Kohut 1971, as cited in White, 1980, p. 17). He defends that, because of deficits in selfobject experiences, the individual develops a depleted self (Kohut, 1977).

On the other hand, Kernberg was a Kleinian analyst who integrated Freud’s drive theory on libidinal and aggressive drives with Klein’s object relations theory. Kernberg defined narcissism as problems with self-regard and object-relationships.

He describes narcissistically disturbed individuals as having an inflated sense of self but a grand need to be loved and admired by others (Kernberg, 2004).

### **1.1.3.1. Kohut's Perspective on Narcissism**

Theorists preceding Kohut mostly centered their discussions on narcissism around the idea that narcissism could be defined as the lack of libidinal investment to objects (White, 1980). Contradicting this view, Kohut (1966) proposed that narcissism is very closely related to selfobjects, objects that are felt to be a part of the self. To understand Kohut's concepts better, it is important to turn to Kohut's (1971) definition of 'self' here. He defined self as a structure of the psyche that is invested with instincts and is ever-present and ever-growing through time. He also notes that the self can be variant with different, and at times conflicting, representations existing at the same time, such as grandiosity and inferiority. For the infant to form relations with objects, he or she needs to go through three different forms of selfobject experiences: (1) mirroring: an audience to reciprocate the infant's affective experiences and give it back to the infant, making them feel like a part of the self, (2) idealizing: an experience of unity with an object that's thought to be 'greater' than the self and (3) twinship: the need to experience the self alike others. One of the main ways of the construction of the child's internal capacities is via "transmuting internalization." Kohut (1971) theorized that the mother's ability to physically and psychologically soothe the child is internalized and transformed by the child into his own internal structures enabling him to soothe himself. This process takes place with gradual and tolerable decreases in the mother's immediate presence when needed (Kohut, 1971; Tolpin, 1972). Returning to primary narcissism, Kohut (1966) defined it as the characterizing period when the baby has yet to establish the I-you differentiation. Because of the lack of differentiation between self and other, control over others is experienced as control over own body and world (Kohut, 1968). There remain hints of primary narcissism throughout life, but in healthy development with appropriate maturational frustrations, the infant's psyche builds a new system to soothe itself. This system is

first built by saving the original perfect experience via ascribing the self a grandiose and exhibitionistic image, labelled as “grandiose self,” and ascribing an equally grandiose image to the first object -the mother-, labelled as “idealized parent imago.” In a good-enough developmental environment, the archaic qualities of exhibitionism and grandiosity of the grandiose self are toned down and become energy for our ego that is used for ambitions, for getting joy out of daily activities and most importantly for our self-esteem. Similar to this, again under a good-enough developmental environment, the idealized parent imago is introjected as our superego which builds the path for our ideals, also an important aspect to be integrated into the adult personality (Kohut, 1966, 1968, 1971)

Similar to Freud (1908) who saw the ego first as “body ego”, Kohut proposed that a cohesive self is formed via the infant’s own body with the mother’s eye which mirrors his exhibition by participating and affirming this display which lays ground for self-esteem (Kohut, 1971). These exhibitionistic displays and preoccupations with the self can be seen as the building of body image and as a developmental psychic accomplishment. However, when the infant is faced with grand rejection, disapproval and/or neglect, which can all be regarded as ‘object loss’, in the place of affirmation, the infant becomes fixated in this early, narcissistic stage by repressing the “grandiose self”.

When the psychic equilibrium of primary narcissism is disturbed, the child strives to keep a part of the lost narcissistic perfection with the primary caregiver by transferring it to an archaic self-object referred to as the idealized parent imago (Kohut, 1966, 1968). Looking from a developmental point of view, this mechanism is essential; but becomes problematic and pathological when it does not disappear with the cognitive maturation of the child. Normally, with cognitive maturation, the child is expected to assess the environment in more detail and act accordingly, enabling him or her to give a range of emotional reactions to the former idealized figures (Kohut, 1971).

Kohut (1966, 1971) defines two different forms of idealizations: idealization of the oedipal parent and the idealization of the archaic image of the parent. Both are narcissistic and are expected to be neutralized with different stages

of internalizations and re-internalizations which lead to the development of the superego. Kohut (1968, 1971) points out that these narcissistic qualities remain even at the later stages of development and are essential to an integrated adult personality. As object-cathexis is achieved, the developmentally normative child increasingly interacts with objects as separate and autonomous beings, still with the remains of narcissistic elements. These remains can be understood as heirs of the archaic idealization of the oedipal parent engraved with object cathexes (Kohut, 1971). In the course of normal development, the child is expected to internalize the oedipal parents who have object libido. With this internalization, the superego develops, helping the ego in recognizing praise, prohibitions and punishment. The result is a superego containing goals, ambitions, creativity and moral values (Kohut, 1968).

A part of the superego still remains amendable and its qualities can be changed with traumatic experiences and/or disappointments coming from the object world, making it regress to a developmentally non-appropriate, archaic-narcissistic place. There are two stages when the psyche is most vulnerable to amendment: (1) during the development of the idealized self-object, (2) during the reinternalization of the qualities of the oedipal parent. Kohut (1971) proposes that, after the completion of the latter stage, the foundations of the superego with its values and investments to the ego are established, ending the greatest stage of vulnerability. It is important to return to the aspects which contribute to and aid the experience and successful completion of these stages. The taming and neutralizing of the archaic parent imago is possible via the experience of the idealized self-object. There are two possible problems at this stage: an experience of harsh and punishing parents or paradoxically overly modest and unempathic constant praise coming from the parent which disturbs the child's need to idealize her. According to Kohut (1971), both problems lead to the development of a harsh superego, constituting the central problem of narcissism.

Ideally, both before and during the oedipal phase, gradual disappointments by the idealized object is expected for the child to be able to view the idealized object more and more realistic leading to a separation from the archaic, idealized

self-object. This makes the appropriate internalizations and development of a mature psyche possible. But if the disappointments are major and/or sudden and/or even traumatic, appropriate internalizations cannot take place. Thus, the child will be fixated on the archaic image and the idealized self-object, and be unable to form an internal structure taking on the roles of the ego. The fixation on the idealized self-object blocks the way for the development of “real” objects that are seen in an integrated way and that take their value on the basis of their own attributes, instead of the functions that serve for the one’s own psyche. “Real” objects just take the place of a missing internal structure (Kohut, 1966, 1968, 1971, 1972). So, the child tries to save the original sense of perfection by “assigning it on the one hand to a grandiose and exhibitionistic image of the self: *the grandiose self*, and, on the other hand, to an admired you: *the idealized parent imago*” (Kohut, 1966, p. 86).

#### **1.1.3.2. Kernberg’s Perspective on Narcissism**

Otto Kernberg (1967) points out that the term “narcissistic” has been abused and overused, but that there is a group of individuals who have problems with their self-regard and object relationships. He proposes that narcissistically disturbed individuals, on the surface, usually have a well-functioning social life and have better impulse control than most other personality organizations. He describes these individuals as having an inflated sense of self and paradoxically an unusually high need to be loved and admired by the outside world. With the high need to be loved and admired, these individuals’ emotional lives can be regarded as shallow with limited enjoyment gotten out of life. The enjoyment they get is seen as solely coming from the admiration from other and their own grandiose fantasies about themselves. From this perspective, their interpersonal relationships can be regarded as exploitative and even parasitic. Although these ways of relating can be seen as dependent, because of their inability trust and tendency to devalue others, they are not able to form “real” relationships with others. Central feelings described by narcissistic individuals are emptiness and boredom. These are proposed to cause the ceaseless swings from idealization to devaluation of others. These individuals

usually idealize and/or envy others who they view as possessing their wants and/or needs. Others, who the narcissistic individuals view as not possessing their wants and/or needs are devalued. Most of the time, these devalued ones are formerly idealized other. On the contrary, they may perceive them as such because of the possessions of other causes envy, a threatening affect which causes the devaluation. Most of the time, these devalued ones are formerly idealized other (Kernberg; 1967, 1975, 1980). Kernberg (1967, 2004) reported that analysis with such patients showed that their exploitative and grandiose behaviors are defenses against paranoia created by the projection of oral rage. Oral rage can be defined as anger towards the “hungry” parts of the self and not being able to depend on others because of the lack of internalized good objects with a big void containing “all bad” primitive internalized representations. Since the narcissistic individual denies any part of the self which is dependent on the other, this anger resulting from the need is projected to the outside world. When this immense anger is projected, the outside becomes dangerous making the individual paranoid. The resultant grandiose behaviors functions as denying the need for others and being self-sufficient (Kernberg, 1967, 2004).

Kernberg defined personality disturbances on a continuum from neurotic personality organization to psychotic personality organization with borderline personality organization at the middle. At the extreme severity end is low borderline personality organization, with antisocial personality disturbance. At the mild severity end is high borderline personality organization with narcissistic personality disturbance. According to Kernberg’s portrayal, the spectrum of narcissistic personality disorders range from “High” to “Low” borderline personality organization. Borderline personality organization is defined with the use of primitive defenses, mainly splitting, and a non-integrated identity. The narcissistic disturbances range from mild to extreme severity with narcissistic personality organization as the mildest form to malignant narcissism and to antisocial personality disorder at the end of the spectrum. The ability to function in life for these individuals are dependent on the severity of the pathology. The highest functioning narcissists adapt to societal norms, but are still ridden with feelings of

emptiness, boredom and constant need for approval with lack of investment in others. At the low end of the spectrum, the individual shows an inability to control anxiety, lack of sublimation, severe rage and paranoid distortions of reality (Kernberg, 1975, 1984, 2004).

Pathological character traits of narcissistic personality disorder were defined by Kernberg (2004) as:

(1) self-love which appear in grandiose, exhibitionistic, over-ambitious and reckless behavior. Their grandiosity is often shown in the light of infantile values; power, wealth, physical attractiveness and such but these feelings of grandiosity are almost always go hand in hand with feelings of inferiority, pushing the individual to be dependent on praise and admiration coming from the others.

(2) pathological object love which shows itself with envy and a lack of interest in others and their world. These individuals often take on idols but quickly devalue them to protect against envy. Shown also with greed and exploitativeness, these individuals have a wish to steal those that others have.

(3) pathological superego, which is seen by the inability to take on criticism or experience mild depressive moods. Instead, with perceived failures of grandiose attempts there appears mood swing sometimes followed by deep depressive episodes. Pertaining childish values, these individuals are thought have limited ethical worries. The main emotion regulating here is shame. At the severe end of pathological superego continuum, there appears to be the syndrome labeled as malignant narcissism. Malignant narcissists show antisocial behavior, paranoia and ego-syntonic sadism.

Kernberg proposed that narcissism cannot be formulized as a regression to a previously normal infantile state, instead it is a libidinal investment towards a grandiose self (Kernberg, 1984). Kernberg (2004) proposed that in narcissism, between the ages 3 and 5, the child integrates and internalizes an “all good” representation of self and objects instead of a realistic, “whole” integration of “good and “bad” representations. The result, as described above is an idealized pathological grandiose self. Kernberg hypothesized that this pathology derives from “parents who are cold and rejecting, yet admiring” (Kernberg, 2004, p. 54). The

child represses “bad” representations of the self and projects them onto others, causing a dissociation of identity. What is expected to be internalized as the superego, the ideal self-object representations, is formed as the grandiose self, contaminating the superego with aggressive elements. This superego is again projected onto the external world, creating a persecutory environment. Also, this superego is unable to perform its expected internal functions, leaving the child to be depended on the objects to perform these functions (Kernberg, 1975, 1980, 2004). To sum up, pathological narcissism is not a regression to an earlier stage, rather it is a diverse developmental line.

### **1.1.3.3. A Comparison of Kohut’s and Kernberg’s Perspectives**

Nancy McWilliams describes the differences between Kohut and Kernberg’s formulations for narcissism as, “Kohut’s conception of a narcissistic person can be imaged as a plant whose growth was stunted by too little water and sun at critical points; Kernberg’s narcissist can be viewed as a plant that has mutated into a hybrid.” (2011, p. 586). So, the main difference between the two is that while Kohut (1971) views narcissism as a developmental stunt deriving from the lack of empathic experiences with the mother, Kernberg (1982) depicts it as a structural problem deriving from traumatic early experiences that cause the individual to make libidinal investment to a pathological self.

For Kohut, narcissism comes from unresolved issues in the oedipal phase but for Kernberg the fixation is at an earlier oral stage, explaining the felt emptiness and narcissistic rage. Differing from Freud (1914), both believe that narcissism is treatable but by very different approaches. Kohut (1971) proposes acceptance of idealization and devaluation coming from the patient and the providing continued empathy towards the patient’s subjective experience. On the other hand, Kernberg (1975) proposes a more hands on approach of confronting the patient’s grandiosity and interpreting defenses used for envy.

Adler (1986) suggested that the vast difference in the description of narcissism between Kernberg (1974, 1984) and Kohut (1968, 1970), is probably



because they are describing two different subgroups of one personality organization. While Kohut (1971) describes a more vulnerable type of narcissist ridden with feelings of inferiority, Kernberg (2004) describes a more grandiose type of narcissist ridden with envy and greed.

#### **1.1.4. Grandiose and Vulnerable Subtypes of Narcissism**

In psychodynamic literature, narcissism has repeatedly been described in two different types: vulnerable and grandiose. The same distinction is emphasized by many theorists using different labels as “hypervigilant” and “oblivious” (Gabbard, 1989), “covert” and “overt” (Akthar, 2000), “closet” and “exhibitionistic” (Masterson, 1993), and “thin-skinned” and “thick-skinned” (Rosenfeld, 1987 as cited in McWilliams, 2011). Regardless of the terms they use, what they all refer to is a more arrogant and aggressive type of narcissist who does not give much regard to other’s opinions versus a more shy and sensitive type of narcissist who gives all of his or her attention to others and their critiques.

Ernest Jones (1913) was the first to give an analytic description of the ‘grandiose’ type of narcissism. Jones described an exhibitionistic, aloof, judgmental, emotionally inaccessible man who often retreats to omnipotent fantasies. Portraying narcissism on a continuum from normal to psychotic, he believed that a narcissist who retreats to a psychotic state actually may believe he is God himself. As outlined above, Kernberg (1970, 1974, 2004) also defined a ‘grandiose’ type of narcissism; a greedy individual who demands attention and exploits other for his use. This type of narcissist is described as becoming insensitive to his own feelings in order to fend off envy which causes frequent devaluation of the other with a grandiose façade (Rosenfeld, 1987). According to Gabbard (1989), this “oblivious” type of narcissist is arrogant and aggressive, has no regard for others’ feelings, needs to be in the spotlight and lack empathy.

The DSM V criteria for Narcissistic Personality Disorder, appears to describe the ‘grandiose’ type of narcissism, as discussed by psychodynamic literature (Gabbard, 1989). The Diagnostic and Statistical Manual of Mental

Disorders (American Psychiatric Association, 2011, p. 669) describes Narcissistic Personality Disorder as:

A pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement, i.e., unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations.
6. Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends.
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviours or attitudes.

On the other hand, Kohut (1971, 1977, 1984) defined a ‘vulnerable’ type of narcissism, an individual who is hypersensitive to external stimuli. The vulnerable narcissist is described as very susceptible to damage by others in terms of self-regard, because their self-esteem has been repeatedly traumatized growing up (Rosenfeld, 1987). According to Gabbard (1989), this ‘hypervigilant’ type of narcissist is shy, gives more regard to others, is always expectant of criticism and listens to others very carefully because of this. Unlike the grandiose type, vulnerable narcissists avoid being the center of attention due to their heightened sensitivity

(Cooper & Michels, 1988). They have vulnerable feelings of shame, inferiority, and a sense of being rejected and isolated by others; and are more susceptible to self-fragmentation (Kohut, 1970; Rosenfeld, 1987).

Different studies have shown that these two different types of narcissism have many diverging, often conflicting traits. Where vulnerable narcissism is seen as having similar traits to Avoidant Personality Disorder, grandiose narcissism was seen as having similar traits to Histrionic and Antisocial Personality Disorder. Also, while vulnerable narcissists give an account of high interpersonal stress and problems, the grandiose type denies these problems (Dickinson, 2003). In another study, it was seen that the vulnerable type showed interdependent self-construal and low self-esteem while the grandiose type showed independent self-construal and high self-esteem (Rohmann, Neumann, Herner & Bierhoff, 2012). While vulnerable narcissists give an account of high interpersonal stress and problems; and may seek treatment for them, the grandiose type denies these problems (Dickinson, 2003) and is unlikely to come into therapy unless forced by a spouse and/or affiliation (McWilliams, 2011).

The grandiose and vulnerable type have very different characteristics also inside the therapy room, provoking different countertransference reactions from the therapist. In the therapy room, the grandiose narcissist makes the therapist live a “satellite existence” (Kernberg, 1974, p. 220) where the therapist does not feel like he or she has a real presence in the room and feels like he or she is being used. This evokes countertransference feelings like boredom and irritation. On the other hand, the vulnerable narcissist is very aware of every move of the therapist making the therapist feel the same hypervigilance as them. The therapist feels the need to give total attention to the patient, making the therapist feel controlled and often be subject to false accusations of inattention and neglect (Gabbard, 1989).

#### **1.1.5. Etiology and Prevalence of Narcissism**

There have been many different theories about the etiology of narcissism. Kernberg (1980) proposed that narcissism was the result of parental rejection and/or

abandonment whereas Kohut (1971) viewed it as a result of inability to idealize parents because of the lack of empathic experiences. On the contrary, it is also proposed that it is the result of overvaluation from the parents believing in a perfect child; but these illusions cannot be continued in the real world (Millon, 1981). In most cases the child is the first born or only child (Emmons, 1987) but sometimes there is a “special” child in the family; and the parents exploit the talents of this child to maintain their self-esteem so the child grows up not knowing who he or she is living for (Miller, 1975 as cited in McWilliams, 2011).

Estimated prevalence of narcissistic personality ranges from 1% to 17% in the clinical population, whereas this number ranges from 3.9% to 20% in the outpatient population (Levy et al., 2009; Ronningstam, 2010). There was a 6% lifetime prevalence found (7.7% for men, 4.8% for women) with co-occurring mood disorders and alcohol abuse, especially among men (Stintson et al., 2008). In a study conducted in Norway, it was seen that having a lower education level, being a male and living alone increased the prevalence of narcissistic personality disorder (Torgersen, Kringlen & Cramer, 2001). There is limited empirical studies done on the prevalence of narcissistic personality disorder in Turkey, but a study conducted retrospectively in an inpatient clinic found the prevalence to be 0.95% (Senol et al., 1997).

Although some studies find a greater prevalence of narcissistic personality disorder among men (Ronningstam 1991; Stone, 1989), not all studies have been successful in capturing this difference (Zimmerman, 1989). It is proposed that the different subtypes present with more stereotypical gender traits, as grandiose type being more male and vulnerable type being more female. This might help explain the difference between prevalence of grandiose narcissism as more in men (Levy et al., 2009). It is also seen that women are more prone to internalizing problems whereas males are more prone to externalizing them (Van Buuren & Meehan, 2015), giving a possible explanation for the different presentations.

Literature shows us that ageing is usually experienced as a severe injury to the self-regard of every individual. For narcissist who are more susceptible to and defensive towards such injuries, the changes coming with age are experienced as

shameful and difficult to accept (King, 1980). There is a felt sense of helplessness which comes with the realization that dependency on other might be inevitably approaching (Hess, 1987).

From clinical work, it is evident that anxieties and preoccupations felt during adolescence are rekindled with ageing, where the investment of libido to others is recathected to the self to help maintain the self and adjust to a fragmenting identity. Regression into narcissistic defenses and projection of anger are observed (Sheikh, Mason & Taylor, 1993). Adolescence is a reawakening, a time filled with excitement, shame, joy and failure. The adolescent can handle this emotional turmoil if only he or she has learned to bear a wide range of feelings during earlier years (Flanders, 1995), but the narcissistically vulnerable adolescent is in a state where because of envy, (Klein, 1957) loss and shame cannot be tolerated (Kohut, 1971) which disturbs the adolescent's psychic development of self. All this anxiety is also heightened with the increasing sexual and aggressive drives. The adolescents are faced with questions regarding identity such as "Who am I?", "What am I for?", "Who will I be tomorrow?" They usually attempt to resolve these with grandiose solutions such as the placement of idealized others in the place of the emptiness left by the disappointment by the once idealized parents (Wilson, 1995). A similar process is evoked with ageing where a narcissistic injury has taken place and a time of fragmentation, especially regarding identity starts. The same questions asked during adolescence and the same preoccupations arise, making the individual return to grandiose solutions and narcissistic defenses (Flanders, 1995; Sheikh, Mason & Taylor, 1993).

In addition to the gender difference in prevalence, the impact of aging is moderated by gender. It is observed that women experience less of a narcissistic injury compared to men with ageing. It is argued that this is because, starting from adolescence, women prepare unconsciously for the loss of their fertility and youth every month with menstruation. So, these gradual minor "losses" of failing to conceive prepare the psyche so that ageing is not a big blow on it for the woman (Benedek, 1960; Mankowitz, 1984).

## **1.2. THE NARCISSISTIC PARENT**

*“Parental love which is so moving and at bottom so childish is nothing but the parents’ narcissism born again...”* (Freud, 1914, p. 91)

In psychoanalytic theory, all perspectives give an emphasis on the importance of early dyadic relationship and triadic relationship to understand psychopathology. Especially in contemporary psychoanalysis, the caregivers are taken as real subjects, not just representations. Consequently, who the caregiver is and what kind of an intrapsychic world he or she possesses takes on a new meaning. Narcissism presents in two different ways; one as disregarding the subjectivity of the other and the other as being hyper-sensitive to the other (Kernberg, 2004; Kohut, 1971). Both have a problem of not being able to see the other in a realistic and three-dimensional way. The psychoanalytic focus regarding narcissism has been the early relational configurations that result in a narcissistic personality organization. On the other hand, the configuration imparted by the parent(s) with narcissistic psychopathology has not been studied.

### **1.2.1. Perinatal Phantasies and Narcissistic Vulnerability**

In a relationship, the narcissistic individual sees the other as an extension of him/herself, not as a separate subject. The mother-child relationship is the first relationship model we experience and has a determining quality on future relationships and because of this, a parent not seeing the child as a subject is expected to have a major effect on the character development of the child. To-be parents have many phantasies and expectations on the awaited baby and ideas about what being an “ideal parent” is. It is expected that with the realization of recognizing the infant as a separate being, these ideas and phantasies are given up. However, when the parent gets preoccupied with the phantasies and the narcissistic expectations override reality, the interaction with the infant is affected (Raphael-Leff, 1991, 1993, 1995).

Especially for the mother, many different aspects of having a baby might reactivate narcissistic tendencies. As Freud (1915) pointed out, “in the unconscious every one of us is convinced of his own immortality” (p. 289); and childbearing serves as a medium that promises perpetuity and strengthens the narcissistic denial of death. Also, the idea of becoming a parent is a big hit that requires a total reorganization of one’s identity. The expecting individual goes from being someone’s child to someone’s parent. This sudden shift in identity can cause a regression in the individual to previous narcissistic traits. With pregnancy, there is a vast uncertainty that might cause anxiety. The individual usually deals with this via daydreams, ruminations, phantasies; wanting both to explore this uncertainty but also control it to fight off this anxiety.

Pregnancy can also be seen as a situation where concepts of self and other are fused with the disappearance of boundaries (Freud, 1914). This fuse again may make the mother regress to earlier phases of narcissistic vulnerabilities. Here, the baby may be seen as the reflection of the mother (like the lake in the Narcissus myth), where there are two possibilities: the mother either loving or hating this reflection of herself (Raphael-Leff, 1995).

As described by Raphael-Leff (1995), there are different reasons which may cause narcissistic disturbances in vulnerable mothers:

- Difficulty in conception may cause narcissistic injury in the individual who is preoccupied with self-image and superiority with omnipotent phantasies.
- Dependency on another for conception hinders omnipotent phantasies, when the mother sees that she is not parthenogenetic.
- The concept of ‘creating’ life may increase megalomania, but also enhance feelings of helplessness with the realization of the limited influence on the outcome.
- Pregnancy can create massive anxiety, including unresolved oedipal dynamics and primal scene anxieties, possibly bringing forth the fantasies of self-generation or Oedipal victory.
- The mother may regress to the state of idealized merger with the primary caregiver, which may in turn trigger envy and aggression.

- The realization of the total dependence of the baby on herself may cause intense feelings of helplessness in the mother that result in exhibitionism or sadomasochistic narcissism.
- Lastly, pregnancy can be experienced as an *active reenactment* of internal representations, creating a scene in which the once scapegoat child has now become the authoritarian parent.

Some or all of these factors may bring up previous conflicts from the mother's own childhood and her own interaction with the parents; and may make her susceptible to issues of self-esteem and/or belittlement or overinvestment to the child-to-be. With the narcissistic regression triggered by pregnancy; an overvalued good part, a split off rejected part or a destructive and demanded part self is projected to the infant. With this narcissistic displacement, the infant is no longer recognized as a real, separate person.

The soon-to-be parent may relate to her infant in different ways. She might actualize her own desires via the infant by affirming actions and characteristics that fit her desires, and ignore and/or punish those that don't. This attitude kills spontaneity and authenticity of the infant by negating what naturally unfolds in him/her. This may take on the form of totally identifying with the female infant or fulfilling penis envy via the male infant (Freud, 1914; Raphael-Leff, 1995; Winnicott, 1960).

For some mothers, the infant may be a symbol for a drastic change; a token of hope for a never possessed power or a blissful state with the child. When this impossible change does not take place, the infant is blamed and becomes the target of mother's narcissistic rage (Kernberg, 1984; Raphael-Leff, 1991). On the other hand, the infant might be treated as a *reflecting selfobject* (Kohut, 1970), reversing the mother-child roles. The equation of the infant as part of the self may be a result of an existing narcissistic pathology of the mother or a result of narcissistic traits triggered by the above-mentioned conditions.

Raphael-Leff (1995) suggest four different types of narcissistic displacement:



1. *Doll in the box*- phenomenon where the infant only exists with the meaning the mother gives him or her.

2. *Possessive symbiosis*- phenomenon where the infant is not recognized as having separate needs, because he or she is not perceived as a different, separate person by the mother.

3. *Simple interchangeability*- phenomenon where the displacement of the mother's needs to the child takes place.

4. *Competitive economic system (or squeezed balloon)* – phenomenon where the mother feels that the more the baby's needs are met, the fewer resources there are available to her.

### **1.2.2. The Child Martyr of Narcissistic Parents**

Growing up with a narcissistic parent, the infant feels the need to sacrifice a large part of himself via compliance and sacrifice. In order to comply with the narcissistic parent, the infant's true self is sacrificed and changed into a false compliant self. The compliant self also opens a window for a malignant identification with the parent. Since other forms of gratification of psychic needs are absent, the infant refuses to give up this compliant self, creating a dilemma between wanting to separate as development progresses and the fear and anxiety of staying alive if this separateness is achieved (Gardner, 2004).

The dilemma between being engulfed by a parent, mainly the mother, and being separate is described by many theories, clinical examples and even personal experiences of psychoanalysts (Hazell; 1966, 1994; Phillips, 1988). This dilemma -named as the 'core complex' by Glasser (1992) and as the 'encaptive conflict' by Gardner (2001)- describes the "basic problem of dying on mother's lap... absorption into mother" vs "dying as a separate person" (Hazell, 1966, p. 268). In a poem written by Winnicott called "The Tree", the struggle of dealing with an absent, self-absorbed and depressed mother is captured (Gardner, 2004)

*Mother below is weeing  
weeping*

*weeping*

*Thus I knew her*

*Once, stretched out on her lap*

*As now on dead tree*

*I learned to make her smile*

*to stem her tears*

*to undo her guilt*

*to cure her inward death*

*To enliven her was my living. (Winnicott, quoted by Phillips, 1988, p.*

29)

The child sacrifices his own vitality and true self, trying to keep the mother 'alive' and form some sort of relationship with her. In a similar context, Hazell (1966) described a 'Crucifixion neurosis' in the way the child identifies with the ever-changing grandiosity and suffering of the mother. Here, the child must play a 'devoted son', to not cause further suffering for the mother whilst unconsciously wishing to separate. With the wish to separate, the child is faced with separation anxiety and has to resort back to identifying with the suffering mother. Since the narcissistic parent is unable to form a loving relationship with the child, this malignant identification is the only source of relating to and being gratified by the mother. In reaction to this compliant self and malignant identification, a destructive anger is formed but repressed which leads to further anxiety in the child which he or she turns against the self. In this context, the only way to "enliven" the mother is via the child sacrificing him or herself, either metaphorically but in extreme cases physically- an act grandiose in itself, the idea of being able to give the mother life- (Gardner, 2004), explaining acts of self-destructive acts seen in some narcissistic pathologies (Gardner, 2001; Kernberg, 2004).

In clinical examples, it is seen that when a mother's needs come first, child's psychic development can become impaired and the child might get fixated at the separation-individuation stage, making him/her more vulnerable to narcissistic disturbance. The narcissistic mother uses the child as a container for her emotions, expectations and projects her inner world onto him or her. Instead of the

child mirroring him or herself in the mother's eyes, it is the other way around with narcissistic mothers mirroring themselves in the child's eyes (Pozzi, 1995). So, with the absence of an object that can contain, transform and give back the child's projections (Bion, 1963), the child searches for other objects to use and contain these projections and contain psychic equilibrium (Kohut, 1970; Winnicott, 1960). Grandiose phantasies in children are perfectly normal, but when parents cannot transform these experiences and help the child reintroject them in a more realistic and metabolizable form, adaptation to reality cannot be achieved and a fragile narcissistic personality is likely to develop (Pozzi, 1995).

Cooper and Maxwell (1995) argue that narcissistic parents cannot build an arena for separate development and "they disempower their children, experiencing them merely as extensions of themselves" (p. 27), causing problems in later separations. What Raphael-Leff (1995) called the "systematic interconnectedness" between the narcissistic parent and the child, is seen as a master-slave dynamic, where the fragile sense of self of the narcissist leads to symbiotic relationships with no boundaries. Since the infant is dependent on this bad object, compliance and sacrifice has to be made against the fear of loss and disintegration. Fairbairn (1951), argued that for psychic survival, the infant maintains the relationship with an unsatisfying object (seeing the mother as a bad object) with internalization. With internalization, the object is controlled and ready to amend according to the infant's needs. In these cases, it is assumed that, "if only they can repress the intensity of their own needs and adapt themselves to the needs of others, their relationships offer hope, whatever the costs of personal submission" (Armstrong-Perlman, 1994, p. 224). With these dynamics, a situation arises where both parties 'need' to continue this way. The parent who fulfills her affirmation needs with the child's compliant false self and the child lacking an internal structure and knowledge of own needs, depends in return to the parent's affirmation (Gardner, 2004).

### **1.2.3. The "Dead" Mother**

Clinical work shows that narcissistic parents are more prone to depression due to narcissistic injuries. The depression of the parent causes great distress in the compliant child who tries even harder to identify with the mother in order to “keep her alive” (Cooper & Maxwell, 1995; Gardner, 2004).

As mentioned previously, Freud (1917) held the belief that narcissistic individuals were more prone to become depressed because of their narcissistic object choice. He argued that depression, or melancholia, was similar to the process of mourning. Regarding separation and loss, the difficulty is twofold: the narcissistic parent cannot let go of the child and the child cannot develop the necessary psychic tools that would help him/her to separate. With the narcissistic parent, it is seen that “letting go” of their children and the ability to make an investment in new objects is limited. Instead of separation, the parent protectively identifies with the infant, replacing a previous lost object, whether it be an actual loss, loss of self-value or loss of primary objects coming from their own interactions with their parents, with the infant (Freud, 1917; Pozzi, 1993, 1995).

In clinical examples it is seen that some mothers give very similar responses to the actual death of a child and to development separations with her child. It is theorized that this similarity is because the mother projects only the good parts of her self and merges with the child. So, even developmental separations are experienced as the loss of a big libidinal investment. Also with the perceived loss, narcissistic injuries are experienced especially during adolescence when the child starts becoming an independent other. This process and the separation is perceived by the mother as a negative signal of her self-worth. These developmentally appropriate steps makes the mother feel conscious and/or unconscious aggression towards her child. In order to control this aggression, the mother sometimes disinvest from the child. These defenses can present as depression to the outside world. The need for these mechanisms are believed to be rising from a primitive ego functioning of the mother (Furman, 1994).

### **1.3. FATHER AS A PROTECTION AGAINST NARCISSISM**

In many clinical examples where there is a generational transition of narcissism from mother to child (Gardner, 2004; Pozzi, 1995; Raphael-Leff, 1995), it is observed that there is an absence of a father figure, physically, psychologically or both, or an absent paternal function in the mother. The absence of this father and function of him, who could act as a shield for the child against the mother's projections and be a barrier between them, intensifies the problems of differentiation and separation (Gardner, 2004; Pozzi 1995). With this, the Oedipal triangle cannot be formed or even reversed where the child takes on the responsibilities of the partner of a dependent other, having to take on the phantasies and fulfill needs (Pozzi, 1995). The father or a paternal figure is seen as being essential for protection against engulfment by a narcissistically organized mother (Flanders, 1995) who uses her child as a mere extension of herself (Kohut, 1971; Raphael-Leff, 1995). From this perspective, another dimension becomes clear in the tale of Narcissus:

“The origins of Narcissus are violent- a violent ‘primal scene’ as the nymph Liriope is raped by the river god Cephisus. There is no continuing parental couple and no father available to Narcissus. Narcissus’s origins are preceded by the pronouncement that he should not know himself... Narcissus becomes trapped in his incapacity to recognize himself... Violence, envy, sadism and masochism pervade the story, which is one of repeated victimization. Narcissus treats Echo and his other admirers sadistically... On the other hand, masochism is represented in Echo’s enslavement to Narcissus, her inability to take any initiative in the ‘dialogue’, her entrapment in a position of passive response to Narcissus.” (Mollon, 1993, p. 33).

We see here the symbiosis between Narcissus and Echo in a sadomasochistic despotism, similar to experiences of children of narcissist mothers described in recollections of clinical work (Hamilton, 1982 as cited in Cooper & Maxwell, 1995).

The presence of the father has three main functions for the character development of the child. Firstly, the father can set boundaries between the mother

and the child, protecting against fusion with the mother and becoming her selfobject. The father has the unique opportunity to prevent this union. Secondly, the father might become and satisfy the mirror, idealized object and/or twin needs of the child the mother is not able to provide. Lastly, the father can become the secure base that the child can push off of in order to separate. (Gardner; 2001, 2004; Pozzi, 1995).

The different reactions given by the mother and father are described as resulting from the different qualities of narcissistic investments they make. The father only makes a mental investment, whereas the mother makes both a mental and a physical investment. So, faced with loss, the mother experiences threat of disintegration (Furman; 1992, 1994). This makes it so that it is more difficult for the mother to separate than the father because the mental and physical investment made by the mother makes her perceive the separation as "life-threatening".

#### **1.4. SELF CONSTRUAL: AUTONOMY AND RELATEDNESS**

Developmental and psychoanalytic theories derived in Western societies gave importance to "of individual independence, autonomy, achievement, self-efficacy, self-actualization, self-reliance, individual privacy, freedom, and individual identity" (p. 180) on the development of a personality. Adding to this, an independent autonomous self was seen as a prerequisite to healthy social relations (Kağıtçıbaşı, 1996).

Seeing separation-individuation as a basic need (Mahler, Pine & Bergman, 1975), there has been much debate about the relationship between autonomy and relatedness, because separation has often been theorized as a prerequisite to autonomy (Kağıtçıbaşı, 2011). This conceptualization is thought to be brought by Western society and its values. It was proposed by Kağıtçıbaşı (1996, 2005, 2007) that autonomy is linked with agency and not relatedness. Thus, they cannot be considered as opposites of each other. Instead, autonomy and relatedness represent two dimensions of the self and each has its own continuum. According to Kağıtçıbaşı, the dimension of interpersonal distance, the degree which an individual

distances himself from others, ranges from separateness to relatedness. The dimension of agency, the ability of the individual to function and make decisions by himself/herself, ranges from autonomy /agency to heteronomy /dependency (Kağıtçıbaşı, 1996; Chirkov, Kim, Ryan & Kaplan, 2003).

What Kağıtçıbaşı labelled as relatedness was defined as interpersonal distance, the degree to which the boundary between self and other is well defined (Kağıtçıbaşı et. al, 2006). It was proposed by Kağıtçıbaşı (1990) that the extent of relatedness was “having to do with human merging and separation” (p. 154). The other dimension of the self labelled as autonomy was proposed to be related to “willful agency” (Kağıtçıbaşı et. al., 2011, p. 5), having an agentic self and being able to act according to your own will.

Both these dimensions of the self do not only represent individual differences, but also they encompass a shared, cultural aspect (Markus & Kitayama, 1991). Turkey being a collectivistic culture, more importance is given to compliance, interdependence and heteronomy (Kağıtçıbaşı, 1990; Rime, Corsini & Herbette, 2002).

Early relationship with the mother is very important for the development of self for the child. When the mother does not take her child as a separate being, she kills his agency and causes an enmeshed relationship. With this, the child becomes subject to the mother’s law, dependent on her (and others) for functioning. The resultant lack of agency and lack of well-defined boundaries, causes future problems in ways of relating to others. Taking the before mentioned literature into consideration, it is important to keep in mind the role culture plays on these constructs. In cultures where importance is given to normativity, these aspects of the self will be harder to construct.

## **1.5. CURRENT STUDY**

The major aim of the current study is to examine the relationship between mother’s personality pathology of narcissism and the personality pathology of narcissism in her child. As discussed above, maternal narcissistic defenses and the

use of the child as a selfobject has major effects on the child's development and building of his or her self. The narcissistic mother hinders the child's individuality and makes it impossible for him or her to separate and have a self-sufficient inner structure. Moreover, maternal depression and presence of paternal function also have strong effects on the child's development and the building of his or her self. The child who sees the mother as "damaged" blames himself, thus have increased feelings of guilt and shame, that results in the sacrifice of his/her "true self" in order to rescue and/or bring life to the mother. Especially in the absence of a father, who is the potential shield for the child against the engulfment from the mother, the child becomes even more enmeshed and dependent on the mother. Building on the literature, the association between personality pathology of narcissism in the participant with perceived maternal narcissism, perceived maternal depression and perceived presence of a father will be examined with regards to self-construal of the individual.

In the present study, vulnerable narcissism is taken as being associated with grandiose narcissism in the mother because literature shows us that individuals with grandiose narcissism relate in a way that destroys the subjectivity of the other. So, growing up with a narcissistic mother gets in the way of constructing a coherent and stable sense of self, making the child be dependent on others to fill this void.

The present study aims to investigate and describe the relationships between narcissistic tendencies, maternal psychopathology and the presence of the father with a non-clinical group in a non-experimental, correlational and cross-sectional study. The study will be one of the little empirical studies which directly aim to explore the relationship between mother and child narcissism. Results of the present study might be helpful in understanding the generational transference of narcissistic personality pathology. In addition, the present study will also help understand the effects of perceived maternal depression, perceived parental presence, self-construals on narcissism.

The hypotheses of the present study are listed below:

1. Vulnerable narcissism will be associated with perceived personality pathology in the mother during childhood and adolescence.



- 1.a. Vulnerable narcissism will be positively correlated with perceived narcissism in the mother.
- 1.b. Vulnerable narcissism will be positively correlated with perceived depression in the mother.
2. Self-construal will be associated with vulnerable narcissism.
  - 2.a. Vulnerable narcissism will have a negative correlation with Autonomous Self.
  - 2.b. Vulnerable narcissism will have a positive correlation with Related Self.
3. Father's perceived presence will be associated with both grandiose and vulnerable narcissism.
  - 3.a. Individuals who perceive their father as present when growing up will have a lower level of vulnerable narcissism, as compared to individuals who perceive their father as absent.
  - 3.b. Individuals who perceive their father as present when growing up will have a lower level of grandiose narcissism, as compared to individuals who perceive their father as absent.
4. Father's presence will moderate the relationship between mother's perceived pathology and vulnerable narcissism.
  - 4.a. Mother's perceived narcissism will be positively associated with vulnerable narcissism, when the father is perceived as absent. There will be a weaker association or no association when the father is perceived as present.
  - 4.b. Mother's perceived depression will be positively associated with vulnerable narcissism, when the father is perceived as absent. There will be a weaker association or no association when the father is perceived as present.

## **CHAPTER 2**

### **METHOD**

#### **2.1. PARTICIPANTS**

A total number of 252 individuals responded to the online survey. Due to missing data, 31 cases were removed. The final sample consisted of 221 participants. Of the sample, 148 identified their gender as female (67%), 71 male (32%) and 2 (1%) as “other”. The participants’ ages ranged from 18 to 65 ( $M = 34.5$ ,  $SD = 12$ ). 67 (30%) of the participants were married, 154 (70%) of the participants were single.

The distribution of the sample as to marital status, education, SES and occupation is presented in Table 1. The majority of the sample (72%) had a degree of BA, MA or PhD. In terms of socioeconomic status, 88% of the sample was almost equally distributed to middle SES (46%) and high SES (42%), whereas only 12% identified their SES as low. Regarding occupation, 25% were students, 32% were employees at private sector and 18% were self-employed. The remaining participants reported their occupation as teacher/academic, artist, or civil servant.

Overall, the sample consisted of mostly highly educated middle to high SES participants, who were quite diverse in terms of age and occupation. Women were slightly more represented in the sample than men.

#### **2.2. INSTRUMENTS**

The instruments used in this study were Demographic Information Form, The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), Autonomous and Related Self Scales, Perceived Maternal Narcissism Scale and Perceived Maternal Depression Scale respectively.

**Table 2.1.**

## Demographic Characteristics of Participants

		N	%
Educational Level	High School Graduate	9	4
	University Student	52	24
	University Graduate	80	36
	Postgraduate Student	25	11
	Postgraduate	33	15
	Doctorate	22	10
SES	Low	27	12
	Middle	102	46
	High	92	42
Occupation	Student	56	25
	Self-employed	39	18
	Private Sector	70	32
	Education	28	13
	Unemployed	15	7
	Artist	9	4
	Civil Servant	4	2

**2.2.1. Demographic Information Form**

Demographic Information Form included three sets of questions regarding the participant himself/herself, his/her mother and his/her father. The questions include age, gender, education, occupation, marital status, and perceived socio-economic status. The same demographic information about the participants' mother and father were asked, except the perceived socio-economic status.

Since literature on narcissism indicates a relationship between physical and psychological presence of the caregivers with the later development of narcissism (Holmes, 2000; Cooper & Maxwell, 1995), perceived physical and psychological presence of both the mother and father were asked at the end of the demographic information form in order to assess the possible effects.

### **2.2.2. The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF)**

The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) (see Appendix B), is a self-report measure developed by Sherman et al. (2015) to measure different personality characteristics associated with narcissism within the foundation of five-factor personality model (McCrae & Costa, 2003). It has 60 items rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). It is the short version of the Five-Factor Narcissism Inventory (FFNI) developed by Glover et al. (2012). In the FFNI-SF, 15 five-factor validated traits are measured: acclaim-seeking, arrogance, authoritativeness, distrust, entitlement, exhibitionism, exploitativeness, grandiose fantasies, indifference, lack of empathy, manipulativeness, need for admiration, reactive anger, shame, and thrill-seeking. The scores on these traits allow the researcher to calculate scores for both vulnerable and grandiose narcissism (Glover et al., 2012).

The Turkish adaptation study was conducted by Eksi (2016). In this study, 428 university students were used to measure construct validity and reliability of the Turkish adaptation. An additional 62 participants were used later to measure concurrent validity. A translational equivalence study was made in a two-week interval with 36 undergraduate students with fluency in English who were English teacher candidates, whose native language was Turkish. The study reported good internal reliability; Cronbach's alpha was found to be 0.87 for the total score, and ranged between 0.57 and 0.79 for the subscales. The validity of the scale was supported by its positive correlation with Narcissistic Personality Inventory (NPI;  $r = .65, p < .01$ ).

### **2.2.3. Autonomous and Related Self Scales**

Autonomous and Related Self Scales (see Appendix C) is a 27-item self-report measure on a 5-point Likert Scale (1 = strongly disagree, 5 = strongly agree) developed by Kağıtçıbaşı et al. (2006). The measure consists of three different factors each measured by 9 items; Autonomous Self, Related Self and Autonomous-Related Self. In the reliability and validity study conducted by Kağıtçıbaşı et al. (2013), the Cronbach's alpha was 0.72 for Autonomous Self, 0.76 for Related Self and 0.80 for Autonomous-Related Self. The results from the reliability analysis shows that Autonomous and Related Self Scales have good internal reliability and validity.

### **2.2.4. Perceived Maternal Narcissism Scale**

Perceived Maternal Narcissism Scale (see Appendix E) was developed by the researchers in order to measure the narcissism of participants' mothers as perceived by the participants. Items were formulated on the basis of the diagnostic criteria defined by Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Especially, the criteria that include observable signs of narcissism were selected and formulated as items in order to minimize the degree of inference about the mother's internal subjective experience. The scale consisted of 24 items rated as "True" or "False". Participants were instructed to evaluate whether each item define their mother or not "during their childhood and/or adolescence." Sum score of all items were used as an indicator of perceived maternal narcissism.

Reliability analysis was conducted to test the internal consistency of the scale. Since the responses to the items were categorical, Kuder-Richardson 20 formula, which yields the same results with Cronbach's alpha for binary data, was used. The coefficient yielded by both analyses was 0.90 indicating excellent internal consistency.

### **2.2.5. Perceived Maternal Depression Scale**

Perceived Maternal Depression Scale (see Appendix E) was developed by the researchers in order to measure the depression of participants' mothers as perceived by the participants. Items were formulated on the basis of the diagnostic criteria defined by Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Especially, the criteria that include observable signs of depression were selected and formulated as items in order to minimize the degree of inference about the mother's internal subjective experience. The scale consisted of 24 items rated as "True" or "False". Participants were instructed to evaluate whether each item define their mother or not "during their childhood and/or adolescence." The sum score of all items were used as an indicator of perceived maternal depression.

Reliability analysis was conducted to test the internal consistency of the scale. As for the Maternal Narcissism Scale, since the responses to the items were categorical, Kuder-Richardson 20 formula, which yields the same results with Cronbach's alpha for binary data, was used. The coefficient yielded by both analyses was 0.90 indicating excellent internal consistency.

## **2.3. PROCEDURE**

Prior to data collection, the ethics approval of the current study was taken from the Istanbul Bilgi University Ethics Committee. All data was collected via an online survey tool, 'SurveyMonkey'. The online survey link was shared via e-mails and social media posts.

Participants initially received an informed consent form to ask for voluntarily participation. They were briefly informed about the purpose of the study, their right to quit at any point, and were encouraged to communicate with the investigator if they had any questions or concerns about their participation. If they agreed, the instruments listed above were presented in the order of; Demographic Information Form, Perceived Maternal Narcissism Scale, Perceived Maternal Depression Scale, The Short Form of the Five-Factor Narcissism

Inventory and Autonomous Related Self Scales. It took approximately 20-25 minutes to fill in all the instruments. Identifying information was not asked at any stage of the procedure.

Mental health professionals were instructed not to participate since their answers could be influenced by their knowledge. In additions, the data from 31 mental health professionals who participated regardless of the exclusion criteria were discarded.

## **2.4. DATA ANALYSIS**

In this study there were three main independent variables: (1) Mother's narcissism, as measured by the Perceived Maternal Narcissism scale. (2) Mother's depression, as measured by the Perceived Maternal Depression scale and (3) Self construal as measured by the 3 subscales of Autonomous and Related Self Scales.

Additionally, based on existing literature, there was one moderator variable, perceived physical and psychological presence of the father, measured by two different self-report questions in the demographic information form. The dependent variables of the study were participants' narcissism as measured by the grandiose and vulnerable narcissism scores of the Short Form of the Five-Factor Narcissism Inventory (FFNI-SF).

Initially, Pearson Correlation Analyses was conducted to study the relationship of vulnerable and grandiose narcissism with perceived maternal narcissism, perceived maternal depression and self-construal scores. An Independent Samples t-test was conducted to study the relationship between perceived father presence and vulnerable and grandiose narcissism. Two stepwise regression analyses were conducted with the dependent variables of vulnerable and grandiose narcissism and with the predictor variables of perceived maternal narcissism, perceived maternal depression, self-construal scores, father's presence, gender, age, interaction between father's presence and maternal narcissism and the interaction between father's presence and maternal depression.

## **CHAPTER 3**

### **RESULTS**

The findings of the current study will be reported in 4 sections. First, descriptive statistics for the study variables will be and descriptive statistics of the scales will be presented. Second, Pearson correlation analyses that demonstrate the relationships among mother's perceived depression, mother's perceived narcissism and self-construal with regards to vulnerable and grandiose narcissism will be given. Further, results of independent samples t-test for father's presence in regards to narcissism will be presented. Lastly, results of stepwise regression analyses will be presented, showing the degree to which the independent variables predict the current level of narcissism for vulnerable and grandiose narcissism respectively.

#### **3.1. DESCRIPTIVE STATISTICS**

Before the analyses, scale scores were computed and descriptive statistics were investigated. Prior to this investigation, since there were two scales developed for the purposes of this study, Perceived Maternal Narcissism and Perceived Maternal Depression, the reliability analyses were conducted.

As also reported in the previous section, the internal consistency of each scale was checked and the coefficients of 0.90 indicated excellent consistency. As all 24 items consistently indicated a unified construct, no dimension reduction was needed and the sum score of all items were used as scale scores. For The Short Form of the Five-Factor Narcissism Inventory and Autonomous Related Self Scales, the scale and subscale scores were computed as instructed by the authors.

The minimum, maximum, mean and standard deviations for scale and subscale scores of the study variables are shown in Table 3.1. In addition to the initial examination of descriptive statistics, the distribution of each study variable was also examined. All variables were approximately normally distributed.



**Table 3.1.***Descriptive Statistics of the Scale Scores of Study Variables*

	Min	Max	<i>M</i>	<i>SD</i>
Perceived Maternal Depression	0	20	5.02	5.3
Perceived Maternal Narcissism	0	23	5.17	5.26
Vulnerable Narcissism	21	60	37.99	7.68
Grandiose Narcissism	78	175	127.72	18.9
Autonomous Self	13	45	27.57	5.53
Related Self	16	42	31.32	4.58
Autonomous Related Self	23	45	37.17	4.52

In addition to these score, perceived father’s presence was investigated and used in data analyses. Father’s presence was taken as a composite score derived from two different measures, perceived physical presence of the father and perceived psychological presence of the father. Of the sample, 197 participants reported their father as “physically present” (89%), 20 reported their father as “physically not present” (9%) and 4 reported their father as “sometimes physically present” (2%). Moreover, 183 participants reported their father as “psychologically present” (83%), 34 reported their father as “psychologically not present” (15%) and 4 reported their father as “sometimes psychologically present” (2%). To derive the composite score of father’s presence, firstly the participants who reported their father as “sometimes present” in both categories were coded as either “present” or “not present” according to quality of the free-form answer that was required when choosing this option. Afterwards, the category of “not present” was calculated with participants who scored their father as “not present” on both categories. The category of “present” was calculated with participants who scored reported their father as “present” on either category. As a final result, 55 participants reported their father as “not present” (25%) and 166 as “present” (75%).

Further, based on the literature, age and gender were also included in the analyses as covariates. As reported in the Method section. Of the sample, 148 identified their gender as female (67%), 71 male (32%) and 2 (1%) as “other”. The participants’ ages ranged from 18 to 65 (M = 34.5, SD = 12).

### **3.2. ASSOCIATIONS OF NARCISSISM WITH MATERNAL NARCISSISM, MATERNAL DEPRESSION, SELF-CONSTRUAL AND FATHER’S PRESENCE**

#### **3.2.1. Narcissism and Perceived Maternal Narcissism and Depression**

First hypothesis of this study expected associations between perceived narcissism in the mother and the perceived depression in the mother during childhood and adolescence and current levels of vulnerable narcissism in the individual. In order to test these hypotheses Pearson correlation analyses were conducted. The correlation matrix is shown in Table 3.2.

**Table 3.2.**

*Correlations of Vulnerable and Grandiose Narcissism with Perceived Maternal Narcissism and Depression and Self-Construal*

	Vulnerable Narcissism	Grandiose Narcissism
Perceived Maternal Depression	.25**	-.04
Perceived Maternal Narcissism	.27**	.1
Autonomous Self	-.24**	-.2
Related Self	.17*	-.07
Autonomous-Related Self	-.08	-.22**

It was hypothesized that there would be a positive correlation between the presence of perceived personality pathology of narcissism in the mother and current levels of vulnerable narcissism in the individual. Additionally, it was hypothesized that there would be a positive correlation between the presence of perceived depression in the mother and the current level of vulnerable narcissism.

As hypothesized, a positive correlation between perceived maternal narcissism and vulnerable narcissism for the participant was observed,  $r(221) = .27$ ,  $p < .001$ . The same correlation was not observed between perceived maternal narcissism and grandiose narcissism. As the second hypothesis expected, a positive correlation was also observed for perceived maternal depression and vulnerable narcissism,  $r(221) = .25$ ,  $p < .001$ . Again, maternal depression did not have a statistically significant correlation with grandiose narcissism. Based on these correlations, it is noted that higher levels of both perceived narcissism and depression in the mother while growing up are associated with higher levels of vulnerable narcissism in adulthood, but not with grandiose narcissism.

### **3.2.2. Narcissism and Self-Construal**

The second hypothesis of this study expected vulnerable narcissism to be positively correlated with autonomous self and negatively correlated with related self. These associations were also investigated via Pearson correlation (See Table 3.2). As hypothesized, there was a negative correlation between autonomous self and vulnerable narcissism at a significant level,  $r(221) = -.24$ ,  $p < .001$ . Again as hypothesized, a positive correlation was observed between vulnerable narcissism and related self-construal at a significant level,  $r(221) = .17$ ,  $p < .05$ . The correlations between autonomous and related self subscales and grandiose narcissism were not significant. On the other hand, although not hypothesized, a statistically significant negative correlation between grandiose narcissism and autonomous-related self was noted,  $r(221) = -.22$ ,  $p < .001$ . These observations could be summarized as higher levels of vulnerable narcissism is associated with

being closer to relatedness on the dimension of separateness-relatedness and being closer to heteronomy on the dimension of autonomy-heteronomy.

### **3.2.3. Narcissism and Father's Presence**

Father's presence was taken as a composite score derived from two different measures, perceived physical presence of the father and perceived psychological presence of the father. An independent samples t-test was conducted to examine the relationship between father's presence and narcissism. The analysis revealed that father's presence did make a difference on current levels of vulnerable narcissism,  $t(219) = 2.99$ ,  $p = .00$ , but not grandiose narcissism,  $t(219) = -.99$ ,  $p = .33$ . This finding indicates that the vulnerable narcissism scores of participants who reported their father as 'absent' while growing up ( $M = 37,11$ ,  $SD = 7,62$ ) were significantly higher than the participants who reported their father to be 'present' ( $M = 40,64$ ,  $SD = 7,31$ ).

### **3.3. FACTORS THAT PREDICT NARCISSISM**

The last hypothesis of the study expects an interaction effect for both perceived maternal depression and maternal narcissism and the presence of the father as to their association with vulnerable narcissism. Further, the initial analyses reported above presents an overall picture of the associations of vulnerable and grandiose narcissism with perceived maternal depression, perceived maternal narcissism and self-construal. Yet, their comparative effects and the interaction effect is not evident in that picture. Thus, hierarchical linear regression analyses were conducted to obtain further information on these effects. In addition, review of the narcissism prevalence studies pointed out gender and age as two important factors. Thus, to be able to account for variance related to these background variables, gender and age are also included in further analyses.

Two separate hierarchical linear regression analyses were conducted. In the first analysis vulnerable narcissism was the dependent variable and in the second

one, grandiose narcissism was the dependent variable. The same predictors of perceived maternal narcissism, perceived maternal depression, self-construal scores, father's presence, gender and age, as well as the interaction between father's presence and maternal narcissism and the interaction between father's presence and maternal depression were included in the analyses. Although the hypothesis of this study was on vulnerable narcissism, the predictors of grandiose narcissism were also investigated to gain more information on any unforeseen associations and also to be able to compare the predictive power of the same factors on vulnerable and grandiose types of narcissism.

### **3.3.1. Factors that Predict Vulnerable Narcissism**

A stepwise regression analysis was conducted with the vulnerable narcissism as the dependent variable and perceived maternal narcissism, perceived maternal depression, self-construal scores, father's presence, gender, age, interaction between father's presence and maternal narcissism and the interaction between father's presence and maternal depression as independent variables. A summary of the models can be seen in Table 3.3.

**Table 3.3.***Summary of Stepwise Regression Analysis for Vulnerable Narcissism*

Model	R	R <sup>2</sup>	Adj. R <sup>2</sup>	SE of the Estimate	R <sup>2</sup> Change	F Change	df1	df2
1	.27 <sup>a</sup>	.075	.070	7.41	.075	17.68	1	219
2	.36 <sup>b</sup>	.129	.121	7.21	.054	13.47	1	218
3	.44 <sup>c</sup>	.191	.180	6.96	.063	16.85	1	217
4	.47 <sup>d</sup>	.224	.210	6.83	.033	9.18	1	216

*a. Predictors: (Constant), Perceived Maternal Narcissism**b. Predictors: (Constant), Perceived Maternal Narcissism, Autonomous Self**c. Predictors: (Constant), Perceived Maternal Narcissism, Autonomous Self, Age**d. Predictors: (Constant), Perceived Maternal Narcissism, Autonomous Self, Age, Perceived Maternal Depression*

At step one, Perceived Maternal Narcissism contributed significantly to the regression model and accounted for 8% of variance,  $F(17,683) = 17.683$ ,  $p < .001$ . At step two, both perceived maternal narcissism and autonomous self-construal contributed significantly to the model and accounted for an additional 5.4% of the variance,  $F(13,465) = 16.077$ ,  $p < .001$ . At step three, perceived maternal narcissism, autonomous self and age, contributed significantly to the model and accounted for an additional 6.3% of the variance,  $F(16,854) = 17.116$ ,  $p < .001$ . At step four, perceived maternal narcissism, autonomous self-construal, age and perceived maternal depression, contributed significantly to the model and explained an additional 3.3% of the variance,  $F(9,181) = 15.216$ ,  $p < .001$ . It is important to note that not all predictors were included in the model. Gender, related self, autonomous-related self and the interaction terms were excluded since they did not make a significant contribution to the model. As the interaction terms for excluded, the findings of this study failed to support the fourth hypothesis that

expected father's presence to moderate the association between perceived narcissism of the mother and vulnerable narcissism of the individual.

The final model includes maternal narcissism, autonomous self, age and maternal depression and accounts for 21% of the variance in vulnerable narcissism. The standardized and unstandardized coefficients of the significant predictors are presented in Table 3.3.1. The coefficients, as also observed in the correlations, indicate that each unit of increase in perceived narcissism of the mother leads to an increase of .40 and a unit of increase in autonomous self leads to decrease of .32 in vulnerable narcissism. Further, the current level of vulnerable narcissism is decreased by .16 for each unit of increase in age. Moreover, as the perceived level of depression increases by one unit, vulnerable narcissism increases by .30. Lastly, the comparison of the standardized coefficients reveals that all of these factors' predictive powers are quite close to each other, ranging between .21 and .27, with the perceived maternal narcissism being the strongest predictor.

**Table 3.4.**

*Results of the Stepwise Regression Analysis for Variables Predicting the Vulnerable Narcissism (N=221)*

	B	B SE	Beta	t	Sig.
Constant	35.93	0.7		51.34	.00
Perceived Maternal Narcissism	.40	0.10	.27	4.21	.00
Autonomous Self	-.32	0.09	-.23	-3.67	.00
Age	-.16	0.04	-.25	-4.11	.00
Perceived Maternal Depression	0.30	0.10	.21	3.03	.00

### 3.3.2. Factors that Predict Grandiose Narcissism

A stepwise regression analysis was conducted with the grandiose narcissism as the dependent variable and maternal narcissism, perceived maternal depression, self construals, physical and psychological presence of the father, age, and sex as independent variables. A summary of the models can be seen in Table 3.5.

**Table 3.5.**

*Summary of Stepwise Regression Analysis for Grandiose Narcissism*

Model	R	R <sup>2</sup>	Adj. R <sup>2</sup>	SE of the Estimate	R <sup>2</sup> Change	F Change	df1	df2
1	.22 <sup>a</sup>	.05	.04	18.49	.05	10.83	1	219
2	.26 <sup>b</sup>	.07	.06	18.32	.02	5.01	1	218
3	.30 <sup>c</sup>	.10	.08	18.13	.02	5.54	1	217
4	.33 <sup>d</sup>	.11	.10	17.97	.02	4.87	1	216

*a. Predictors: (Constant), Age*

*b. Predictors: (Constant), Age, Sex*

*c. Predictors: (Constant), Age, Sex, Perceived Maternal Narcissism*

*d. Predictors: (Constant), Age, Sex, Perceived Maternal Narcissism, Interaction of Perceived Maternal Narcissism and Perceived Father Presence*

*e. Dependent variable: Grandiose Narcissism*

At step one, age contributed significantly to the regression model and accounted for 4.7% of the variance,  $F(10,825) = 10,825$ ,  $p < .001$ . At step two, both age and sex contributed significantly to the model and accounted for an additional 2% of the variance,  $F(5,011) = 8,017$ ,  $p < .05$ . At step three, age, sex



and perceived maternal narcissism contributed significantly to the model and accounted for an additional 2,3% of the variance,  $F(5,536) = 7,301, p < .05$ . At step four, age, sex, perceived maternal narcissism and the interaction between physical and psychological presence of the father and perceived mother narcissism contributed significantly to the model and accounted for an additional 2% of the variance,  $F(4,871) = 6,791, p < .05$ . It is important to note that not all predictors were included in the model. Perceived maternal depression, autonomous and related self, interaction of maternal depression with perceived presence of the father were excluded since they did not make a significant contribution to the model.

The final model includes age, sex, perceived maternal narcissism and the interaction of perceived maternal narcissism and perceived father presence and accounts for 10% of the variance in grandiose narcissism. The standardized and unstandardized coefficients of the significant predictors are presented in Table 3.6. The coefficients, as also observed in the correlations, indicate current levels of grandiose narcissism is decreased by .46 for each unit of increase in age. Additionally, being a female leads to a 7.78 decrease in the current level of grandiose narcissism. Further, each unit of increase in perceived narcissism of the mother leads to an increase of .81 in grandiose narcissism. Moreover, each unit of increase in the interaction between perceived maternal narcissism and perceived father presence leads to a .81 decrease in grandiose narcissism. Lastly, the comparison of the standardized coefficients reveal that all of these factors' predictive powers are quite close to each other, ranging between .16 and .29, with the age being the strongest predictor.

**Table 3.6.** *Results of the Stepwise Regression Analysis for Variables Predicting the Grandiose Narcissism (N=221)*

	B	B SE	Beta	t	Sig.
Constant	145.77	4.62		31.55	.00
Age	-.46	.11	-0.29	-4.35	.00
Sex	-7.78	2.73	-0.19	-2.86	.01
Perceived Maternal Narcissism	.81	.26	0.23	3.11	.00
Interaction of Perceived Maternal Narcissism and Perceived Father Presence	-.81	.37	-.16	-2.21	.03

### 3.3.3. A Comparison of the Factors that Predict Vulnerable and Grandiose Narcissism

Two different stepwise regression analyses were conducted for vulnerable and grandiose narcissism with the same predictor variables of perceived maternal narcissism, perceived maternal depression, self-construal, presence of the father, age and gender. Different predictor variables contributed at differing strengths to the models that predict vulnerable and grandiose narcissism.

For vulnerable narcissism, the predictor variables were found to be perceived maternal narcissism, autonomous self, age and maternal depression, listed in order of strength. These predictors explained 21% of the variance in vulnerable narcissism for the participants in the current study. On the other hand, for grandiose narcissism, the predictor variables were age, gender, perceived maternal narcissism and the interaction between perceived maternal narcissism and perceived presence of the father, listed in order of strength respectively. These predictors explained 10% of the variance in grandiose narcissism for the participants in the current study.

The comparison of these models reveal that the variables examined in this study explains more of the variance in vulnerable narcissism, as compared to grandiose. This is expected since the hypotheses of the study primarily addressed vulnerable narcissism. Age and perceived maternal narcissism were predictors of both types of narcissism. However, autonomous self-construal was a predictor of just vulnerable narcissism and gender was a predictor of just grandiose narcissism. Moreover, the interaction of maternal narcissism and father's presence was included in the model for grandiose narcissism and not for vulnerable narcissism.

## **CHAPTER 4**

### **DISCUSSION**

The major aim of the current study was to explore the relationship between maternal narcissism and maternal depression with the current level and type of narcissism of the individual, to shed a light on the effect of the mother's character organization and psychic hardships with narcissism and depression on the child's psychic development. In addition, presence of the father and the individual's self-construal were also considered as significant and worth investigating regarding the current level and the type of narcissism of the individual. In the following section, the results of the study in regard to the literature, limitations and clinical implications will be discussed.

Prior to moving on to the discussion, it is important to mention that there is limited empirical research done on the relationship between maternal narcissism and its possible effects on the psychic development on the child and his/her adult psychopathology. The hypotheses derived in the current study are mainly derived on psychodynamic and psychoanalytic theory and clinical observations.

#### **4.1. MATERNAL NARCISSISM, MATERNAL DEPRESSION AND NARCISSISM**

The first hypothesis of this study addressed the association between vulnerable narcissism and perceived maternal psychopathology, namely narcissism and depression. As expected by Hypothesis 1.a. this study found that high levels of perceived maternal narcissism was associated with high levels of vulnerable narcissism of the individual. This association was not observed for grandiose narcissism of the individual.

The findings regarding the first hypothesis was in line with existing literature. It is proposed that narcissism is the result of major frustrations coming from primary objects with the individual withdrawing investment from external objects and reinvesting in itself (Kernberg, 2004; Kohut, 1970; Rosenfeld, 1972).

Although on the same continuum, there are vast differences of presentation between grandiose and vulnerable narcissism. The grandiose type of narcissist is defined as a greedy individual who demands attention and exploits others for his or her use, expecting compliance for his or her every expectation (Kernberg; 1970, 1974; Gabbard, 1989) whereas the vulnerable type is hypersensitive to others' critiques and needs because of traumatic experiences regarding their self-esteem, making them more prone to self-fragmentation (Kohut, 1970; Rosenfeld, 1987). This study's measure of perceived maternal narcissism was mainly based on the DSM criteria and observable signs. Thus, what it captured represents a perceived grandiose type of narcissism in the mother.

Grandiose narcissism in the mother is associated with vulnerable narcissism in the child and not grandiose narcissism in the child. Taken with the literature, the findings of the current study support the qualitative differences between vulnerable and grandiose narcissism and support the expectation of a grandiose narcissistic mother having a vulnerable narcissistic child. The underlying dynamics on the formation of this starts with the inflated sense of the grandiose narcissist and the constant regard they need, sometimes leading to a parasitic relationship with those around them. Although seeming dependent, the constant swing from idealization to devaluation and lack of internalized good objects, they are unable to form "real" relationships (Gabbard, 1989; Kernberg, 1967, 2004). On the other hand, it can be said that the vulnerable narcissist's dynamics "fits like a glove" to the demands of the grandiose type. With the search of the lost narcissistic perfection with the primary caregiver, the vulnerable narcissist turns to an archaic self-object to fulfill lacking internal capacities. With this the vulnerable narcissist becomes dependent on and hypersensitive to others to fulfill self-object needs (Kohut, 1966, 1971).

Clinical examples show us that a narcissistic mother's, who either has a personality pathology of grandiose narcissism or regresses to narcissistic tendencies during pregnancy and/or with the birth of her child (Hazell, 1966; Gardner, 2004; Raphael-Leff, 1995), needs come first thus damaging the psychic development of the child causing a fixation at the separation-individuation stage, making the child

more vulnerable to narcissistic disturbance. She might actualize her own desires via the infant by affirming actions and characteristics which are in line with her desires and ignore and/or punish those that aren't, making the child unable to actualize his own desires. In order to comply with the narcissistic mother and form some sort of relationship with her, the child sacrifices his or her true self and vitality changing it into a false compliant self, trying and ever-failing to fill the experienced narcissistic void inside the mother. With this narcissistic displacement, the infant is no longer recognized as a real, separate person (Cooper & Maxwell, 1995; Kohut, 1970; Gardner, 2004).

To sum up, the child might sacrifice his true self in order to comply and create some means of identification with the grandiose type narcissistic mother and her need to use the child as a mere extension of herself. This process might lead to a malignant identification where the child experiences him or herself as living for others.

Hypothesis 2.a addressed the association between vulnerable narcissism and perceived maternal depression. Results revealed that perceived maternal depression made a difference on the current level of vulnerable narcissism of the participants. Also results revealed that perceived maternal depression did not have a significant effect on the current level of grandiose narcissism of the participants. With regard to perceived maternal depression and vulnerable narcissism, the findings were in line with existing literature. Narcissistic parents may be more prone to depression due to narcissistic injuries which causes great distress in the child who blames him or herself for this situation and tries even harder to make the mother's every whim possible, characteristic of vulnerable narcissism as described above (Cooper & Maxwell, 1995; Furmann, 1994 Gardner, 2004). It was found that higher levels of perceived maternal depression were associated with current higher levels of vulnerable narcissism.

Narcissistic mothers might experience her child growing up as a "loss" and may perceive it as a narcissistic injury because narcissistic personality traits limit capacity of separation. So, the mother might view these developmentally normal separations as a poor indicator of her self-worth or as loss of primary objects

stemming from her own interaction with her parents. This might then cause narcissistic rage that may be directed towards the child (Gardner, 2004; Raphael-Leff, 1995). Sometimes in order to control this rage, the mother might withdraw her investment from the child (Furmann, 1994). The different reactions given by the mother and father are described as resulting from the quality of narcissistic investment. The father only makes a mental investment, whereas the mother makes both a mental and a physical investment. So, faced with loss, the mother may experience it as threat of disintegration (Furman; 1992, 1994)

Building from the literature and the findings of the current study, maternal depression combined with maternal narcissism, might create great anxiety and guilt in the child, which might further his or her need to comply with the narcissistic parent and act as her appendage to narcissistic injuries. This pattern is consistent with the description of vulnerable narcissism. So, we may say that there is an association between maternal narcissism and higher levels of vulnerable narcissism, further effected by maternal depression.

Depression in grandiose narcissism can range from being withdrawn from the outside world to being hostile towards it, fitting with the aforementioned presentation (Bockian, 2006). To fight the depression, the individual might return back to grandiose phantasies or blame others. Since this study did not specifically measure towards this type of depression, these findings can only be considered as preliminary and should be studied further with more detail.

## **4.2. SELF-CONSTRUAL AND NARCISSISM**

The second hypothesis addressed the associations between self-construal and vulnerable narcissism. Self-construals were measured on two different dimensions; autonomous self and related self. Results showed that participants who scored lower on the autonomous self scale had higher scores on levels of vulnerable narcissism, but there was no significant relationship between autonomous self-construal and grandiose narcissism. Results also revealed that participants who scored higher on related self scale had higher levels of vulnerable narcissism, but

there was no significant relationship between related self-construal and grandiose narcissism. These findings support Hyptheses 2.a. and 2.b.

Autonomous Self was defined as willful agency in other words as an agentic self; and Related Self as interpersonal distance, the degree to which the boundary between self and other is well defined (Kağıtçıbaşı et. al, 2006). It was hypothesized that vulnerable narcissism would have a negative correlation with autonomous self and a positive correlation with related self because literature shows us that individuals with grandiose narcissism relate in a way that destroys the subjectivity of the other. So, growing up with a narcissistic mother gets in the way of constructing a coherent and stable sense of self, making the child dependent on others to fill this void and cling to others to function.

As to the dynamic underlying the link between self-construal and vulnerable narcissism, again the narcissistic parent comes into picture. The narcissistic parent does not have the ability to create a space for separate development (Cooper & Maxwell, 1995), this “systematic interconnectedness” between the narcissistic parent and the child builds a fragile sense of self and a symbiotic relationship with no boundaries (Raphael-Leff, 1995). Studies show that inconsistent parenting results in an enmeshed way of relating in the child with an ambivalent attachment style (Gardner, 2004). With these dynamics, a situation arises where both parties ‘need’ to continue this way. The parent who fulfills her affirmation needs with the child’s compliant false self and the child lacking an internal structure and knowledge of own needs, depends in return to the parent’s affirmation. This creates a vicious cycle where the child, lacking internal structure and knowledge of self, is depended on the mother and lacks a sense of agency.

The narcissistic mother either projects; an overvalued good part, a split off rejected part or a destructive and demanded part of herself to the child and with this narcissistic displacement, the infant is no longer recognized as a real, separate person and he or she cannot build a true sense of self and actualize his or her own needs and desires (Cooper & Maxwell, 1995). Narcissism in its essence is defined as the need of the individual on the affirmation on others to feed his or her self, since the true self is rejected and does not have the opportunity to flourish during



development (Kohut, 1971). Studies show that interdependent self-construct is associated with vulnerable narcissism while independent self-construct was associated with grandiose narcissism (Rohmann, Neumann, Herner & Bierhoff, 2012). This might be associated with the fact that vulnerable narcissists experience high interpersonal stress and problems while the grandiose type denies these problems (Dickinson, 2003). The results mentioned are consistent with literature. Grandiose narcissists are said to deny their dependency and live with the illusion of self-sufficiency (Kernberg, 2004). Since Autonomous-Related Self Scales are self-report measures, the current level and type of narcissism might have effected how it was filled by the participants.

It is also important to note that since this data was collected in Turkey, a collectivistic culture where more importance is given on compliance interdependence and heteronomy, it is expected to find higher levels of relatedness and lower levels of autonomy (Rime, Corsini & Herbette, 2002). The significantly negative relationship between autonomous-self and vulnerable narcissism and the prediction strength of autonomous-self on vulnerable narcissism might have been effected by culture. Also, the fact that related-self had a significant and positive relationship with vulnerable narcissism might have been effected by culture.

Growing up in Turkey, it is usually expected by parents for their children to continue the parents' "legacy" and/or fulfill their dreams. This starts with most families choosing a path for their child to follow, sometimes paths that they wanted during their early years but were unable to follow. Many disputes happen if the child refuses to follow the path set up by the parents. This phenomenon can be viewed as the family using the child as their narcissistic extension, actualizing their own desires via the children. This patten creates an environment where the child's autonomy is destroyed because they have grown up with the idea that making a decision themselves is forbidden. Also, growing up in this environment makes boundaries between self/other fluid. The described environment and the way that the self is constructed accordingly, makes way for dynamics of vulnerable narcissism.

### **4.3. PERCEIVED PRESENCE OF THE FATHER AND NARCISSISM**

The third and fourth hypotheses addressed the association between the interaction of maternal narcissism and perceived physical and psychological presence of the father with vulnerable narcissism and the association between the interaction of perceived maternal depression and perceived physical and psychological presence of the father with vulnerable narcissism. Results revealed that father's presence did make a difference on current levels of vulnerable narcissism but not on grandiose narcissism.

Results also revealed that the interaction of maternal depression and the perceived physical and psychological presence of the father did not have an association with high levels of vulnerable narcissism nor with grandiose narcissism. Although there is limited research done on this subject, implications derived from clinical work showed that, with the absence of the father or the paternal function within the mother, there is a generational transmission of narcissism (Pozzi, 1995).

Without the father, the oedipal triangle cannot be formed and there is greater risk of engulfment by the narcissistically organized, depressed mother who is inclined towards using her child as a selfobject (Flanders, 1995; Kohut, 1970). Problems of separation and differentiation are intensified by his absence because the father can take on the function of being a shield for the child against the mother's projections and become barrier between them (Gardner, 2004; Pozzi 1995).

Grandiose narcissism and traits are thought to be a defense against dealing with problems related to self-esteem (Kernberg et al., 2000; Pincus & Lukowitsky, 2010). Also in vulnerable narcissism, defense mechanisms such as identification are thought to be a protection against these problems (Kohut, 1971). Narcissists pay attention to prestigious and admired attributes of others and identify with these in order to get admiration themselves to solve self-esteem issues. Just like identifying with an aggressor, the mother in this scenario, the child wants to acquire the attributes to a stronger, idealized other (Pauletti et. al, 2012). A study conducted by Cramer (2015) on parenting styles and two different types of narcissism found that

indifferent style parenting of the father was positively related with grandiose narcissism.

Taking the literature as a base, it was hypothesized that vulnerable narcissism would be a form of identification with the only primary object, with the interaction between maternal narcissism and absence of the father. Although the current study did not show an association between the two, it is believed that this was because of the way that physical and psychological presence was measured.

#### **4.4. DEMOGRAPHICS AND NARCISSISM**

Results revealed that both grandiose and vulnerable narcissism had a negative relationship with age. Literature shows us that with adolescence, an array of feelings like excitement, shame, joy are experienced (Flanders, 1995) and the adolescent has to face questions regarding his or her identity like; “Who am I?”, “What am I for?”, “Who will I be tomorrow?” These questions tried to get solved with grandiose solutions with the placement of idealized others in the place of the emptiness left by the disappointment by the once idealized parents (Wilson, 1995). These questions and the change in both physical and psychic world of the individual makes them more vigilant to their surroundings and some ruminations are presented about self-representation (Flanders, 1995; Kohut, 1971).

A similar process is evoked with ageing which is perceived as a narcissistic injury. The same questions asked during adolescence and the same preoccupations give head, making the individual return to grandiose solutions and narcissistic defenses because of a felt sense of helplessness (Flanders, 1995; Sheikh, Mason & Taylor, 1993). Deriving from this, it is expected there to be a heightening of narcissism during adolescence which decreases as the individual gets older and their identity becomes more stable. The decrease in narcissism is seen to again increase with old age as physical qualities deteriorate. Females experience less of a narcissistic injury compared to men with ageing because, starting from adolescence, women prepare unconsciously for the loss of their fertility and youth every month with menstruation (Benedek, 1960; Mankowitz, 1984).

Taking the literature and the results taken from the study, we can say that as an individual gets older and their sense of self and identity becomes more stable, their level of narcissism decreases because they can let go of the narcissistic defense mechanisms used to deal with the preoccupations and questions with the end of adolescence.

In the current study, it was also observed that being a female was associated with lower levels of grandiose narcissism but sex did not make a difference on levels of vulnerable narcissism. These results were in line with literature. Research shows us that females are more likely to develop internalizing pathologies while males are more likely to develop externalizing pathologies (Van Buren & Meehan, 2015). Thinking of narcissism as on a spectrum, we might say that vulnerable narcissism with its traits like hypersensitivity to others and shying from the spotlight might place it on the internalizing end while traits of grandiose narcissism like exploitativeness and exhibitionism might place it on the externalizing end. On the other hand, some studies have not found a gender difference on vulnerable narcissism (Grijalva et al., 2015). Phillipson (1985) argued that males and females both had similar problems with narcissistic vulnerabilities and way of relating, pointing out that the two presented these problems differently.

#### **4.5. CLINICAL IMPLICATIONS**

There are important clinical implications derived from the current study. Firstly, therapists working with children should give special attention to the relationship and boundaries between the mother and child, especially when dealing with a narcissistically disturbed mother. With this, the therapist might help the mother gain insight about her behavior and help her build appropriate boundaries and possibly prevent future problems. Psychologists should pay special attention to integrating the father into the sessions to help build and work toward a resolution of the oedipal triangle. If there is not a father present, it might be wise to work on paternal functions of the mother. Moreover, building on these observations, the

therapist might encourage the mother to go to her own personal therapy to work on issues such as narcissism, depression and possible relational traumas experienced during her own childhood.

In the therapy room, the grandiose narcissist may make the therapist feel countertransference feelings like boredom and/or irritation. Therapists should give special importance to their countertransference and remind themselves that the feelings evoked are from perhaps feeling like a narcissistic extension of the patient. Awareness of these feelings might help the therapist work with the patient in the here-and-now. Working on this dynamic with the therapist might lead to an improvement for the patient's personal relations since it is very straining for others to keep on this "satellite existence" (Kernberg, 1974, p.220).

On the other hand, the hypervigilance of the vulnerable narcissist may make the therapist feel the same hypervigilance, feeling the need to give total attention to the patient. Working with vulnerable narcissists, therapists should be very careful about this hypervigilance because interpretations, maybe even simple comments, may cause relational traumatization in the patient who is expectant and fearful of criticism. Therapist may benefit from differentiating between the two different types of narcissism before deciding on the way to work in order to not cause harm.

It is also important to note that, as therapy progresses the dynamics of the narcissistic patient may change. The therapist should be sensitive to these changes and shift the way they work with the patient.

Findings of the present study might be helpful in building an empirical support in what has been observed in clinical settings and re-stress the importance of paying attention to the internal representations of the mother. Especially for individuals with vulnerable narcissism, the self-other boundaries are very permeable and the interpretations coming from the therapist might cause re-traumatization. Psychologists should pay special attention to these dynamics of the patient so that damage does not occur.

#### **4.6. LIMITATIONS AND FUTURE DIRECTIONS**

The first limitation of the current study was the fact that correlational analysis was used thus inferring causality and directionality is not possible. While meaningful associations were found between vulnerable and grandiose narcissism and the predictor variables, causality cannot be assumed. For future research, a longitudinal study with mothers and their children can be conducted to better infer causality and directionality.

The second limitation of the current study was the fact that it was based on self-report measures. Especially, since the perceived maternal narcissism and perceived maternal depression scales were self-report and retrospective, they might be effected by current levels of narcissism. Although identifying information of participants were not asked, the participants might not fill out the instruments honestly because of different emotions evoked by the questions. For future study, a qualitative research might better explore the actual experiences of the participants.

The third limitation of the current study was how perceived physical and psychological presence of the father was measured. Participants were instructed to report whether or not they felt the physical and psychological presence of their father “during their childhood and/or adolescence.” There was also an “other” option where the participant could write a free-form answer to this question so some answers which would actually relate a non-present father, because of the nature of the answer, they were coded as present. It is also worth noting that from some participants reported an abusive relationship with their father in the “other” option, thus indicating a traumatic presence. It is believed that because of the nature of the measurement of this variable, information was missed possibly explaining there not being an association found during the study. For future study, a qualitative research might better explore and get a better understanding of the actual experiences of the participants.

The fourth limitation of study was how self-construals were measured, Autonomous and Related Self Scales. This scale was shown to contain many items which can be effected by culture (Kağıtçıbaşı et al., 2013). Since all the participants

of the current study are from Turkey, a collectivistic culture where more importance is given on compliance, interdependence and heteronomy, higher levels of relatedness and lower levels of autonomy are expected (Rime, Corsini & Herbette, 2002). For future study, data from other countries and/or cultures might show the interaction between self-construals, culture and narcissism.

A suggestion for future directions is collecting data from a sample containing solely participants of an old age (>45). Literature reveals that adolescence and ageing is a time of narcissistic vulnerability (Flanders, 1995; King, 1980). With the changing and deterioration of some physical capabilities of the individual, ageing is usually experienced as a severe narcissistic injury and as shameful (Sheikh, Mason & Taylor, 1993). Since the majority of the participants were not of old age in the current study, a research conducted solely with participants of old age might better explore narcissistic injury felt with old age.

## **CONCLUSION**

This is one of the first studies to directly investigate the relationship between perceived maternal narcissism and depression with current levels of vulnerable narcissism. This study was able to show evidence about the relationship of maternal narcissism and depression with current levels of vulnerable narcissism, it was seen that higher levels of perceived maternal narcissism and depression were associated with higher levels of vulnerable narcissism. Moreover, it was seen that having dependent and related self-construal was associated with vulnerable narcissism. The current study also hoped to find a relationship between father's presence and vulnerable narcissism. Although analysis revealed father's presence made a difference on vulnerable narcissism, it was not found as a predictor variable. Results of the study provide preliminary findings and recommendations for future research, contributing to our clinical understanding of the development of vulnerable narcissism.



## REFERENCES

- Adler, G. (1986). Psychotherapy of the narcissistic personality disorder patient: Two contrasting approaches. *American journal of Psychiatry*, 143, 430-436.
- Akthar, S. (2000). The Shy Narcissist. In Sandler, J., Michels, R. & Fonagy, P. (eds) *Changing Ideas in a Changing World*, 111-119.
- American Psychiatric Association (200). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev.) Washington, DC: American Psychiatric Association.
- Blanck, G. and R. Blanck (1974). *Ego Psychology: Theory and Practice*. New York: Columbia University Press, 1974.
- Bockian, N. R. (2006). Depression in Narcissistic Personality Disorder. In *Personality-Guided Therapy for Depression*, 187-208.
- Chirkov, V., Kim, Y., Ryan, R., Kaplan, U. (2003). Differentiating autonomy from individualism and independence: A self-determination theory perspective on internalization of cultural orientations and well being, *Journal of Personality and Social Psychology*, 84, 97-110.
- Cooper, A.M. (1986). Narcissism. In Morrison, A.P. (ED), *Essential Papers on Narcissism*. (pp. 112-144). New York: New York University Press.
- Cooper, J. & Maxwell, N. (1995) (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Danbury, H. (1995). Narcissism and Bereavement. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Eksi, F. (2016). The Short Form of the Five-Factor Narcissism Inventory: Psychometric Equivalence of the Turkish Version. *Educational Sciences: Theory & Practice*, (16)4, 1081-1096.
- Fairbairn, W.R.D. (1951) A synopsis of the development of the author's views regarding the structure of the personality. In W.R.D.

- Fairbairn, *Psychoanalytic Studies of the Personality*. London: Tavistock, 1952, pp. 162-79.
- Freud, S. (1914). On narcissism: An Introduction. In Morrison, A.P. (Ed), *Essential Papers on Narcissism (pp. 17-44)*. New York: New York University Press.
- Freud, S. (1917) Mourning and melancholia. In *Standard Edition*, vol. 14. London: Hogarth Press.
- Freud, S. (1920). Beyond the pleasure principle. *The Complete Psychological Works of Sigmund Freud*, standard edition, vol. 18, pp. 3-65. London: Hogarth Press.
- Freud, S. (1923). The Ego and the Id. In *Standard Edition*, Vol. 19. London: Hogarth Press, 1961, pp. 73-102.
- Freud, S. (1905). Three Essays on the Theory of Sexuality. *The Complete Psychological Works of Sigmund Freud*, standard edition, vol. 18. London: Hogarth Press.
- Flanders, S. (1995). Narcissistic Vulnerability in Adolescence. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Gabbard, G. O. (1989). Two Subtypes of Narcissistic Personality Disorder. *Bulletin of the Menninger Clinic*, 53(6):527-32.
- Gardner, F. (2001). *Self-Harm: A Psychotherapeutic Approach*. East Sussex and New York: Brunner-Routledge.
- Gardner, F. (2004). 'To Enliven Her was My Living': Thoughts on Compliance and Sacrifice as Consequences of Malignant Identification with A Narcissistic Parent. *British Journal of Psychotherapy*, 21(1):49-62.
- Gazzillo, F., Lingardi, V., Del Corno, F., Genova, F., Bornstein, R. F., Gordon, R. M., & McWilliams, N. (2015). Clinicians' emotional responses and Psychodynamic Diagnostic Manual adult personality disorders: A clinically relevant empirical investigation. *Psychotherapy (Chicago, Ill.)*, 52(2), 238-246. doi:10.1037/a0038799

- Grijalva, E., Newman, D. A., Tay, L., Donnellan, M. B., Harms, P. D., Robins, R. W., & Yan, T. (2015). Gender differences in narcissism: A meta-analytic review. *Psychological Bulletin, 141*(2), 261-310.
- Glasser, M. (1992) Problems in the psychoanalysis of certain narcissistic disorders. *International Journal of Psychoanalysis 73*: 493-504.
- Hazell, J. (1994) (ed.) *Personal Relations Therapy: The Collected Papers of H.J.S. Guntrip*. New Jersey: Jason Aronson.
- Hazell, J. (1996) *H.J.S. Guntrip: A Psychoanalytical Biography*. London and New York: Free Association Books.
- Jacobson, E. (1964) The Self and the Object World. *Psychoanalytic Study of the Child*, Vol. 9. New York: International Universities Press, 1954, pp. 75-127.
- Kagitcibasi, C. (1990). Family and socialization in cross-cultural perspective: A model of change. In J. Berman (Ed.), *Cross-cultural perspectives: Nebraska symposium on motivation, 1989* (pp. 135-200), 37, Nebraska University Press.
- Kagitcibasi, C. (1996). The autonomous-relational self: A new synthesis. *European Psychologist, 1*, 180-186.
- Kagitcibasi, C. (1997). Individualism and collectivism. In J. W. Berry, M. H. Segall & C. Kagitcibasi (Eds.), *Handbook of Cross-Cultural Psychology* (2nd ed., vol 3, pp. 1-50). Boston: Allyn and Bacon.
- Kagitcibasi, C. (2005). Autonomy and Relatedness in Cultural Context. Implications for Self and Family. *Journal of Cross-Cultural Psychology, 36*, 403-422. Sage.
- Kagitcibasi, C. (2007). *Family, Self and Human Development Across Cultures: Theory and Applications*. (Revised Second Edition). Hillsdale, NJ: Lawrence Erlbaum.

- Klein, M. (1946) Notes on some schizoid mechanisms. In *Developments in Psycho-Analysis*. London: Hogarth Press.
- Klein, M. (1952). The Origins of Transference. *International Journal of Psychoanalysis*, (33):433-438.
- Mahler, M.S. (1958). Autism and Symbiosis, Two Extreme Disturbances of Identity. *International Journal of Psychoanalytic Analysis*, 39:77-82.
- Mahler, M. S., F. Pine & Bergman, A. (1975). *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. New York: Basic Books.
- McCain, J. L., & Campbell, W. K. (2016, November 10). Narcissism and Social Media Use: A MetaAnalytic Review. *Psychology of Popular Media Culture*. Advance online publication. <http://dx.doi.org/10.1037/ppm0000137>
- McWilliams, N. (2011). *Psychoanalytic Psychotherapy: A Practitioner's Guide*. New York: Guildford Press.
- Miller, A. (1979), *Prisoners of Childhood*. New York: Basic Books.
- Mollon, P. (1993) *The Fragile Self: The Structure of Narcissistic Disturbance*. London: Whurr Publishers.
- Pulver, S.E. (1970). On narcissism: An Introduction. In Morrison, A.P. (ED), *Essential Papers on Narcissism*, pp. 112-144. New York: New York University Press.
- Hartmann, H. (1950). Comments on the Psychoanalytic Theory of the Ego. *Psychoanalytic Study of the Child*, 5:74-96.
- Holmes, J. (2000) Attachment theory and psychoanalysis: a rapprochement. *British Journal of Psychotherapy* 17(2): 157-72.
- Kohut, H. (1966) Forms and Transformations of Narcissism. *Journal of the American Psychoanalytic Association*, 14: 243-272.

- Kohut, H. (1968) The Psychoanalytic Treatment of Narcissistic Personality Disorders. *Psychoanalytic Study of the Child*, 23: 86-113.
- Kohut, H. (1971) *The Analysis of the Self*. New York: International Universities Press.
- Kohut, H. (1972). Thoughts on Narcissism and Narcissistic Rage. *Psychoanalytic Study of the Child*, 27: 360-400.
- Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press.
- Kernberg, O. F. (1966). Structural Derivatives of Object Relationships. *International Journal of Psychoanalysis*, 47: 236-253.
- Kernberg, O. F. (1967). Borderline Personality Organization. *Journal of the American Psychoanalytic Association*, 15: 641-685.
- Kernberg, O. F. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.
- Kernberg, O. F. (1980). *Internal World and External Reality: Object Relations Theory Applied*. New York, NY: Jason Aronson.
- Kernberg, O. F. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven: Yale University Press.
- Kernberg, O. F. (2004). *Aggressivity, Narcissism, and Self-Destructiveness in the Psychotherapy Relationship*. New Haven: Yale University Press.
- Phillips, A. (1988) *Winnicott*. London: Fontana.
- Phillipson, I. (1985). Gender and Narcissism. *Psychology of Women Quarterly*, (9)2: 218-228.
- Pozzi, M. (1993). It is never the right time: how to help a mother separate from her young child. *Psychoanalytic Psychotherapy* 7(2): 135-47.

- Pozzi, M. (1995). Early Problems in Mother-Child Separation as a Basis for Narcissistic Disturbance. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Raphael-Leff, J. (1991). *Psychological Processes of Childbearing*. London: Chapman and Hall.
- Raphael-Leff, J. (1993). *Pregnancy: The Inside Story*. London: Sheldon Press.
- Raphael-Leff, J. (1995) Narcissistic displacement in child-bearing. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Rime, B., Corsini, S. & Herbert, G. (2002). Emotion, verbal expression, and the social sharing of emotion. In S.R.Fussell (Ed.), *The verbal communication of emotions: Interdisciplinary perspectives* (pp. 185-208). Mahwah, NJ: Erlbaum.
- Ronningstam, E. (2010). Narcissistic personality disorder: a current review. *Current Psychiatry Reports*, 12: 68-75. <https://doi.org/10.1007/s11920-009-0084-z>
- Ronningstam E, Gunderson J. (1991). Differentiating borderline personality disorder from narcissistic personality disorders. *Journal of Personality Disorder* 5: 225-232.
- Rosenfeld, H. (1964). On the Psychopathology of narcissism: A Clinical Approach. *International Journal of Psychoanalysis*, 45: 332-337.
- Rosenfeld, H. (1971). A Clinical Approach to the Psychoanalytic Theory of the Life and Death Instincts: An Investigation Into the Aggressive Aspects of Narcissism. *International Journal of Psychoanalysis*, 52: 169-178.
- Rosenfeld, H. (1974). A Discussion of the Paper by Ralph R. Greenson on 'Transference: Freud or Klein'. *International Journal of Psychoanalysis*, 55: 49-51.
- Rosenfeld, H. (1987). Impasse and Interpretation. *The New Library of Psychoanalysis*, 1:1-318. London: Tavistock.

- Segal, H. (1957) 'Notes on symbol formation' *International Journal of Psychoanalysis*, 38, 391-7
- Senol, S., Dereboy, C. & Yüksel, N. (1997). Borderline disorder in Turkey: a 2- to 4-year follow-up. *Social Psychiatry and Psychiatric Epidemiology* (32). <https://doi.org/10.1007/BF00788929>
- Smith, D.L. (1995) A brief history of narcissism. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Stinson, F. S., Dawson, D. A., Goldstein, R. B., Chou, S. P., Huang, B., Smith, S. M., ... Grant, B. F. (2008). Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Narcissistic Personality Disorder: Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *The Journal of Clinical Psychiatry*, 69(7), 1033–1045.
- Stone M. H. (1989). Long term follow-up of narcissistic/borderline patients. *Psychiatry Clinic of North America*, 12(3): 621-641.
- Tolpin, M. On the Beginnings of a Cohesive Self (1972). *Psychoanalytic Study of the Child*, (26). New York: Quadrangle Press, pp. 316-352.
- Torgersen S, Kringlen E, Cramer V (2001). The Prevalence of Personality Disorders in a Community Sample. *Archives of General Psychiatry*; 58(6):590–596. doi:10.1001/archpsyc.58.6.590
- Van Buren, B.R. & Meehan, K.B. (2015). Child Maltreatment and Vulnerable Narcissism: The Roles of Shame and Disavowed Need. *Journal of the American Psychoanalytic Association* 63(3), 555 – 561.
- White, M.T. (1980). Self Relations, Object Relations, and Pathological Narcissism. *Psychoanalytic Review*, 67-23.
- Wilson, P. (1995). Narcissism and Adolescence. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.
- Winnicott, D. W. (1960). The Theory of the Parent-Infant Relationship. *International Journal of Psychoanalysis*, 41: 585-595.

Zachary, A. (1995). Narcissism and Ageing. In J. Cooper and N. Maxwell (eds) *Narcissistic Wounds*. London: Whurr Publishers.

Zimmerman M, Coryell W. (1989). DSM-III personality disorder diagnoses in an outpatient sample. *Archives of General Psychiatry*, 46(8): 682-689



## APPENDICES

### Appendix A: Informed Consent Form (In Turkish)

Sayın Katılımcı,

Bu araştırmanın amacı Türkiye'deki yetişkinlerin; çocukluk ve ergenlik döneminde anneleriyle yaşadığı bazı etkileşim ve annelerine dair bazı gözlemlerinin kendi kişiliklerinin üzerindeki etkisini anlamaktır.

Araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Öykü Türker tarafından Yrd. Doç. Dr. Alev Çavdar Sideris danışmanlığında bir tez çalışması kapsamında yürütülmektedir.

Bu araştırmaya katılım tamamen gönüllülük esasına dayalıdır. Çalışmanın amacına ulaşması için sizden beklenen, bütün soruları eksiksiz ve içtenlikle cevaplamanızdır. Anketi tamamlamanız yaklaşık 20-25 dakika sürmektedir. Araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden anketi doldurmayı bırakabilirsiniz.

Anketin hiçbir aşamasında kimlik bilgileriniz sorulmayacak ve yanıtlar araştırmacılar dışında kimseyle paylaşılmayacaktır. Veriler toplu halde değerlendirilerek yalnızca bilimsel yayın amacıyla kullanılacaktır.

Eğer araştırmanın amacı ile ilgili verilen bu bilgiler dışında şimdi veya sonra daha fazla bilgiye ihtiyaç duyarsanız oyku.turker@bilgi.edu.tr e-posta adresine ulaşabilirsiniz.

Yukarıda verilen bilgiler doğrultusunda, bu çalışmaya katılmayı kabul ediyorum.

**Appendix B: The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF)**

Değerli Katılımcı,  Bu ölçek 60 maddeden oluşmaktadır. Her bir madde 1 ile 5 arası puanlanmaktadır. Lütfen her bir maddeyi dikkatlice okuyunuz ve sizi en iyi tanımlayan seçeneği işaretleyiniz. Doğru ya da yanlış cevap yoktur. Sizden beklenen içtenlikle cevap vererek bilimsel bir çalışmaya yardımcı olmanız. Lütfen bütün sorularla ilgili görüşlerinizi ifade ediniz.	Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1. Aşırı hırslı biriyimdir.	①	②	③	④	⑤
2. Başkaları çok övündüğümü söylerler ama söylediğim her şey doğrudur.	①	②	③	④	⑤
3. Liderlik yapmak benim için kolaydır.	①	②	③	④	⑤
4. Birileri bana iyilik yaptığında, acaba benden ne istiyorlar diye merak ederim.	①	②	③	④	⑤
5. Özel muamele görmeyi hak ediyorum.	①	②	③	④	⑤
6. Başkalarını eğlendirmekten büyük zevk alırım.	①	②	③	④	⑤
7. İlerlemek için insanlardan yararlanmak iyi bir şeydir.	①	②	③	④	⑤
8. Sıklıkla ünlü olmak ile ilgili hayaller kurarım.	①	②	③	④	⑤
9. İnsanlar beni yargıladığında, bunu hiç umursamam.	①	②	③	④	⑤
10. Başkalarının ihtiyaçlarını konusunda kaygılanmam	①	②	③	④	⑤
11. İnsanları manipüle etmede /kullanmada oldukça iyiyimdir.	①	②	③	④	⑤
12. Kendimden emin olmak için sık sık başkalarının iltifatlarına ihtiyacın varmış gibi hissedirim.	①	②	③	④	⑤
13. Eleştirilmekten, o kadar nefret ederim ki, olduğunda öfkemi kontrol edemem.	①	②	③	④	⑤
14. Bir şeyde başarısız olduğumu fark ettiğimde kendimi küçük düşmüş hissedirim.	①	②	③	④	⑤
15. Heyecan duymak için neredeyse her şeyi deneyebilirim.	①	②	③	④	⑤
16. Başarılı olmak için inanılmaz bir motivasyonuna sahibim.	①	②	③	④	⑤
17. Sadece kendi ayarımdaki insanlarla ilişki kurarım.	①	②	③	④	⑤
18. Otorite pozisyonu alma konusunda kendimi rahat hissedirim.	①	②	③	④	⑤

19. Diğer insanların bana karşı dürüst olacaklarına inanırım.	①	②	③	④	⑤
20. Kuralların başkaları için geçerli olduğu kadar benim için geçerli olduğunu düşünmüyorum.	①	②	③	④	⑤
21. Başkaları tarafından fark edilmekten hoşlanırım.	①	②	③	④	⑤
22. Kendi ilerlemem için insanları birer araç olarak kullanırım.	①	②	③	④	⑤
23. Sık sık çok başarılı ve güçlü olacağıma dair hayaller kurarım.	①	②	③	④	⑤
24. Başkalarının benim hakkımda ne düşündüğü gerçekten umursamam.	①	②	③	④	⑤
25. Başkalarının dertlerini genelde fazla ilgi göstermem.	①	②	③	④	⑤
26. İnsanları bir şeyler yaptırmak için yönlendirebilirim.	①	②	③	④	⑤
27. Benlik duygum istikrarlıdır.	①	②	③	④	⑤
28. Doğru muamele görmediğimde aşırı öfkelendiğim zamanlar olmuştur.	①	②	③	④	⑤
29. Başkalarının önünde küçük düşürüldüğümde berbat hissederim.	①	②	③	④	⑤
30. Gözü pek biriyimdir.	①	②	③	④	⑤
31. Büyük biri olmayı arzularım.	①	②	③	④	⑤
32. Benden daha aşağı kişilerle takılarak zamanımı boşa harcamam.	①	②	③	④	⑤
33. İnsanlar genellikle benim liderliğimi ve otoritemi takip ederler.	①	②	③	④	⑤
34. İnsanlara güvenme konusunda temkinliyimdir	①	②	③	④	⑤
35. Adaletsiz gibi gözükebilir ancak ihtimam, imtiyaz ve ödül gibi ayrıcalıkları hak ediyorum.	①	②	③	④	⑤
36. Bir parti ya da toplantıda en popüler kişi olmaktan hoşlanırım.	①	②	③	④	⑤
37. Başarıya ulaşmak için bazen diğer insanları kullanmanız gerekir.	①	②	③	④	⑤
38. Başarısıyla tanınmış biri olmayı nadiren hayal ederim.	①	②	③	④	⑤
39. Başkalarının eleştirilerine karşı oldukça kayıtsızımdır.	①	②	③	④	⑤
40. Sempati duygum zayıftır	①	②	③	④	⑤
41. Eninde sonunda benim dediğim olur.	①	②	③	④	⑤
42. Hayatta yeterince başarıya ulaşıp ulaşamayacağım hakkında kendimi oldukça güvensiz hissederim.	①	②	③	④	⑤
43. Hak ettiğim şeyi alamamak beni gerçekten çok öfkelenendirir.	①	②	③	④	⑤

44. İnsanlar beni yargıladığında utanırım.	①	②	③	④	⑤
45. Heyecan verici bir şey yapmak için yaralanmayı göze alabilirim.	①	②	③	④	⑤
46. Başarılı olmaya motiveyimdir.	①	②	③	④	⑤
47. Üstün bir insanım.	①	②	③	④	⑤
48. Çoğu durumda sorumluluk almaya eğilimliyimdir.	①	②	③	④	⑤
49. Sık sık diğerlerinin bana gerçeğin tamamını söylemediğini düşünürüm.	①	②	③	④	⑤
50. Özel muamele görmeyi hak ettiğime inanırım.	①	②	③	④	⑤
51. İnsanları eğlendirmeye bayılırım.	①	②	③	④	⑤
52. Kendi hedeflerime ulaşmada diğerlerini kullanmaya istekliyimdir	①	②	③	④	⑤
53. Bir gün benim adımla insanların çoğunun bileceğine inanıyorum.	①	②	③	④	⑤
54. Başkalarının benim hakkımdaki görüşlerini çok az umurumdadır	①	②	③	④	⑤
55. Başkalarının acıları beni üzmez.	①	②	③	④	⑤
56. İnsanlara istediklerimi yaptırmam kolaydır.	①	②	③	④	⑤
57. Keşke başkalarının benim hakkımdaki düşüncelerini bu kadar umurumda olmasaydı	①	②	③	④	⑤
58. İnsanlar bana saygısızlık ettiğinde tepem atar.	①	②	③	④	⑤
59. Başkalarının önünde bir hata yaparsam kendimi aptal gibi hissederim.	①	②	③	④	⑤
60. Riskli ya da tehlikeli şeyler yapmaktan hoşlanırım.	①	②	③	④	⑤

### Appendix C: Autonomous Related Self Scales

	Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1. Kararlarımda yakınlarımdan etkisi çok azdır.	①	②	③	④	⑤
2. Bana çok yakın olsa bile bir kişinin hayatıma karışmasından hoşlanmam.	①	②	③	④	⑤
3. Kendimi yakınlarımdan bağımsız hissedirim.	①	②	③	④	⑤
4. Hayatımı, kendimi çok yakın hissettiğim kişilerin düşüncelerine göre yönlendiririm.	①	②	③	④	⑤
5. Kendimle ilgili bir konuda bana çok yakın olan kişilerin fikirleri beni etkiler.	①	②	③	④	⑤
6. Kararlarımı alırken yakınlarıma danışırım.	①	②	③	④	⑤
7. Kişisel konularda, çok yakın hissettiğim kişilerin aldığı kararları kabul ederim.	①	②	③	④	⑤
8. Genellikle kendime çok yakın hissettiğim kişilerin isteklerine uymaya çalışırım.	①	②	③	④	⑤
9. Kararlarımı yakınlarımdan isteklerine göre kolayca değiştirebilirim.	①	②	③	④	⑤
10. Kendimi çok yakın hissettiğim insanların desteğine ihtiyaç duyarım.	①	②	③	④	⑤
11. Yakın ilişkilerimde belirli bir mesafeyi korumak isterim.	①	②	③	④	⑤
12. Genelde kişisel şeyleri kendime saklarım.	①	②	③	④	⑤
13. Kişiliğimin oluşmasında bana yakın olan insanların etkisi büyüktür.	①	②	③	④	⑤
14. Kendime çok yakın hissettiğim kimseler sık sık aklıma gelir.	①	②	③	④	⑤
15. Bana yakın olsalar bile, insanların benim hakkımda ne düşündüğünü önemsemem.	①	②	③	④	⑤
16. Yakınlarım hayatımda ilk önceliğimdir.	①	②	③	④	⑤
17. Yakınlarımla aramdaki bağ, kendimi huzur ve güven içinde hissetmemi sağlıyor.	①	②	③	④	⑤

18. Özel hayatımı çok yakınım olan birisiyle bile paylaşmam.	①	②	③	④	⑤
19. Hem yakın ilişkileri olmak hem de özerk olmak önemlidir.	①	②	③	④	⑤
20. Planlar yaparken yakınların önerileri dikkate alınsa bile, son karar kişiye ait olmalıdır.	①	②	③	④	⑤
21. Çok yakın ilişkiler içindeki kişi kendi kararlarını veremez.	①	②	③	④	⑤
22. İnsan çok yakınlarının fikirlerine karşı çıkabilmelidir.	①	②	③	④	⑤
23. Yakınlarıma düşüncelerine önem vermem, kendi düşüncelerimi göz ardı etmem anlamına gelir.	①	②	③	④	⑤
24. Bir kişiye çok yakın olmak, bağımsız olmayı engeller.	①	②	③	④	⑤
25. Bir kimse kendini hem yakınlarına bağlı hem de bağımsız hissedebilir.	①	②	③	④	⑤
26. Özerk olabilmek için yakın ilişki kurmamak gerekir.	①	②	③	④	⑤
27. Bir kimse hem yakınlarına bağlı olabilir hem de fikirleri ayrı olduğunda fikrine saygı duyulmasını isteyebilir.	①	②	③	④	⑤

## Appendix D: Perceived Maternal Depression Scale

Aşağıdaki kendinizde ya da çevrenizdekilerde gözlemleyebileceğiniz bazı durumların bir listesi bulunmaktadır. Bu listedeki her maddeyi **ÇOCUKLUK-ERGENLİK döneminizde ANNENİZ** ile ilgili gözlemlerinizi düşünerek değerlendirmenizi rica ediyoruz. Belirtilen ifadenin **siz büyürken ANNENİZ için doğru/geçerli olduğunu düşünüyorsanız (1)** olmadığını düşünüyorsanız **(0)** işaretleyebilirsiniz.

Başka birisinin aklından, içinden geçenleri tam olarak bilmeniz mümkün olmayabilir. **Önemli olan değerlendirmelerinizi kendi algınız, gözlemleriniz, sezgileriniz üzerinden yapmanız.**

Ben büyürken annem,

1. Sosyal aktivitelere açık değildi, insanlarla görüşmek istemezdi.
2. Hayattan pek keyif almazdı.
3. Bir sorunla karşılaştığında hemen öfkelenirdi.
4. Çok fazla uyurdu ve/veya çok az uyurdu.
5. Hayatında olup biten üzerinde çok bir gücü olmadığını hissedirdi.
6. Hayatında ters giden şeyler için genellikle kendini suçlardı.
7. Fiziksel ihtiyaçlarımı karşılamada zorlanırdı.
8. Sık sık ağladığını görürdüm ve/veya ağlamış olduğunu farkedirdim.
9. Çok iştahlı ve/veya çok iştahsız olabiliyordu.
10. Sebepsiz öfke patlamaları yaşardı.
11. Sıkça kendini dış dünyadan çeker, içine kapanırdı.
12. Neşeli olduğunu hiç hatırlamıyorum.
13. Olaylar karşısında tepkisiz kalırdı.
14. Hayatından memnun değildi.
15. Çabuk yorulurdu / hep yorgundu.
16. Duygusal ihtiyaçlarımı karşılamada zorlanırdı.
17. Çocuğu / çocuklarıyla ilgilenmeyi yük gibi algıladı.
18. Kendine zarar vermeyi düşünmüştür.
19. Mutsuz ve karamsardı.
20. Yıkanmadan ya da kıyafetlerini değiştirmeden günler geçirebilirdi.
21. Gelecekle ilgili karamsardı.
22. Yaşama karşı çaresiz hissedirdi.
23. Her şeye karşı isteksiz, hevesizdi.
24. Donuktu, ne hissettiği dışarıdan anlaşılmazdı.

## Appendix E: Perceived Maternal Narcissism Scale

Aşağıdaki kendinizde ya da çevrenizdekilerde gözlemleyebileceğiniz bazı durumların bir listesi bulunmaktadır. Bu listedeki her maddeyi **ÇOCUKLUK-ERGENLİK döneminizde ANNENİZ** ile ilgili gözlemlerinizi düşünerek değerlendirmenizi rica ediyoruz. Belirtilen ifadenin **siz büyürken ANNENİZ için doğru/geçerli olduğunu düşünüyorsanız (1)** olmadığını düşünüyorsanız (0) işaretleyebilirsiniz.

Başka birisinin aklından, içinden geçenleri tam olarak bilmeniz mümkün olmayabilir. **Önemli olan değerlendirmelerinizi kendi algınız, gözlemleriniz, sezgileriniz üzerinden yapmanız.**

Ben büyürken annem,

1. Kendisine hayranlık duyulması gerektiğini düşünürdü.
2. Başkalarının ona haset duyduğuna, kıskanıldığına inanırdı.
3. Her şeyi hak ettiğini düşünür; bunlar kendisine sunulmadığında öfkelenirdi.
4. Kendinde güveni çok hassastı, bir sözle yerle bir olurdu.
5. Başkalarından farklı, özel muamele beklerdi.
6. Başkalarına tepeden bakan ve kibirli tavır ve/veya davranışları vardı.
7. Beni ayrı bir varlık olarak görmezdi, kendi uzantısıymışım gibi davranırdı.
8. Başkalarının ne hissettiğini anlamakta zorluk çekerdi.
9. Annem her şeyin en iyisini yapıyor olduğunu düşünürdü; burnundan kıl aldırılmazdı.
10. İnsanları kendi çıkarları ve istekleri doğrultusunda kullandığı olmuştur.
11. Kendisinin özel biri olduğunu ve ancak özel insanların onu anlayabileceğini düşünürdü.
12. Önemli ve değerli hissedebilmek için başkalarına ihtiyaç duyardı.
13. Çevresindekilerin ona itaat etmesini beklerdi.
14. Annem kibirli bir insandı.
15. En ufak bir eleştiriye tahammülü yoktu.
16. Annem başarılarını ve yeteneklerini abartarak anlatırdı.
17. Sıkça başkalarına haset duyardı.
18. Kendisini keşfedilmeyi bekleyen bir mücevher gibi görürdü.
19. Çok büyük başarı, güç, şöhret hayalleri vardı.
20. İnsanların kendisini takdir etmesini ve/veya övmesini beklerdi.
21. İnsanların duyguları ve ihtiyaçları olduğunu görmek istemezdi.
22. Annem kendinin diğer insanlardan daha üstün görürdü.
23. En ufak bir söz ya da davranış onu kendinden utandırabilirdi.
24. Başkalarının ne düşündüğüne aşırı önem verirdi.



**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:** Öykü Türker

**Proje Başlığı / Project Title:** The Role of Perceived Maternal Narcissism and  
Depression of the Later Development of Narcissistic Personality Organization

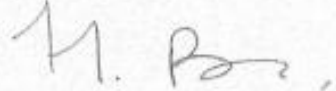
**Proje No. / Project Number:** 2018-20024-24

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: 20 Şubat 2018

  
Kurul Başkanı / Committee Chair

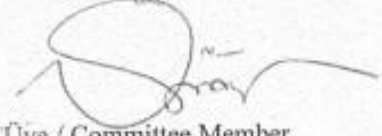
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