

İSTANBUL BİLGİ UNIVERSITY
INSTITUTE OF GRADUATE PROGRAMS
CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

CHILDHOOD ROLES IN THE FAMILY, SHAME, AND ADULT
NARCISSISM

ZEYNEP KABOĞLU
117627005

ALEV ÇAVDAR SİDERİS, FACULTY MEMBER, PhD

İSTANBUL
2020

Childhood Roles in the Family, Shame, and Adult Narcissism

Çocuklukta Ailede Üstlenilen Roller, Utanç ve Yetişkinlikte Narsisizm

Zeynep Kaboğlu

117627005

Thesis Advisor: Asst. Prof. Alev Çavdar Sideris
İstanbul Bilgi Üniversitesi

Jury Member Asst. Prof. Yudum Söylemez
İstanbul Bilgi Üniversitesi

Jury Member Assoc. Prof. Nilüfer Kafescioğlu
Özyeğin Üniversitesi

Date of Thesis Approval: 17.06.2020

Total Number of Pages: 162

Anahtar Kelimeler (Turkish)

- 1) narsisizm
- 2) büyüklenmeci narsisizm
- 3) utanç
- 4) çocuklukta roller
- 5) ebeveynleşme

Keywords (English)

- 1) narcissism
- 2) grandiose narcissism
- 3) shame
- 4) childhood roles
- 5) parentification

ACKNOWLEDGEMENTS

This thesis has been written in a time when everything felt surreal and disturbing. I owe a debt of gratitude to the people who made it possible for me to focus and to make it work. First, I would like to thank my thesis advisor Alev Çavdar Sideris for her time, interest, and expertise. Her mind and multitasking abilities left me amazed. I would not be able to push myself further without her. I would also like to thank my jury members, Yudum Söylemez and Nilüfer Kafescioğlu, for their insight and helpful suggestions to improve this work.

Each person who crossed my path during my clinical psychology training left a mark on me for better or worse, and I am thankful for them. I feel especially grateful for some of my friends who are now also valuable colleagues. Cansu, who is an inspiring go-getter, charmed me with her open-mindedness and exuberance. İlayda provided an immense containing capacity and warm hugs when I needed them most. I owe both of them many thanks for their gentle superego functions and all those laughs that made me feel much less lonely in anxious nights, sitting in front of my computer. Oya impressed me with her talent, effortlessly inspiring aura, and analytical thinking. Öyküm never left my questions unanswered and shared her unique wisdom and humor with me, always with a fearless attitude. Growing up is painful and chaotic, and forming close relationships is even more difficult. I feel very lucky to share these experiences with both of them, and I am grateful for our times together.

A special thanks should go to Erman. This remarkable journey of getting a master's degree and training to be a psychotherapist would not even begin without him. He steadily offered me unconditional positive regard, and I appreciate him so much.

I would like to thank my parents and my lovely brother Murathan for all their help throughout my education. They did their best to support me and make me feel comfortable.

I also thank TÜBİTAK BİDEB for sponsoring me through the National Scholarship Programme during my graduate education.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
List of Tables	viii
List of Figures	ix
ABSTRACT	x
ÖZET	xi
INTRODUCTION	1
CHAPTER 1	6
LITERATURE REVIEW	6
1.1. NARCISSISM	6
1.1.1. Theoretical Background of Narcissism	7
1.1.2. Kohut vs. Kernberg: The Notorious Disagreement	16
1.1.2.1. Heinz Kohut’s Perspective	17
1.1.2.2. Otto Kernberg’s Perspective	22
1.1.2.3. Comparison of Kohut’s and Kernberg’s Approaches to Narcissism	27
1.1.3. Subtypes of Narcissistic Personality	28
1.1.4. Etiology, Diagnosis, and Prevalence of Narcissism	33
1.1.4.1. Diagnosis of Narcissism	33
1.1.4.2. Prevalence of Narcissism	35
1.1.4.3. Etiology of Narcissism	36
1.2. SHAME	37
1.2.1. Etiology and Nature of Shame	38

1.2.2. The Relationship Between Shame and Narcissism.....	41
1.3. ROLES	45
1.3.1. Roles and Positions in the Family	46
1.3.2. Roles of Children in Dysfunctional Families	47
1.3.3. Consequences of Childhood Roles in Adulthood.....	50
1.4. PARENTIFICATION.....	51
1.4.1. Theoretical Background of Parentification	53
1.4.1.1. Contextual Theory.....	53
1.4.1.2. Structural Theory	55
1.4.2. Parameters and Types of Parentification.....	57
1.4.3. Roles and Types of Parentification	59
1.4.4. Risk Factors for Parentification.....	60
1.4.5. Burdens of Being a Parentified Individual.....	62
1.4.6. Narcissism and Shame as Outcomes of Parentification.....	64
1.5. CURRENT STUDY	67
CHAPTER 2	69
METHOD	69
2.1. PARTICIPANTS.....	69
2.2. INSTRUMENTS	69
2.2.1. Parentification Inventory (PI).....	71
2.2.2. Guilt and Shame Scale (GSS)	71
2.2.3. The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF)	72
2.2.4. Perceived Role in the Family Scale (PRFS)	72

2.2.5. Demographic Information Form	73
2.3. PROCEDURE	73
CHAPTER 3	75
RESULTS	75
3.1. PSYCHOMETRIC PROPERTIES OF THE PERCEIVED ROLE IN THE FAMILY SCALE (PRFS)	75
3.1.1. Item Screening of Perceived Role in the Family Scale	75
3.1.2. Exploratory Factor Analysis of Perceived Role in the Family Scale	76
3.1.3. Confirmatory Factor Analysis of Perceived Role in the Family Scale	77
3.1.4. Reliability and Validity of Perceived Role in the Family Scale.....	81
3.2. PRELIMINARY INVESTIGATION OF STUDY VARIABLES.....	82
3.2.1. Reliability Analyses and Descriptive Statistics	82
3.2.2. Association of Narcissism with Background Characteristics and Study Variables.....	82
3.3. PREDICTING GRANDIOSE AND VULNERABLE NARCISSISM	84
3.4. ADDITIONAL OBSERVATIONS	87
CHAPTER 4	89
DISCUSSION	89
4.1. DEMOGRAPHIC CHARACTERISTICS AND NARCISSISM.....	89
4.2. CHILDHOOD ROLES, PARENTIFICATION, AND NARCISSISM ...	91
4.2.1. Investigating Perceived Roles in the Family	91
4.2.2. Parentification	92
4.2.3. Parentification and Childhood Roles.....	93
4.2.4. Parentification, Childhood Roles, and Narcissism	94

4.3. EXPLORATION OF THE FUNCTION OF SHAME	95
4.3.1. Shame and Parentification	95
4.3.2. Shame and Perceived Roles in the Family	96
4.3.3. Shame and Narcissism	97
4.4. PREDICTING NARCISSISM.....	98
4.4.1. Predicting Grandiose Narcissism.....	98
4.4.2. Predicting Vulnerable Narcissism	101
4.5. CLINICAL IMPLICATIONS	102
4.6. LIMITATIONS AND FUTURE DIRECTIONS.....	104
CONCLUSION.....	107
References	108
APPENDICES	129
Appendix A: Parentification Inventory	129
Appendix B: Guilt - Shame Scale	132
Appendix C: The Short Form of the Five Factor Narcissism Inventory	138
Appendix D: Perceived Role in the Family Scale – Turkish	143
Appendix E: Perceived Role in the Family Scale – English	146
Appendix F: Demographic Information Form.....	148
Appendix G: Informed Consent Form.....	150

List of Tables

Table 2.1. *Demographic Characteristics of the Sample*

Table 3.1. *Exploratory Factor Analysis (EFA) Results: Item-Factor Loadings of Perceived Role in the Family Scale*

Table 3.2. *Confirmatory Factor Analysis (CFA) Results: Goodness of Fit Indices of Models*

Table 3.3. *Descriptive Statistics of the Scale Scores of Study Variables*

Table 3.4. *The Model Summary of Stepwise Regression Analysis for Grandiose Narcissism*

Table 3.5. *Results of the Stepwise Regression Analysis for Variables Predicting Grandiose Narcissism*

Table 3.6. *Correlations of Grandiose Narcissism, Vulnerable Narcissism, Shame, Parentification and Perceived Roles in the Family in Men and Women*

List of Figures

Figure 3.1. *4-Factor Structure Tested via Confirmatory Factor Analysis with Standardized Coefficients*



ABSTRACT

While some theoreticians believed that narcissism is a healthy and ordinary developmental stage, others argued that it is a pathological condition that resulted from the disturbances in early relationships. Narcissism is essentially related to a deficient sense of self and an intense need for validation. It is categorized into *vulnerable narcissism* and *grandiose narcissism*. Vulnerable narcissists are described as anxious and sensitive individuals, and grandiose narcissists are characterized as people who deny any weakness and aim to feel superior. Both types of narcissism are closely associated with the affect of shame that is derived from the failure at satisfying the perfectionist demands of the ego ideal. The nature of early parental relationships plays a critical part in establishing these exhausting ideals. Various kinds of roles that are taken in the family have a significant effect on an individual's sense of self and his/her later life. Parentification is described as a phenomenon where children undertake parental roles that are inappropriate for their capabilities due to the lack of healthy boundaries in the family.

Even though all these concepts are exemplified in clinical observations, there has been limited empirical research on narcissism, childhood roles and parentification, especially in the Turkish population. This study aimed to investigate the relationship between parentification, childhood roles, shame, and both types of narcissism without any specific hypotheses. A Perceived Role in the Family Scale (PRFS) was developed by researchers and used to examine how people defined their roles in the family in childhood. An online survey was conducted for the research, and results from 546 participants over the age of 18 were analyzed. The results showed that gender, the Mascot role and the Mediator role were predictors of grandiose narcissism in adults. The findings were discussed for their theoretical and clinical implications. Limitations of the study and suggestions for future research were presented.


Keywords: narcissism, grandiose narcissism, shame, childhood roles, parentification

ÖZET

Bazı kuramcılar narsisizmin bireyin sağlıklı ve normal gelişiminde yer alan bir evre olduğunu savunurken, bazıları gelişim dönemindeki sorunlar nedeniyle ortaya çıkan patolojik bir durum olduğunu iddia etmiştir. Narsisizm temel olarak yoğun bir onaylanma ihtiyacı ve problemlili bir benlik algısı ile ilgilidir. Literatürde *kırılgan narsisizm* ve *büyüklenmeci narsisizm* olmak üzere iki kategori belirtilmiştir. Kırılgan narsisistler endişeli ve hassas, büyüklenmeci narsisistler ise zayıflığı inkar eden ve üstünlük edinmeyi amaçlayan kişiler olarak tanımlanmıştır. İki tip narsisizmin de ego idealindeki mükemmeliyetçi beklentilere ulaşamamanın yarattığı utanç duygusu ile yakından ilişkili olduğu düşünülmektedir. Aile içerisindeki ilişkiler özellikle erken gelişimsel dönemde bu zorlayıcı ideallerin oluşmasında etkilidir. Ailede oynanan rollerin, bireylerin benlik algısına ve hayatlarının geri kalanına etkisi olduğu düşünülmektedir. Ebeveynleşme, ailedeki sınır eksikliği sonucu, çocukların kapasitelerine uygun olmayan rol ve sorumlulukları üstlenmesi olarak açıklanmaktadır.

Bu olgular klinik anlatımda sıklıkla yer alsa da özellikle Türkiye’de narsisizm, aile içindeki roller ve ebeveynleşme üzerine kısıtlı sayıda araştırma bulunmaktadır. Bu çalışma spesifik bir hipotez olmadan, ebeveynleşme, roller ve utanç duygusunun, kırılgan ve büyüklenmeci narsisizm ile ilişkisini araştırmayı hedeflemiştir. Bireylerin aile içindeki rollerini nasıl tanımladıklarını ölçmeye yönelik Kişinin Ailedeki Rolü Ölçeği geliştirilmiştir. Araştırma internet üzerinden bir anket ile yürütülmüş ve 18 yaşın üzerindeki 546 kişinin sonuçları analiz edilmiştir. Cinsiyetin, Maskot rolünün ve Ara Bulucu/Psikolog rolünün yetişkinlikte büyüklenmeci narsisizmin göstergesi olduğu bulunmuştur. Bulgular teorik ve klinik açıdan tartışılmıştır. Çalışmanın katkıları ve zayıf yanları belirtilmiş, ardından gelecek araştırmalar için öneriler sunulmuştur.

Anahtar Kelimeler: narsisizm, büyüklenmeci narsisizm, utanç, çocuklukta roller, ebeveynleşme



*Is it easy to keep so quiet?
Everybody loves a quiet child
Underwater you're almost free,
If you wanna be alone, come with me.
Is it easy to live inside yourself?
All the little kids are high and hazy
Everybody's got nowhere to go,
Everybody wants to be amazing.
(The National, 2019)*

INTRODUCTION

The concept of narcissism has always been a complicated and debated subject in the psychoanalytic literature. Freud (1914) claimed that narcissism is a lack of libidinal investment to the external world, and investing in ego, trying to gain a sense of omnipotence. Kernberg (1975) focused on narcissism in a pathological sense: He claimed that narcissistic people had bad inner object relations, refused to depend on anyone, and exploited people. On the other hand, Kohut (1971) stated that narcissistic individuals depended on people to gratify their needs due to a lack of internalized objects and a sense of a cohesive self. According to him, being devoid of self-object experiences with caregivers impairs healthy narcissism.

The difference between Kernberg and Kohut's perceptions of narcissism and narcissists is reflected in the psychodynamic literature, and narcissism is primarily examined in two categories. While Kernberg's perception of narcissism is categorized as *grandiose* with themes of arrogance, manipulateness, and superiority, Kohut's is classified as *vulnerable* with themes of inadequacy, helplessness, and shame (Cain et al., 2008). Grandiose narcissists usually seem overly confident. They tend to behave in an exhibitionistic way; they deny their weaknesses and devalue people who threaten their self-esteem. When their high expectations from themselves and others cannot be fulfilled, they overtly experience anger and disappointment (Gabbard, 1989; Wink, 1991). Vulnerable narcissists appear more sensitive; they have low self-esteem, and they are anxious and shy in interpersonal relationships. They tend to observe other people and try to understand how they should act to avoid disappointment and narcissistic injury (Gabbard, 1989). Compared to entitled and exhibitionistic grandiose narcissists, vulnerable narcissists are mostly characterized by feelings of inferiority and excessive worrying (Dickinson & Pincus, 2003; Rohmann et al., 2019).

People with narcissistic personality organization mainly appear as functioning and well-adjusted people. Still, they persistently struggle to fulfill their desperate needs for validation and to regulate their self-esteem (Kohut, 1970;

McWilliams, 2011). When their sense of self-esteem is disrupted by narcissistic injuries, shame is inevitable (Broucek, 1982). Shame is considered as the primary affect underlying narcissism in the literature regardless of whether an individual is a grandiose or a vulnerable narcissist (Morrison, 1989; Tracy et al., 2011). Grandiose narcissists experience painful shame and narcissistic rage if their exhibitionistic, grandiose self encounters their true self's inadequacy. They split their true self and grandiose self, ignoring their true self, thus, they live in denial about shame (Kohut, 1971, 1972). On the other hand, vulnerable narcissists are in a constant state of shame. Unlike the apparent demands of grandiose narcissists, their high expectations and needs for admiration are deeply buried. Since they feel so conflicted, disappointed, and angry about these underlying exhibitionistic wishes, it is suggested that they tend to consciously feel more shame (Dickinson & Pincus, 2003). Auerbach (1993) summarized that grandiose narcissists try to dismiss shame, while shameful vulnerable narcissists try to inhibit their feelings of grandiosity.

Shame is an affect that makes an individual feel inadequate and not worthy of being loved by others (Morrison & Stolorow, 1997), which is frequently confused with guilt. While guilt can be defined as a result of a distressing thought or act, shame is associated with a deficient and bad perception of self (Morrison, 1989). At first, Freud (1895) considered shame only as a motivational affect for other defenses, but then he stated that it could also be a defense on its own (1914). It is related to fulfilling the standards of internalized others, and not being accepted in an unconditional way by their parents lead children to be shame-prone (Lansky & Morrison, 1997).

Shame and narcissism are strongly intertwined in the literature (Broucek, 1982; Kohut, 1971; Morrison & Stolorow, 1997). It is proposed that shame occurs when an individual fails to fulfill the perfectionist demands of ego-ideal, which is considered as the essence of narcissistic omnipotence, and the tension between the ego and the ego-ideal becomes unbearable (Piers & Singer, 1953, as cited in Morrison, 1989). There are several conceptualizations for the ego ideal in the psychoanalytic literature, but it is usually defined as a part of the psyche that is in

interaction with the superego. It involves the internalized ideal objects, high expectations, and ideals that are based on parental images (Freud, 1924; Kernberg, 1975). The ego ideal is a product of the narcissistic development, and it is closely related to self; therefore, the inability to actualize the goals of ego ideal triggers a narcissistic reaction, which is also described as shame (Lewis, 1971). These internalized expectations and realistic goals develop in the early relationship between the caregiver and the child. However, if a rejection, conditional love, and impractical parental expectations from the child are present in this relationship, it leads to a maladaptive growth.

Dysfunctional and insufficient relationships in the family have also been explored in the literature. Many family theorists believe that the tasks of individuals and family-as-a-whole are handled most efficiently when there are healthy generational boundaries in the family. To describe situations where the roles of child and parent are changed, and the child is the one who is responsible for caretaking, Boszormenyi-Nagy and Spark (1973) coined the term *parentification* to refer to these situations. According to their explanation of parentification in relational theory, unmet needs of individuals in a generation are stored as “accounts due.” These needs force individuals to distort their relationships in the next generation subjectively; they unknowingly expect their children to play the role of their parents.

Parentified children can carry different kinds of responsibilities: Duties like cleaning, cooking, looking after siblings are classified as *instrumental parentification* while tasks such as resolving conflict, keeping parents’ company and being their confidant are labeled as *emotional parentification* (Jurkovic, 1997, as cited in Jurkovic et al., 2001). There is mutual agreement in the literature that even though reversing roles between parents and children could aid the development, when extreme caregiving behaviors of children are not acknowledged and reciprocated by their parents, children’s internalization of inappropriate expectations starts to become destructive (Boszormenyi-Nagy & Spark, 1973; Hooper, Marotta, & Lanthier, 2008; Jurkovic et al., 2001; Karpel, 1976). Parentification has been positively linked to several pathologies such as eating

disorders, anxiety, depression, and personality disorders (Byng-Hall, 2008; Hooper, Marotta, & Lanthier, 2008; Wells & Jones, 2000).

Researchers found that parentified children displayed narcissistic and/or masochistic characteristics in adulthood, and they were likely to be shame-prone individuals (Jones & Wells, 1996; Wells & Jones, 2000). Theoretically, parentified children are not sufficiently mirrored by parents; instead, they are the ones who have to fulfill the needs of their caregivers. Since their narcissistic needs are not met, the only way to create and maintain a sense of self is by overemphasizing the needs of the parents. Therefore, parentification impairs the development of the true self of these children, and they develop a false self to feel loved and related (Wells & Jones, 2000; Winnicott, 1963). At the same time, they internalize a cruel ego ideal with excessive parental expectations. Since they assume an overly responsible role without having a strong sense of self and adequate capacity, they cannot pursue unrealistic goals in the ego ideal and become shame-prone individuals (Wells & Jones, 2000).

Gifted children who are expected to take responsible and nurturing duties in the family function as narcissistic extensions for parents, and they are likely to end up with a narcissistic personality organization. These people sense that in their childhood, they are only loved due to their roles in the family, and they rely heavily on their false self (McWilliams, 2011; Miller, 1981). Correspondingly, parentified children in caretaking roles continue to act the same in the following relationships (Wells et al., 1999). Several researchers noted that an individual's role in his/her immediate family has a critical influence on his/her personality and lifestyle – especially if the individual grew up in a dysfunctional family system (Atalay, 2019; Fischer & Wampler, 1994; Glickauf-Hughes & Mehlman, 1995; Scharff, 2004).

Reviewing the literature, it could be seen that while narcissism has been subjects of a few studies, it has not been widely and comprehensively examined in Turkey. Similarly, parentification has not been a focus for studies in the Turkish population. The present study aims to examine and describe various aspects of the complex relationship between parentification, shame, and characteristics of narcissism. Besides exploring the associations between parentification, shame, and

different types of narcissism, analyzing the possible effects of gender, age, and birth order are also intended.

The significance of childhood roles is frequently noted with parentification and narcissism. The hero, the scapegoat, the lost child, and the mascot roles have become prominent in especially alcoholic and/or dysfunctional families (Potter & Williams, 1991; Wegscheider, 1981, as cited in Fischer & Wampler, 1994). Childhood roles have been mainly investigated in specific types of families through analyzing adjectives and phrases that individuals chose to define themselves. Since they have not been previously examined in Turkey, the current study aims to present various types of roles that are found in the literature (Ackerman, 1958; Boszormenyi-Nagy & Spark, 1973; Black, 1982; McWilliams, 2011; Satir, 1988) and analyze perceptions of people from all kinds of backgrounds regarding which roles they played in their childhood. Then, the relationship between parentification, shame, narcissism, and perceived childhood roles will also be examined.

In this thesis, a comprehensive literature review on narcissism, shame, parentification, and roles will be presented in the first chapter. Based on the existing literature, reasons for the possible relationship between them will be explained. In the second section, the methodology of the study will be described. Following that, the results of the analyses will be presented in the third chapter. In the final section, the findings of the present study and clinical implications will be discussed with reference to the literature.

CHAPTER 1

LITERATURE REVIEW

1.1. NARCISSISM

As is the custom, it is essential to mention where the inspiration came from for the term narcissism. This phenomenon gets its name from the myth of a young man called Narcissus. Interestingly, rather than the Greek version by Conon where Narcissus had a male lover whom he rejected, drove his lover to suicide and gods cursed him; the version where he had a lover who is a female nymph by the Roman poet Ovid is much better known. In this version, a nymph called Echo falls in love with Narcissus, but he rejects her, and Echo runs away with shame and sadness, later vanishing into the air. After his cruel mocking and rejection, Narcissus is cursed by goddess Nemesis, who is responsible for punishing pride and arrogance. He comes across his reflection in a lake and thinking that it is an image of a water spirit; he falls in love with his own image. Weakening due to unresponsiveness and being depleted by this unrequited love, he slowly dies in agony, and his body changes into a flower (Ovid, ca. 8 A.D./2000). The story of this doomed young man became a prominent symbol of self-love and eventual self-destruction (White, 1980). Assuredly, the myth is a very proper reflection of the concept in common sense and a very fitting namesake for it. The story of Narcissus carries the themes of grandiosity, arrogance, and inability to differentiate self and object in it (Nunberg, 1979, as cited in Cooper, 1986, p. 112).

Within the complex world of psychoanalytic literature, which is full of detailed and complicated terms and theories, narcissism managed to remain as one of the most obscure and confusing subjects – even though there is a wide range of formulations and conceptualizations about it. Pulver (1970) mentions the various types of uses of narcissism in the literature: It has been considered as a sexual perversion, as a developmental stage, and as an object relations mode. To grasp this

baffling but valuable concept comprehensively, it is necessary to step into the theoretical background of it.

1.1.1. Theoretical Background of Narcissism

Before it was broadly explored in the psychoanalytic literature, narcissism carried a meaning that was associated with a sexual perversion. Havelock Ellis was the first person who analyzed the story of Narcissus in a mythological and literary sense, and he formed a connection between the myth and a psychological case of male autoeroticism (Akhtar & Thomson, 1982, p. 12). Sigmund Freud used the term of narcissism in his *Three Essays on the Theory of Sexuality*, depicting it as “libidinal development of inverts,” while Sadger (1910) also commented that narcissism is the path to one’s sexuality, namely, it is “love of one’s self” (as cited in Pulver, 1970, p. 322). Rank (1911) wrote the first psychoanalytic paper on the subject (as cited in Akhtar & Thomson, 1982) – he also associated it with the love of self, but he added vanity and self-admiration to the phenomenon (as cited in Pulver, 1970). However, as almost always, narcissism started to draw attention when Freud published his influential work, “On Narcissism: An Introduction,” in 1914.

Freud had always been productive on his hypotheses and arguments, but his ideas were also very flexible and difficult to follow. Following the previous tendency of defining narcissism as a sexual perversion, he also described it as a concept of taking one’s own body as a sexual object: “the attitude of 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” (Freud, 1914, p. 73). Besides the notion of perversion, he further employs narcissism as the basis of various conceptions such as psychic development, some pathologies, and the ego ideal (Kernberg, 1991). Segal and Bell (1991) commented that Freud’s work with Schreber and his delusions, as well as observations of children, helped him to conceptualize narcissism in terms of perversion and libidinal investment.

Narcissism is also described by Freud (1914) as an in-between stage on the journey from autoeroticism where satisfaction is seeking from one's body to object love, and it begins with the formation of the ego. Before going further, it is fundamental to discuss that he had not established his structural theory while he was working on this concept. His use of "das Ich" was translated into English as "ego" by James Strachey, and it apparently carried the meaning of self-representation rather than the mediating part of psyche between id and superego (Auerbach, 1993; Kernberg, 1991). He conceptualized this developmental aspect of narcissism within two stages: primary narcissism and secondary narcissism. He assumed that there is a limited amount of energy that he also calls as libido in the infant in these stages, and this libido must be used economically between the ego and the objects. In the stage of primary narcissism, the infant makes a libidinal investment in his/her own ego for the sake of self-preservation. There is a cathexis of libido in self-representation. The infant is the center of the world that consists of only himself/herself, absorbed by the needs and wants without comprehending that there are separate others who meet those needs, with omnipotent thoughts and beliefs about having magical power. When this state of being where the infant is experiencing an overwhelming sense of omnipotence becomes far too much for this ego-libido to be discharged, it starts to leak to objects outside the infant – first and foremost, to the mother. However, if there are occurrences of major frustrations and failures in the relationship with objects, this libido can be withdrawn again. According to Freud, this is the point where processes carry the potential to become pathological: In the secondary narcissism stage, the infant draws back his / her object-invested libido from others and starts to reinvest in ego. If it cannot return to others, the individual is likely to develop a pathology. To elaborate, he gave examples of withdrawal of libido from the external world onto self and body, such as the state of sleeping and physical illness. More several situations, such as some psychological disorders, are also associated with the severe withdrawal of object-libido by Freud: In the cases of hypochondriasis, the individual retreats libido from the object and invests it onto his / her own body and self. In schizophrenic cases, object-libido that is drawn away from others becomes invested onto ego in an

extreme way. Kernberg (1991) summarizes all these circumstances as “investment of libido oscillating between self and objects, brought by introjective and projective mechanisms” (p. 133).

Freud suggested that this economic and energetic uses of libido in the sense of narcissism influence how an individual experiences himself/herself and feelings of love. If there is an inflation in object-libido, in other words, if an individual invests in someone other than the self, ego-libido and self-esteem decrease. Being loved by another helps the libido to return to ego and increases self-regard (Auerbach, 1993). Freud (1914) proposed two paths that one can follow while choosing an object to love: narcissistic and anaclitic path. In the narcissistic path, the chosen object represents the past and present images of oneself and what one would like to be at the expense of the real object. In the anaclitic path, one’s object choice is made based on the representations of “the woman who feeds him” and “the man who protects him” (p. 90). When he published his work titled “The Ego and The Id” in 1923, Freud introduced formations of id, ego, and superego in a structural model and left the idea of being different types of libido behind. He reviewed libido as undifferentiated energy and focused on its conflicts with death instinct; however, the notion of regaining the libido from objects and investing in ego to return to an omnipotent, objectless state of being remained essential (Auerbach, 1993).

Freud also mentioned an important notion, the ego ideal, related to narcissism in his works, but he used different connotations. In 1914, he explained the ego ideal of the individual as “what he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal” (p. 94). He separated it from the conscience and defines it as a representation of parental criticism, a structure that is developed to experience self-satisfaction associated with primary narcissism. Kernberg (1991) also pointed out that Freud initially regards ego ideal as a successor to primary narcissism, which is an embodiment of internalized ideal objects. In some of his works, Freud (1923) used the ego ideal widely as a synonym for conscience and superego. Then he considered the ego ideal as an aspect of the superego, which includes introjected parent images

in the oedipal phase. Images in this structure serve as ideal, observing, and critical models for the individual (Freud, 1924, as cited in Sandler et al., 1963).

Later, he remarked that there is a slight division between the ego ideal and superego, but they are means to each other, which function to reach idealized values of internalized objects. He noted that the superego is “the vehicle of the ego ideal by which the ego measures itself, which it emulates, and whose demands for ever greater perfection it strives to fulfil” (Freud, 1933, p. 92). According to him, the ego ideal carries the admired and perfect images of the parents. Based on these views, Kohut (1966) later commented that since the superego contains a part of infantile narcissism of the individual, ego experiences a narcissistic pressure while it attempts to live up to the ego ideal.

After Sigmund Freud paved the way for arguments of narcissism and its progress, as per usual in the psychoanalytic community, debates over the psychic development of an individual followed. Freud essentially assumed that at the beginning of life, infants are in an objectless state where there is no differentiation between one and another, and the main focus is the satisfaction of the needs fueled by innate drives. Consequently, it is only possible to talk about narcissism when the infant forms a self-representation. Following his perspective, ego psychologists such as Hartmann (1950, as cited in Auerbach 1993, p. 56) and Jacobson (1964) concurred that infants do not differentiate objects to some extent, and they start to identify objects through failures in the relationship. They might possess a capacity to associate and abilities of motility and perception, but they are substantially isolated from the external world (Auerbach, 1993). Mahler (1967) added that the earliest stage of life where the infant lives in a state of being indifferent to self and objects could be regarded as a combination of *autistic* and *symbiotic* phases. However, object relations theorists such as Klein (1946, 1952) and Fairbairn (1952, as cited in Auerbach 1993, p. 56) suggested that infants actually seek objects even at the beginning of their existence, even though they might be fused with the objects. Comprehending their interpretations and additions is elemental to understand how individuals develop and experience narcissism.

Heinz Hartmann (1950), one of the fundamental names of ego psychology, studied Freud's paper titled "On Narcissism" and made a significant contribution to the literature by redefining narcissism as "the libidinal cathexis of not the ego but the self" (as cited in White, 1980, p. 6). He stressed that while the term ego is used to separate a psychic system from other systems and it is related to instinctual drives, the term self connotes the functions of regulation, organization, and the sense of being one's own person in the presence of other objects. This new definition had been accepted and used extensively in later arguments. He expanded the idea of the economic and energetic distribution of libido by Freud (1914) by including aggression, to the concept while examining the effects of failures and attempts to neutralize it (as cited in Kernberg, 1991; Ornstein, 1991). Hartmann (1950) suggested that defense mechanisms are employed to modify the working of the inner world and to adjust the external world, in the manner that aggression that is experienced when one realizes one's own deficiencies and limitations is neutralized and modified to be efficiently used in the service of other ego functions (as cited in White, 1980).

In accordance with Hartmann's distinction between ego and self, Edith Jacobson focused on self-representation and self-image. While she associated narcissism with libidinal investment in self-representation, she also related the feelings of shame, inferiority, and guilt to the notion (DeRobertis, 2008). Jacobson (1964) proposed that the recognition of helplessness and weakness caused by disappointment in caregivers due to failures in the connection results in the premature idealization of parent imagoes or employment of the self as a substitute for disillusioning parents. Diverging from Freud's notion that making a libidinal investment in objects decreases the libidinal cathexis in self and cause a decline in self-regard; Jacobson suggested that libido could be equally split between self and object representations, meaning it is possible to love self and others in a similar manner and healthy narcissism is crucial for healthy and lasting relationships with others. While Freud claimed that the tension which arises from the extreme withdrawal of libido onto ego is agonizing and its discharge gives pleasure,

Jacobson (1953) offered that there can be both pleasurable tensions and unpleasurable discharges (as cited in Kernberg, 1991, p. 136).

Margaret S. Mahler conceptualized stages in psychoanalytical development in a progressive way. Rather than advocating that infants are basically unresponsive and detached from the objects and the external world or favoring the proposition that claims babies happen to live in an extreme mode of fusion with their primary caregivers, she suggested that both of these states chronologically occur at the earliest phases of existence (Mahler, Pine, & Bergman, 1975, as cited in Auerbach, 1993, p. 57). Within the first two months of life, the infant lacks awareness and does not perceive anything except internal stimulation. Similar to the understanding of most ego psychologists, Mahler (1958) proposed that the infant does not invest in objects and lives in a state of autism. She called this stage *normal-autistic phase*. Even though Freud's explanation of how the libido starts to overflow on to objects after the primary narcissism stage can be considered as a semblance to forming object relations, the notion of the symbiosis by Mahler differentiated from it in some way (White, 1980). Around the third month, the baby momentarily starts to grasp that there are parts of the external world which continuously gratify his / her needs, just as hands and breast of the mother and he/she gains a faint sense of awareness that there is a need-satisfying object. Mahler named this stage *symbiotic phase* at which the infant recognizes the primary caregiver, and they operate as though they are fused into "an omnipotent system (a dual unity) within one common boundary (a symbiotic membrane as it were)" (1958, p. 77). She argued that these phases occur within the extent of time that was described as primary narcissism stage by Freud, and the infant practically exists in a psychotic state: In normal-autistic phase, he/she experiences hallucinatory wish-fulfillment and then he/she has delusions about having one shared boundary around himself/herself and the mother.

While the infant is gradually forming proper object relations in symbiotic phase, he/she also slowly comes into existence and starts to differentiate himself/herself from the previous omnipotent system as a result of the primary caregiver's continued efforts to meet the needs of the infant's body, and this

indicates the beginning of the secondary narcissism. Mahler et al. (1975) argued that "only when the body becomes the object of the infant's secondary narcissism, via the mother's loving care, does the external object become eligible for identification" (as cited in White, 1980, p. 10). After the symbiotic phase, the baby goes through a *separation-individuation phase*, where he/she builds a sense of identity. If the primary caregiver is being present and emotionally available when the baby is frequently encountering threats of object loss in the external world, this process of separation provides a sense of preparation for the individuation, paving a way for becoming pleasantly independent instead of being traumatized (Mahler, 1963). According to Mahler (1967), being loved and accepted by a primary caregiver, even when one is being ambivalent and inconsistent, leads to the development of a health sense of identity and self-representation. While Hartmann (1953) described the concept of object constancy as a mature level of object relations where there is a continuous investment and neutralized love towards the representation of the object even when there are frustrations, Mahler complemented this viewpoint with the concept of self-constancy, defined as being aware that one has a separate, gender-defined, and individual self-identity (as cited in White, 1980, p. 21).

One of the influential psychoanalysts who firmly followed Freud's steps before originating an unusual set of ideas is Melanie Klein. She agreed with Freud on the notion that narcissism and psychosis are fundamental aspects of development which are prior to mature relations. However, Freud (1914) asserted that before forming an ego, the infant lives in an objectless way of being where there are no impulses and anxieties present. Klein challenged this opinion by claiming that there is a primitive ego that varies between the states of integration and reintegration from the beginning of life. Klein (1952) focused on the importance of early object relations by declaring that "there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal" (p. 436). Through introjection and projection, the infant creates an internal world full of objects, so ego could relate to them.

Unlike Freud's stages, Klein built her theory on the understanding of positions of development, which consists of object relations, ego states, anxieties, and defenses against anxieties of the infant. Rather than considering and categorizing these experiences as chronological steps that people go through, she believed that to some degree, they can be present throughout a lifetime since these are relevant to how we relate to internal and external reality (Segal & Bell, 1991). Klein (1946) named two positions: *paranoid-schizoid* and *depressive*. In paranoid/schizoid position, an internal split of the world into good and bad occurs, and these qualities are omnipotently projected onto the external world, especially onto the mother, who is the primary caregiver in most cases. The infant relates to objects to identify with all the good and bad aspects of his/her self that he/she projected to others, obsessively trying to control these parts. By idealizing an object with the projected good parts of the self, the infant protects himself/herself from the paranoia that stems from the hostile and bad aspects of the self. Object relations in the paranoid- schizoid position are narcissistic in their nature since the baby blocks out the real qualities of the object while attempting to identify with his/her projected parts. Afterwards, in depressive position, the infant recognizes that good and bad parts of the mother are not that detached in reality and feels guilty since he/she acknowledges the previously felt hatred and aggression towards the loved object, which is actually a part of a total object with good and bad aspects. Being afraid that he/she might damage and lose the mother, depressive feelings of fear and guilt motivates the infant to repair the damaged object, integrate good and bad parts, and differentiate self from the object; simultaneously strengthening the ego to function in a better way (Segal & Bell, 1991).

Another noteworthy psychoanalyst who based his theories on the foundation of object relations is Donald W. Winnicott. He did not necessarily focus on narcissism as a concept since he thought its definition was not the main issue. According to Winnicott, narcissism was an attempt by a person, who carries a weak ego with the burden of being unloved, to build a real contact with others and to make up for the relationship failures in their infancy (DeRobertis, 2008). However, since narcissism is frequently explored with the notion of the self (Cooper, 1986),

his ideas regarding early development carry great significance. According to Winnicott, the infant is born in a state of going-on-being where he/she simply just exists. The stability of this state is vital to the child; any failure or impingement breaks this peaceful existence and provokes a reaction. A constant pattern of these compulsory reactions could damage the infant's ability to produce an integrated self (Winnicott, 1962, 1963). The primary caregiver should be a good-enough mother who dedicates herself to meeting the emotional and physical needs of the infant and providing a sense of omnipotence. When the child is in a reliable holding environment where he/she is physically protected from bodily harm and emotionally held with love, the sense of gratification and security leads to better integration skills for the self and establishment of object relationships (Winnicott, 1960b, 1962). According to Winnicott (1960b, 1963), good-enough care is not provided by following certain instructions, and it does not require perfection. Instead, what is essential is showing consistent effort to be in touch with the emotional needs of the child. Through this empathic contact, the caregiver can recognize the infant's internal states and reflect these states back to the baby, acting as an emotional mirror. This mirroring function provides a sense of self in the child that is transferred from the mother's sense of self and his/her feeling of "I am" is validated and enhanced (Winnicott, 1960b). If the caregiver is unable to identify the infant's internal states or there is an insufficient amount of mirroring, the infant is devoid of a usable object and necessary narcissistic identifications that result in integration (Miller, 1979; Roussillon, 2010).

Winnicott (1962) suggested that the formation of ego starts at the earliest stages of life. Since he regarded the self as a complex portion of the ego development, it can be interpreted that the infant explores his/her potency as a self and his/her *true self* emerges as a consequence of the healthy ego formation under good-enough care (DeRobertis, 2008; Winnicott, 1960a). This true self is what feels the most natural to the infant, making him/her feel that he/she is full of life: However, in the absence of a good-enough mother who did not commit herself to caring and creating an omnipotent fantasy; or in the presence of a primary caregiver who forces the baby to follow the routines and needs of the caregiver, there could

not be a solid foundation for the growth of the true self. As a result, the baby creates a *false self* to meet the demands and to hide some aspects of the true self. With this false self, one can display compliance with the requests from outside in the compromise of his/her true needs and wishes (Winnicott, 1960b, 1963). According to Modell (1976), who predominantly interpreted Winnicott's theory and made formulations, children who do not receive sufficient empathy from their caregivers develop a precocious and weak sense of autonomy and grow up to be narcissistic individuals who employ omnipotent fantasies to maintain this autonomy and build a grandiose self around it (as cited in Akhtar & Thomson, 1982, p. 16). While Winnicott did not centralize his work around the definition of the self and he is not considered as a self-psychologist, his conception of false self can be depicted as a precursor to Heinz Kohut's notion of a fragmented and depleted self (DeRobertis, 2008).

1.1.2. Kohut vs. Kernberg: The Notorious Disagreement

Narcissism had become a central subject for many theorists in the psychoanalytic literature. However, it is reasonable to clarify that the main arguments regarding the development and conceptualization of narcissism were discussed by theorists Heinz Kohut and Otto Kernberg. They were both fairly zealous and inquisitive in the way they studied narcissism and the way they treated narcissistic individuals. While they both viewed narcissism as an important aspect of the development of an individual, their stances regarding the causes of the pathological narcissism and their approaches to the treatment of narcissistic individuals were quite different.

Heinz Kohut's conceptualizations diverged from Freud's drive theory and definition of narcissism as a libidinal investment in ego in a significant way. He focused on the structure of the self, consequently being considered as the founder of self psychology, and he predominantly linked its development to narcissism. According to him, healthy narcissistic development is not pathological or defensive, instead, it is what forms a cohesive and meaningful self. Kohut (1971, 1972)

emphasized that from the moment of the birth, an individual's sense of self is continuously growing through the relationships with others and creating internal structures such as representations through these relationships is crucial for the integrity and the strength of the self. According to him, insufficient experiences in the relationships with significant others lead to the formation of a fragile self and pathological narcissism (Kohut, 1977).

Otto Kernberg analyzed narcissism from a viewpoint that followed classical psychoanalytic and object relations theories. Besides Melanie Klein's ideas, he was influenced by theories of Jacobson and Mahler (as cited in Cooper, 1986). He agreed with Freud that pathological narcissism arises from a libidinal investment in the self, and a grandiose self emerges (1970a). He focused on the borderline personality organization, which he placed between the neurotic and psychotic personality organizations on a spectrum (Kernberg, 1975). People with borderline personality organization tend to have pathological internalized object relations and lack a completely integrated sense of self. They are also likely to use primitive defense mechanisms such as splitting, denial, projection, idealization, and devaluation with symptoms of anxiety and paranoia. Kernberg (1975) claimed that pathological narcissism exists within the levels of borderline personality organization; narcissistic personality organization is the mildest disturbance while malignant narcissism and antisocial personality disorder are considered as the most severe forms of disorders in this range.

1.1.2.1. Heinz Kohut's Perspective

Heinz Kohut (1966) proposed that rather than an early stage which is supposed to be left behind when one is mature enough, narcissism is an essential part of the development and individuals carry its remains throughout their lives: "The establishment of the narcissistic self must be evaluated both as a maturationally predetermined step and as a developmental achievement" (p. 250). He suggested that the sense of self evolves and grows stronger by means of early relationships with significant others, mainly primary caregivers. As a result of these

relations, the baby is able to develop and internalize representations of others, which are called *self-objects* (Kohut, 1971). The infant does not perceive others as independent and external objects, but he/she experiences them as parts of his/her own self.

Kohut proposed that there are various kinds of needs of the infant that should be satisfied with these self-object experiences. Even though the number and importance of these experiences varied in years (Kohut & Wolf, 1978), there are three main and vital ones: mirroring, idealization, and twinship (Kohut, 1971). Mirroring experience takes place when the primary caregiver validates and admires the abilities and qualities of the infant. As a result of being acknowledged and appreciated, the baby feels that pride that comes from the sense of being valuable, and he/she develops an inner sense of grandiosity at a healthy level. In the idealizing self-object experience, the infant feels the need to establish a representation of a significant other who is omnipotent, calm, and providing a reliable primary caregiving. He/she idealizes and desires to merge with this self-object; as a consequence, he/she internalizes an idealized parental imago and sets high ideals and goals that are related to this imago to himself/herself. Finally, twinship (alter-ego) experience can be defined as a function of a relationship in which the infant's needs to feel similarity and belonging are satisfied. According to Kohut (1984), it is essential to have a significant other whom the child could model himself/herself on to sense inclusion and protection in his / her immediate surroundings (as cited in Friedemann et al., 2016). Kohut asserted that since normal narcissism and pathological narcissism exist within the same spectrum, if there are critical failures in the relationship with the caregiver and these natural and fundamental narcissistic self-object needs are not fulfilled, it may lead to a fixation on these needs and thus, pathological narcissism (Kohut, 1971; Kohut & Wolf, 1978).

One of the most important aspects of Kohut's conceptualizations was the difference between his and Freud's explanations of whether narcissism and object love are on the same developmental line or not. While Freud (1914) claimed that there is a single axis where an individual starts with autoeroticism, carries on with

narcissism, and ends up experiencing object love, Kohut disagreed and believed that object love and narcissism progress on two independent developmental lines (1971). The object relations line includes impulses of love and hate; it starts with autoeroticism and continues with narcissism. With the contribution of parents caring for the infant with object love, the child develops a sense of mature object love, and the Oedipal conflict is resolved at the end of this line (Russell, 1985). On the other hand, the narcissistic line is where the infant is loved with narcissistic love by his/her parents, and self-object experiences happen. Going through autoeroticism and narcissism, this line prompts a transformation of narcissism into higher and appreciated forms in society, such as empathy, creativity, and humor. Kohut's arguments also differ from classical object relations viewpoint that while most object relations theorists proposed that establishing and preserving true object relations is the main and ultimately reachable achievement for an individual in the individuation process, Kohut believed that people keep on searching for self-objects and narcissistic gratification throughout their lives to some extent (Russell, 1985).

Similar to Winnicott's (1962) going-on-being state and its interruption by minor failures of the good-enough mother, Kohut defined a primary narcissism state where there is no differentiation between "I" and "you," and stated that the infant could be disturbed by the disappointments due to imperfect caregiving. He suggested that there are two archaic structures that are employed to keep the infant narcissistically balanced and recreate a sense of perfection: *narcissistic self* and *idealized parent imago* (Kohut, 1966). Narcissistic, or in other words grandiose, self contains a sense of "I am perfect, and every good thing is a part of me." The infant expects his/her caregiver to acknowledge and admire his / her exhibitions, starting with the displays of bodily functions. If the caregiver is able to mirror and to comfort the child through his/her efforts to be a separate individual, the child peacefully recognizes his/her limitations, and subdue the sense of grandiosity (Kohut, 1971). Regarding the second configuration, Kohut (1966) explained that the infant perceives objects as omnipotent beings, projecting his/her narcissism to them to regain the externally lost sense of perfection. He/she regards himself/herself as a part of that all-powerful being, which is idealized parent imago. While the

infant grows up and his cognitive and emotional abilities improve, the idealized parent imago that he/she carries as a result of his/her original narcissism continues to change (Kohut, 1966)

In an ideal course of development, the child is able to transform and integrate these structures into a cohesive self through a process that Kohut calls transmuting internalization. According to Kohut (1971), the caregiver's efforts and capabilities to satisfy the needs and reduce the tensions of the baby facilitate the infant to gradually internalize these abilities to relieve and regulate himself/herself in the transmuting internalization process. While narcissistic self is modified and led to a normal self-esteem and self-confidence, idealized parent imago makes way to the progress of the superego, appreciation of others, and setting goals for the self. However, if the integration of these structures is not accomplished, the individual may function at the pathological end of the narcissistic spectrum.

Kohut (1966) believed that in the preoedipal phase, idealized parental imago fades, and ego comes into existence. The loss of this idealized parental imago results in superego formation in the oedipal phase. Later through the introjection of idealized images of other objects, the ego ideal is constituted and becomes a part of the superego. He commented that an individual lives with the ego ideal and narcissistic self. The ego ideal consists of ideals that internally lead a person. The individual loves and looks up to these ideals, consciously longing to live up to them as the ego perceives them as they are coming from "above." Kohut (1966) argued that ego experiences a sense of humiliation and longing when it does not live up to the ego ideal, but it does not become narcissistically injured. On the other hand, the narcissistic self is preconscious without object qualities; it is closer to the id, including ambitions and infantile grandiose fantasies that drive the individual, coming from "below." Kohut (1966) defended that ego's inability to fulfill narcissistic and exhibitionistic demands that come from below results in shame and narcissistic injury, rather than disappointing the ego ideal. Still, he emphasized the importance of the ego ideal and the structure of the ego as the most important protective factors against shame and narcissistic vulnerability.

Although unavoidable and minor inefficacies in caregiving could be handled in primary narcissism state, Kohut asserted that a severe amount of inadequacy in caregiving causes a major narcissistic disequilibrium, and it may result in a developmental arrest in the transformation of these formations of narcissistic perfection.

If the caregiver does not mirror the child to provide him/her a sense of gratification in an efficient way, the child pathologically persists in using the narcissistic self and even as an adult, he/she looks for self-objects who would mirror him/her and reenact the feelings of grandiosity. Another pathological manifestation might occur when the internalization of the idealized parent image cannot be done due to a great parental disappointment. According to Kohut (1966), a healthy internalization of these idealized parent imagoes is maintained by the minor and non-traumatizing parental failures such as missing the time of breastfeeding by a minute or being slightly late to soothe the baby when he/she is crying exposes the infant to reality. However, when the baby experiences a traumatizing object loss, his/her process of internalization of idealized parent imagoes becomes intensified. Occurrences such as the absence or death of the caregiver, their physical or emotional unavailability due to an illness, and parental restriction of dissatisfied needs and demands of the child could all be perceived as incidents of object loss. While a slow and steady loss of this image is expected and natural in the preoedipal stage and even the development of the superego is prompted by the significant loss in the oedipal stage, premature and distressing failures of caregivers produce critical damage. Severely inadequate responses to the child's needs or illnesses might painfully impair the idealized image of the parent for the child, and that causes difficulty in forming an idealized superego, leading the child to look for omnipotent objects to merge with. In cases of receiving incompetent mirroring or being overwhelmed by the grandiose expectations of the caregiver, the infant employs a defense that could go in one of ways: (1) horizontal splitting; repressing and shutting off from self-object needs and denying the feelings of low self-esteem and shame by acting overtly grandiose, or (2) vertical splitting; denying own needs,

substituting vulnerability for omnipotence and constantly experiencing shame and emptiness (Kohut, 1971).

Kohut's outlook on narcissism can be explained as an individual's perpetual and challenging attempt to compensate for the missing empathy, mirroring, and idealization in their childhood. People with pathological narcissism aim to recover their depleted self through self-objects since they do not have the enduring and sufficient internal structures for a cohesive self (Kohut, 1972). They sense that their weaknesses and incapacity are strictly under the observation of others, and they are unable to reach to their grandiose ideals. They tend to be more vulnerable to the narcissistic imbalances, which could be experienced as threats to the integrity of the self. Kohut (1966, 1971) offered that these narcissistic injuries bring along overwhelming feelings of shame and embarrassment. Kohut coined the term *narcissistic rage* to explain the aggression and destructiveness that narcissistically injured people exhibit. This anger features "the need for revenge, for righting a wrong, for undoing a hurt by whatever means, and a deeply anchored, unrelenting compulsion in the pursuit of all these aims" (1972, p. 379). These individuals respond to narcissistic injuries with either feeling narcissistic rage or suffering from the feelings of being empty and ashamed. Kohut (1972) also claimed that while narcissists disregard and ridicule people who do not provide the support they expect, they disproportionately idealize the ones who would assumedly satisfy their needs. He stated that these people might struggle to develop and preserve the relationship, and they could not be empathetic to the needs and emotions of others (as cited in Akhtar & Thomson, 1982).

1.1.2.2. Otto Kernberg's Perspective

Unlike Kohut, Kernberg perceived narcissism as a developmental stage that definitely needs to be outgrown. He defended that going through and overcoming the state of infantile narcissism was necessary for the infant to form a normal and functioning superego (Kernberg, 1974).

Even though he followed a path that is based on object relations, Kernberg (1966) made a distinction between his ideas and classical object relation theories of Fairbairn and Klein his first conceptualizations as he rejected their ideas regarding the existence of ego from the birth and opposed that babies could not separate inner and outer reality in early periods of life. Later, agreeing with Mahler and Jacobson's perceptions that infants are able to form representations in the first months of their lives, Kernberg (1991) expanded these ideas and explained that babies could start to establish archaic self and object representations even though they could not differentiate them. According to him, pleasurable experiences with the caregiver result in positive self and object representations, while painful experiences lead to negative representations in the psyche of the infant. He believed that "libidinal investment of the self evolves in parallel with the libidinal investment in objects and their psychic representations (called "object representations")" (1991, p. 141). According to Kernberg, these representations are strongly associated with the way the infant establishes and experiences narcissism. Positive experiences and inner representations aid the infant to internalize good inner object relations and as a result, the child successfully goes through a state of healthy narcissism and later develops affluence of object love, similar to what Freud (1914) offered. However, negative self and object representations due to painful experiences with others lead the baby to form bad inner object relations, therefore, the child ends up with a fixated and pathological kind of narcissism (Kernberg, 1975). They project their aggression that is intensified by feeling hungry due to internalized bad representations, which is called *oral rage* by Kernberg, to the external world. Later in life, this projected anger makes the outside world seem even more harmful and dangerous, leading the individual to feel paranoid (Kernberg, 2004).

Kernberg (1970a) suggested that there are three main structures in the psyche that play an important role in the development and outcome of narcissism and self: (1) ideal self, (2) ideal object, and (3) real self. The ideal self consists of images of the infant's own self being omnipotent and omniscient and representations of what the infant wishes to be. To counterbalance the aggression, envy, and oral frustration, the infant creates an ideal self-image that is full of beauty

and power (Kernberg, 1974). Ideal object structure carries the fantasies of an accepting, endlessly loving and giving caregiver. Since the child is frequently disappointed by the experiences of reality where there are parental failures, he/she builds images of an omnipotent caregiver instead of the devaluated real parent whom the child desires to love and to be cared for by. According to Schmidt (2019), these images of the ideal self and ideal object carry a resemblance to Klein's split aspects of self that are projected and introjected in the paranoid-schizoid position. The last structure that is defined by Kernberg, the real self, involves the actual uniqueness and importance of the infant. By means of early experiences with caregivers who could support his/her specialness, the infant recognizes his / her real prominence and builds a proper real self-image.

Kernberg (1970b) asserted that in an optimal developmental process, these three structures provide a basis for the foundation and differentiation of superego and ego: While the integration of ideal object images and ideal self-images lead to the formation of the superego, the inconsistency between these ideal and integrated images and real self-images transform into the tension between superego and ego. However, if the external reality is unbearable and there are "specific disturbances in their object relationships," individuals end up with problems in their self-regard and with narcissistic personality (Kernberg, 1975 p. 17). Kernberg argued that a distant and unresponsive caregiver who lacks empathy, usually the mother, would not be able to meet the narcissistic needs of the child. For these types of caregivers, the infant is merely an extension that could undertake the needs and ambitions of the parent rather than a human being who is worthy of love by his / her own. As a result of this, the child could not develop self-love, only feels valued when he/she acts in the way the parent expects him/her to and gets overwhelmed by this relationship failure. With the projection of rage from the child, the external world becomes even more unloving and depriving. Thus, in order to defend himself/herself, the child withdraws his/her love and invests in himself/herself, building a grandiose self (Kernberg, 1970a). With the intention of avoiding dependency on external objects, the individual splits his/her self and gets rid of the unacceptable parts by projecting them to external objects and depreciating them.

Additionally, the individual starts to identify with the ideal self and ideal object images to deny the need for the others – perfect and powerful representations merge, and they are perceived as the real self. Therefore, instead of being integrated, ideal self, ideal object, and real self images are pathologically fused together (Kernberg, 1970b). Kernberg verbalized the purpose of this defensive emergence of pathological narcissism in the way that narcissistic individuals would think: “I do not need to fear that I will be rejected for not living up to the ideal of myself which alone makes it possible for me to be loved by the ideal person I imagine would love me. That ideal person and my ideal image of that person and my real self are all one, and better than the ideal person whom I wanted to love me, so that I do not need anybody else any more” (1970b, p. 55).

Kernberg’s ideas regarding the ego ideal were heavily influenced by Jacobson’s (1964) arguments. Jacobson believed that archaic object images that are projected and re-introjected constitute most of the ego ideal; later, the internalized realistic parental demands were added to the ego ideal and formed superego in the first two or three years. Similar to her notions, Kernberg (1966) also thought that the ego ideal is a result of the integration of ideal self-images and ideal object images, and it becomes a part of the superego. He offered that when realistic parental demands and prohibitive facets of superego are involved, the ego ideal gradually becomes more reachable and less intense, so the individual can experience a healthy narcissistic gratification and believes that he/she can reach internalized internal parental image.

However, if the ideal self and ideal object images are fused instead of integrated, it becomes pathological. Kernberg thought that if parents overly invest in the child and create an excessive ego ideal for him/her, the child grows up to be dissatisfied with himself/herself despite realistic achievements. He/she consistently attempts to live up to the extreme ego ideal by seeking glory or creating a defense mechanism of grandiosity (Kernberg, 1966, 1975).

Kernberg (2004) categorized the general traits of narcissists as pathological self-love, pathological object love, and pathological superego. The inclination to exhibitionism, the sense of grandiosity and superiority, being overly ambitious, and

self-centeredness can be considered as manifestations of pathological self-love. However, their grandiosity can occasionally turn into inferiority and feelings of worthlessness. Even though narcissists are dependent on the admiration of others, they do not feel thankful for it, instead they take this kind of recognition for granted. Pathological object love demonstrates itself as the inability to depend on others, exploitative behavior, and intense envy. He asserted that narcissistic people form relationships to exploit other people, and they do not feel guilty about it. Due to this parasitic nature of their relationships, they might seem dependent. However, Kernberg (1970b, 2004) alleged that, in fact, they are entirely incapable of relying on anyone as a result of their belief that good things will eventually disappear. As a conscious indication of their envy, narcissistic people do not show interest in others and scorn at their achievements and activities. Lastly, the characterization of the pathological superego consists of narcissistic people's inability to handle criticism and mild depressive symptoms such as sadness and critical self-reflection (Kernberg, 2004). If they cannot accomplish their ambitious goals and get criticized instead of gaining admiration, their sense of grandiosity is fractured, and they experience heavy mood swings. Kernberg associates the regulation of this fragile self-esteem with shame. He adds that in the presence of a severely pathological superego, the individual displays malignant narcissism, defined as a syndrome with manifestations of paranoid ideations, antisocial behavior, and ego-syntonic sadism that could also lead to suicidal tendencies.

According to Kernberg, narcissistic individuals experience feelings of boredom and emptiness besides a precarious sense of identity (1975, 2004). Even though they can be successful and prominent in the areas of work and sociability and can strongly control their impulses, Kernberg (1975) claimed that narcissists do not have an authentic enthusiasm or productivity; their performance is pseudosublimatory, meaning that their functioning is due to their need of exhibitionism.

1.1.2.3. Comparison of Kohut's and Kernberg's Approaches to Narcissism

Kohut and Kernberg had a little common ground in their arguments about the fundamentals of narcissism: Both asserted that narcissistic people are individuals with a damaged self, and the primitive images of a grandiose self and idealized objects play a significant role in the way that narcissism develops (Russell, 1985). They emphasized that people with pathological narcissism presumably did not experience sufficient parenting, whether the primary caregiver was used the child as a narcissistic object or not, the infant felt rejected and deprived. Additionally, they both cited the grandiose characteristics of narcissistic individuals. Still, their approaches differed so apart from each other that the controversy between them is still widely discussed.

Adler (1986) mentioned that three possible reasons could explain the relevancy of this debate: (1) paradigm clash, (2) sampling bias, and (3) interview bias (as cited in Auerbach, 1993). The paradigm clash occurred for the reason that theorists from different orientations insisted on explaining the same concept within their own outlooks rather than integrating different schools of thought. Also, there is a possibility that while Kohut could have worked with more functioning and healthier narcissists, Kernberg could have treated more difficult and disturbed ones, so their approaches might be biased due to their samplings of the patients. Finally, their techniques in the treatment were very contrasting: Kohut displayed an empathic stance and fulfilled the missing, archaic needs of the narcissistic people while Kernberg used frequent confrontation to reveal the anger of the narcissistic individuals whom he considered as exploitative and manipulative (Auerbach, 1990). Therefore, their particular interview techniques affected the results and divided these scholars even more.

As above-mentioned, Kohut defined narcissism as a developmental process that persistently influences the individual, assumedly emerging in the late oral stage without a specific endpoint. On the other hand, Kernberg believed that narcissistic development starts at the late oral stage, and it is supposed to end with the formation

of superego and Oedipal resolution. Similar to Freud's (1914) first conceptualization, Kernberg (1975) advocated that pathological narcissism is a result of the libidinal investment in the grandiose self. However, Kohut argued that "Narcissism (...) is defined not by the target of the instinctual investment (i.e., whether it is the subject himself or other people) but by the nature or quality of the instinctual charge" (1971, p. 36). Regarding the ego ideal, while Kernberg (1966) remarked that the healthy ego ideal is a result of the integration of ideal object and ideal self images, Kohut (1966) argued that it mainly comes from the idealized parental imago, a similar construct to Kernberg's ideal object images. The narcissistic self, which lines with Kernberg's ideal self image, stays closer to the id without being involved in the ego ideal.

Even though it is challenging to operationalize and empirically test these psychoanalytic conceptualizations, several clinicians studied the psychopathology of narcissism to clarify which approach is more definitive. While some researchers reported that narcissistic personality is related to aggression, envy, and defensive use of grandiosity as in Kernberg's arguments (Raskin & Novacek, 1991, as cited in Auerbach, 1993; Shulman & Ferguson, 1988); others emphasized the importance of inadequate fulfillment of mirroring and idealization needs in pathological narcissism and supported Kohut's explanations (Friedemann et al., 2016; Glassman, 1988; Payne, Robbins & Dougherty, 1991, as cited in Auerbach, 1993). Banai, Mikulincer, and Shaver (2005) also associated Kohut's self-object needs with narcissistic personality and low self-esteem.

1.1.3. Subtypes of Narcissistic Personality

In general, people with narcissistic personality are regarded as individuals who look for affirmation from outside to preserve their self-esteem. They construct their personality around this sense of confirmation. Their concerns about themselves regarding the approval or the criticism they get are excessive (McWilliams, 2011). They are unable to maintain a healthy and consistent self-regard and to have an appropriate self-regulation system (Kealy & Rasmussen,

2012; Ronningstam, 2005, as cited in Cain et al., 2008). In time, scholars and clinicians who specialize in narcissism observed that even though there might be similar and elemental components that lead to pathological narcissism, narcissistic individuals are likely to display different profiles and show distinct behavioral strategies in daily life. Therefore, the need to distinguish particular types of narcissists gained importance.

Bursten (1973), while he was working with veterans in a psychiatric ward, observed the patients and defined narcissists as people who essentially attempt to maintain and restore their self-esteem while trying to reunite their grandiose self representation and omnipotent object representation. He categorized the narcissistic personalities into four groups: craving, paranoid, manipulative, and phallic. Craving narcissists are clingy, demanding, and in a constant need of support from others. They display passive-aggressive reactions, and due to their neediness, they suppose that they will be disappointed. Paranoid narcissists tend to be overly sensitive, rigid, and suspicious individuals who are jealous of others. Bursten stated that most of them are argumentative about others' intentions, but they are not considered psychotic. Phallic narcissists represent an exhibitionistic and masculine image. They aspire to be powerful and prove themselves. Lastly, manipulative narcissists display antisocial tendencies; they frequently lie and exploit people without evident feelings of guilt (Bursten, 1973).

However, the most prominent and acknowledged distinction between types of narcissism focuses on two aspects. Even though they can be named differently, such as overt and covert (Akhtar & Thomson, 1982) or oblivious and hypervigilant (Gabbard, 1989), most clinicians and theorists agree on the notion that characteristics and themes of narcissism mainly fall into two categories: grandiosity and vulnerability (Cain et al., 2008; Wink, 1991). The differences between grandiose and vulnerable narcissists are explicitly present in the works of Kohut and Kernberg. It appears that while Kernberg mentioned that narcissistic people he worked with are more envious, primitive, and aggressive, Kohut depicted narcissists as rather functioning, self-fragmenting, and hypervigilant people (Gabbard, 1989). In this sense, it can be interpreted that while Kernberg's

narcissists fall into the grandiose category, Kohut's are more likely to be considered as vulnerable. Wink (1991) analyzed six different scales of narcissism and reported that factors of grandiosity/exhibitionism and vulnerability/sensitivity are apparent across several measurements.

Wink (1991) argued that overt and covert senses of self-esteem are the notions that underlie the differentiation between two types of narcissism. Regarding self-esteem and life satisfaction, while grandiose narcissism is positively correlated to these aspects, vulnerable narcissism is negatively related to them – they tend to have lower self-esteem and carry feelings of inferiority (Rohmann et al., 2019; Rose, 2002). In circumstances where one's self-esteem can be threatened, grandiose narcissists use more effective self-enhancement strategies compared to vulnerable narcissists; they are prone to deny their weaknesses, and if their self-esteem is intimidated by others, they are likely to devalue people who make them feel threatened (Freis, 2018; Gabbard, 1989). Some researchers noted that due to the fragile sense of self-esteem and hypersensitivity, both types of narcissism are related to mood variability in individuals (Krizan & Bushman, 2011; Rhodewalt & Morf, 1998).

Characteristically, oblivious narcissists tend to be entitled and exploitative. They have high and improbable expectations. They are inclined to feel and display persistent anger when these expectations cannot be met (Gabbard, 1989). Even though vulnerable narcissists appear as more self-inhibited, modest, and shy compared to grandiose narcissists, it is hypothesized that there are unrealistic and grandiose expectations underlie in their inner world. They feel conflicted about these expectations, which lead to disappointment and anger – they experience a painful sense of shame and depression due to their anger and their exhibitionistic wishes (Dickinson & Pincus, 2003; Gabbard, 1989). McWilliams (2011) commented that “in every vain, grandiose narcissist hides a self-conscious, shame-faced child, and in every depressed and self-critical narcissist lurks a grandiose vision of what that person should or could be” (p. 190). Two interacting self-conscious affects, excessive shame and pride, underlie at the roots of both narcissism types (Tracy et al., 2011). Even though both subtypes of narcissism

might struggle with the regulation of their affects and emotions, studies report that vulnerable narcissism is significantly related to maladaptive emotion regulation – vulnerable narcissists might have difficulties in accepting their own emotional responses and having a clear sense of emotions (Zhang et al. 2015, as cited in Czarna et al., 2018). Freis, Brown, Carroll, and Arkin (2015) reported that when faced with unsatisfactory feedback, vulnerable narcissists show higher emotionality, and their attempts to regulate their shame by invalidating others' feedback result in greater shame.

Wink (1991) remarked that the characteristics of both types of narcissists include themes of self-indulgence, arrogance, and disregard of others, but they are still likely to differ in their functioning in interpersonal relationships. While defensiveness, anxiousness, and reticence in social relationships are associated with vulnerable narcissism, exhibitionism, manipulation, and self-assurance are mainly related to grandiose narcissism. Gabbard (1989) asserted that vulnerable (hypervigilant) narcissists stay away from circumstances that could hurt them and examine other people to understand how they should act to protect their self-esteem. On the other hand, grandiose narcissists avoid narcissistic injury through attempting to impress others, ruling out the negative responses, and overtly using self-enhancement (Dickinson & Pincus, 2003; Gabbard, 1989). Rather than being in close and intimate relationships, grandiose narcissists prefer to socialize in larger groups of people. They have obstacles with their need for extreme admiration and attention even though they appear overly confident and aggressive (Wink, 1991). Compared to grandiose types, vulnerable narcissists are more likely to depend on social feedback to maintain their self-esteem (Dickinson & Pincus, 2003; Zeigler-Hill, Clark, and Pickard, 2008, as cited in Rohmann et al., 2019). Cooper and Ronningstam (1992) also argued that even though covert and vulnerable narcissists might display an empathic personality which seems authentically involved with others, they actually struggle with being in a genuine and close relationship due to their envy toward others (as cited in Friedemann et al., 2016).

From a mental health perspective, vulnerable types tend to suffer more from depression and anxiety (Dickinson & Pincus, 2003; Freis, 2018; Gabbard, 1989).

They are more likely to be characterized by their lack of fulfillment, excessive worrying, and pessimism. Ellison et al. (2013) also reported that while grandiosity predicted symptoms of mania in narcissistic clients, vulnerability predicted depression and panic symptoms. Additionally, while vulnerability was related to psychosis and sleep problems, grandiosity was associated with violence. Comparing the observable symptoms of both types, Dickinson and Pincus (2003) noted that grandiose narcissists who displayed symptoms of Narcissistic Personality Disorder also scored higher in criteria of Antisocial Personality Disorder and Histrionic Personality Disorder. On the other hand, vulnerable narcissists rated higher for the symptoms of Avoidant Personality Disorder, indicating that while grandiose narcissists' sense of entitlement, exploitation, and exhibitionistic tendencies are oblivious, vulnerable narcissists are instead characterized by their avoidance of relationships to prevent shame and disappointment (Dickinson & Pincus, 2003). Back and Morf (2018) depicted grandiose narcissists as successful narcissists while describing vulnerable narcissists as struggling or failed narcissists (as cited in Czarna, Zajenkowski, Dufner, 2018). Since people with grandiose narcissism report less sadness, loneliness, anxiety, and depression (Banai, Mikulincer, & Shaver, 2005; Rose, 2002), they are more likely to be perceived as happy and successful by others.

While the precise differentiation between grandiose and vulnerable narcissism remains relevant and facilitating, recently, some researchers stated that these facets might alter within an individual. Ronningstam (2009) argued that narcissism could be considered as a "pervasive pattern of fluctuating and vulnerable self-esteem ranging from grandiosity and assertiveness to inferiority or insecurity" (p. 118). Similarly, Oltmanns and Widiger (2018) claimed that labeling a particular type of narcissism might not be able to describe the characteristics of an individual's personality, and fluctuation is possibly present. They reported that both types of narcissism show a significant relationship with fluctuation, and factors of indifference/anger, grandiosity/shame, and assertiveness/insecurity are present for different narcissistic fluctuation scales. Additionally, they noted that vulnerable states of vulnerable narcissists fluctuated more compared to their grandiose states.

1.1.4. Etiology, Diagnosis, and Prevalence of Narcissism

1.1.4.1. Diagnosis of Narcissism

Cain et al. (2008) mentioned that as a result of consistent use by clinicians who follow psychodynamic orientation in their practice, Narcissistic Personality Disorder (NPD) was officially defined as a personality disorder and included in the third edition of Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). However, since its addition, operationalization and diagnostic criteria of NPD have always been criticized by several scholars; even the criteria in the later and revised versions of DSM were considered as narrow and merely focused on grandiose traits of narcissism (Cain et al., 2008; Gabbard, 1989; Levy et al., 2009; Ronningstam, 2009). Dickinson and Pincus (2003) interpreted that since overt and grandiose exhibitionism of an individual is much more noticeable, its presence might be predominating in describing pathological narcissism. Currently, the diagnostic criteria of NPD in DSM-5 still mainly includes grandiose traits, and it is as follows:

A pervasive pattern of grandiosity (in fantasy or behavior), 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 favorable 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 behaviors or attitudes. (American Psychiatric Association, 2013, p. 669)

Regarding the diagnosis, Pincus et al. (2009) noted that while traits of grandiosity diminish the probability of seeking treatment, vulnerable characteristics usually increases the probability. In other words, narcissistic people are more likely to apply for treatment when they are in a vulnerable state; therefore, it is critical to acknowledge and utilize narcissistic vulnerability traits, such as low self-esteem and shame, for an adequate diagnosis (Ellison et al., 2013; Pincus et al., 2009; Pincus & Lukowitsky, 2010). If it is not recognized, vulnerable narcissism might be misdiagnosed as Avoidant Personality Disorder (AVPD) or Borderline Personality Disorder (BPD). Vulnerable narcissists' tendencies to appear fearful and to avoid relationships to prevent humiliation, disappointment, and shame might be interpreted as symptoms of AVPD. Additionally, the emotional lability of a vulnerable narcissist can be judged as a typical manifestation of BPD (Dickinson & Pincus, 2003). Pincus et al. (2014) commented that even though clinical practice implies that the appearance of narcissistic diagnosis is very frequent, the prevalence rate of Narcissistic Personality Disorder in DSM-5 is lower compared to other personality disorders; therefore, merely using DSM-5 criteria for the diagnosis and treatment of narcissism is likely to be insufficient. Besides the aforementioned proposal of including items regarding vulnerability, Miller et al. (2013) also

suggested acknowledging vulnerability as a specifier in NPD to improve and revise these criteria.

1.1.4.2. Prevalence of Narcissism

Stinson et al. (2008) remarked that NPD has a lifetime prevalence rate of 6.2%. In her review, Ronningstam (2009) noted that researches display prevalence rates that range between 0% and 5.3% in the general population. Dhawan et al. (2010) conducted a systematic review of the studies that used DSM-III-R or above diagnosis criteria and reported that the frequency of NPD varies from 0% to 6.2% with a mean prevalence of 1.06%. More recently, DSM-5 also stated that the disorder has a prevalence rate of 0% to 6.2% in the community according to previous criteria of NPD in DSM-IV (American Psychiatric Association, 2013). The frequency increases in the clinical population: it can range between 1.3% and 17% (Ronningstam, 2009) or 2.3% and 35.7% (Dhawan et al., 2010). Stinson et al. (2008) observed that higher rates of NPD were accompanied by higher rates of lifetime mood disorders (11.9%), anxiety disorders (11.5%), and substance use disorders (8.8%) in individuals.

However, several researchers argued that lower rates of lifetime NPD do not reflect the actual prevalence since the diagnosis criteria in DSM mainly focus on the grandiose traits of narcissism (Miller et al., 2010; Pincus & Lukowitsky, 2010; Pincus & Roche, 2011). Levy et al. (2007) commented that different diagnostic rates of pathological narcissism could also be associated with different types of practices, theoretical orientations, and clinical settings (as cited in Levy et al., 2009).

There are multiple studies that investigated the relationship between biological and social characteristics such as age, gender, and marital status and prevalence of narcissism. In their longitudinal study, Bernstein et al. (1993) noted that the prevalence rate of NPD and other personality disorders peaked at early adolescence, between the ages of 11 and 14. Near the end of the adolescence, between the ages of 18 and 21, the diagnostic rate significantly decreased. Stinson

et al. (2008) commented that developmental challenges and mechanisms that are used to deal with these challenges in the process of being an adult might be the increasing factors for the diagnostic rate of NPD in adolescents; therefore, NPD in adolescence do not necessarily result in pathological narcissism in adults. Even though the diagnosis of NPD appeared to be more frequent in younger adults, its prevalence decreased in time, especially after the age of 29. They also reported that the prevalence rate of NPD was significantly higher among never married, separated, divorced, or widowed individuals.

Studies present mixed results regarding the gender difference in the prevalence of narcissism. In his original theory of narcissism, Freud (1914) asserted that women tend to be more narcissistic than men since they are absorbed by the importance of their feminine physical appearance; and the only ways for women to experience true object-love are growing up in a masculine way or having a child. However, empirical studies invalidate this argument. While some researchers reported that men show considerably higher rates of pathological narcissism compared to women (Grijalva et al., 2015; Narayan, 1990; Ronningstam & Gunderson, 1991, Wright et al., 1989); others did not find a statistically significant difference between genders (Furnham, 2006; Torgersen et al., 2001). Stinson et al. (2008) reported that the prevalence of NPD was 7.7% for men and 6.2% for women. DSM-5 also marked that 50% to 75% of the individuals with an NPD diagnosis were men (American Psychiatric Association, 2013). An explanation for this difference is that while grandiose (overt) narcissism traits accord with stereotypical male characteristics in society, vulnerable (covert) narcissism facets are in line with stereotypical female roles (Levy et al., 2007, as cited in Levy et al., 2009).

1.1.4.3. Etiology of Narcissism

While their theories and arguments vary on a wide spectrum, most psychoanalysts relate the development of pathological narcissism to paternal insensitivity. Kernberg claimed that unresponsiveness and rejection from a parent might result in a grandiose type of narcissism as a defense (1970a, 1975). Kohut

(1971, 1977) believed that narcissism derives from parents' inadequacy to fulfill self-object needs such as mirroring and idealizing. As a consequence, the individual cannot construct a sense of healthy sense of self-esteem using premature feelings of grandiosity, and he/she is accompanied by a sense of underlying inferiority. The unconscious of a narcissist always attempts to split feelings of inferiority and grandiosity (Kernberg, 1975).

Some scholars noted that being the first-born child or being an only child is related to displaying narcissistic characteristics (Curtis & Cowell, 1993; Emmons, 1987; Joubert, 1989). Apart from birth order, Alice Miller (1979, 1981) strongly emphasized that children who are caring and fulfilling about the needs of their parents are accepted as gifted and special in their families; they are admired for their achievements, but they are also utilized to satisfy the narcissistic needs of their caregivers. As a result, their sense of self is shaped to gratify the wishes and needs of others, but not their own. In Winnicott's (1963) terms, they create a false self and suffer from narcissistic disturbances.

In a related sense, developing a false self that aims to satisfy parents' needs by taking age-inappropriate emotional and physical responsibilities relates narcissism to parentification. Furthermore, internalizing these extreme parental demands and forming a harsh ego ideal without having a strong true self that could sufficiently meet any idealized goals is likely to bring intense shame to the individual.

1.2. SHAME

Even though shame is an alluring subject in the psychoanalytic literature, its definition is somehow obscured. By nature, the conception of shame is about the things that people hide from others – word of shame comes from the root of *skam*, meaning “to cover, to hide” (Kilborne, 1995b). The feeling of shame might weaken the trust and appreciation of a person towards his/her object relations. According to Kilborne (2011), even one's belief in his/her existence is threatened by shame. It inhibits a person's ability to feel goodness within the self (Berke, 1986). Morrison

& Stolorow (1997) described shame as a fundamental and excruciating affect that makes individuals judge themselves cruelly. Shameful people feel defective, inadequate, and unworthy to be loved by others.

In daily life, the terms of guilt and shame are interchangeably used since they can be evoked in similar situations. Thus, they are commonly confused with each other, and making a clear distinction had also been an issue in the literature. They are described as self-conscious emotions that function in interpersonal relationships by regulating and maintaining an individual's behavior in a way that could be socially accepted (Tangney & Tracy, 2012, as cited in Muris & Meesters, 2014). They are both negative affects and associated with internal attributions. Lewis (1971) considered both shame and guilt as consequences of a malfunctioning superego. Morrison (1989) differentiated guilt and shame by describing guilt as a result of a distressing act or thought while explaining shame as a result of a defective self-perception. Tangney, Wagner, and Gramzow (1992) further explained that what makes them different is the focus of the affect. While experiencing guilt, the individual is mainly concerned about the specific bad and/or wrong action and regret over this deed. On the other hand, shame occurs when the individual experience this wrongness within his/her self: The focus is not on the bad *action*, but on the bad *self*. The individual attributes the senses of wrongness and faultiness to his/her essence of being, rather than something he/she has done. In other words, the affect of shame is about the *whole self* (Lewis, 1971). According to Morrison (1989), guilt was mentioned in neurotic states, while shame was mostly associated with narcissism in the psychoanalytic literature.

1.2.1. Etiology and Nature of Shame

Sigmund Freud started the examination of shame in psychoanalytic literature, but the concept of shame was somehow ignored until it appeared in Kohut's works on narcissism and Lewis (1971) extensively analyzed the concept. Until then, theorists rather studied guilty impulses and neurotic states (Mintz et al.,

2017). After 1970s, shame eventually became a much more discussed subject by several scholars (Broucek, 1982; Morrison, 1983, 1989).

At first, Freud (1895) perceived shame as a motive for defense. Since awareness of shame could bring so much pain to a person, he/she would function in a way to get away from its awareness. Especially in matters of morality and sexuality, shame would be a very distressing affective experience, so it plays a role as a motive to repress sexuality (as cited in Lansky & Morrison, 1997). Later, he acknowledged shame as a defense on its own to prevent the possibility of an individual acting wild and unconscientious, besides being a motivational affect for other defenses.

Regarding the nature of shame, Michael Lewis (1992) labeled joy, sadness, disgust, interest, and fear as primary emotions and classified shame, guilt, and pride as secondary emotions that are recognized in early infancy. To an extent, this categorization was based on biology, disregarding the aspect of consciousness (as cited in Kilborne, 1995b). From an integrated object relations-affect theory viewpoint, it is possible to consider shame as the outcome of an interrupted relationship in which the infant experiences a disconnection from an early object, even without developing a self-reflection (Mills, 2005). In the psychoanalytic sense of the nature of shame, Lewis (1971) emphasized that the fundamental existence of an internalized Other is a necessity for this affect, since a person's experience of shame is strongly related to a "significant other's scorn" in a vicarious way (p. 431). Lansky and Morrison (1997) added that since people feel obligated to fulfill the standards in the eyes of others, in the eyes of internalized others and their own eyes, their feelings of shame are inevitably linked to internal and external feelings of acceptance. While Kohut (1971) did not purposely focus on the feeling of shame in his works, it was still strongly associated with the sense of a deficient self.

Parents play an essential role in the triggering state shame feeling and formation of shame-proneness as well as in the development of narcissistic vulnerabilities. Kinston and Schneider (1987) alleged that when parents allow their children to have a personal space where they could explore the world and themselves, children will be able to stay relatively unashamed. At the same time,

they will gain a healthy sense of shame that positively contributes to their development in terms of being humble and respectful to themselves and others. However, if parents do not let their children have personal space and do not accept them unconditionally, children will be likely to be shame-prone and vulnerable. All the early experiences of constantly being under the impression of making the parents disappointed and angry, as well as any situation that triggers shame, may cause a persistent feeling of shame in an individual's later life (as cited in Auerbach, 1990). Being exposed to negative parenting practices such as rejection, indifference, and parentification was associated with shame later in life (Mintz et al., 2017; Muris & Meesters, 2014; Wells & Jones, 2000). Pulakos (1996) observed that adults who grew up in dysfunctional families lacking commitment and encouragement were more likely to experience shame. In addition to the effect of family life, women are found to be more shame-prone than men (Lewis, 1971; Pulakos, 1996; Tangney, 1990).

Several theorists and researchers associated shame with different psychological and physical issues. Lewis (1971) stated that shame-prone people were likely to direct hostility towards their self in a passive way. Paralyzed by this strong affect, the self feels helpless and weak. Ferguson, Stegge, et al.. (2000) reported that shame-proneness was related to internalizing and externalizing problems in middle childhood. In adulthood, proneness to shame is also associated with decreased self-esteem and self-efficacy, limited empathy, substance abuse, depression, somatization, anger, paranoid ideation, and narcissism (Andrews et al., 2002; Baldwin et al., 2006; Dearing et al., 2005; Tangney, Wagner, & Gramzow, 1992; Wright et al., 1989).

The affect of shame causes people to be defensive against itself due to its agonizing essence. As is the case with the word stem of shame meaning "hide" (Killborne, 1995b), a shameful person desires to remain unseen, but he/she also carries a wish to destroy the object that makes him feel ashamed (Berke, 1986). Even though Lewis (1971) noted that people tend to flee and hide in the occurrences of shame, she added that shame could also be beneficial and functional in a way that could serve the purpose of recovering and maintaining significant interpersonal

relationships. It could improve emotional bonds and enable the individual to have a sense of identity. Supporting Lewis's approach, Wurmser (1981) offered that shame can preserve the integrity of the individual's self (as cited in Morrison, 1989).

1.2.2. The Relationship Between Shame and Narcissism

In psychoanalytic literature, the feeling of shame is considered as a fundamental part of narcissism, so much that it is difficult to find descriptions of these concepts that do not mention the other (Bursten, 1973; Kohut, 1971; Lewis, 1971; Morrison, 1989). McWilliams (2011) considered the feeling of shame and the fear of shame as some of the most poignant experiences for an individual with a narcissistic personality. Usually, theoreticians point out the engagement of narcissism and shame within the concept of self to explain why these two notions are entangled. The affect of shame is regarded to occur within the self-as-a-whole. As a result, it is naturally related to the narcissistic vulnerability of the self (Morrison, 1989). Further, Lewis (1981) offered that narcissism can be defined as self-love, while shame can be described as temporary self-destruction. Therefore, they are connected in an instinctive way where they can rapidly and continuously replace each other (as cited in Morrison, 1989).

In front of the feedbacks and responses from others, a shame-prone individual believes that his/her narcissistic vulnerability is exposed, and he/she feels quite defenseless (Berke, 1986). Coincidentally, people with narcissistic personality are sensitive to shame, and Kilborne (1995a) argued that narcissistic individuals are likely to be sensitive to the affect of shame, and they attempt to stay away from the situations that could reveal their vulnerability. Although they are in need of an audience to be mirrored and recognized, their grandiose and exhibitionistic self is likely to overwhelm their fragile ego. Therefore, they can experience an intense feeling of shame and feel numb in front of others (Kohut, 1972).

Broucek (1982) claimed that the essential problem of narcissists is the enduring sense of shame that they must handle. Through the statements of entitlement, grandiosity, and anger, narcissistic individuals indicate their needs of being special and admired. However, when they are confronted with their lack of uniqueness, they experience a narcissistic defeat that brings along the feeling of intense shame (Morrison, 1989). Narcissistic individuals carry a sense of emptiness about their self. They usually fail to develop meaningful connections with others and to achieve their grandiose aspirations. Due to these failures, they cannot accept themselves, and they believe that others do not accept them, either. Therefore, they experience a narcissistic dilemma, accompanied by shame (Morrison, 1983). Besides, Lewis (1981) proposed that since narcissism functions in a way to preserve the integrity of a fragile self, the ultimate goal of narcissists is eliminating shame, the feeling that causes the narcissistic vulnerability.

The discussions about the purpose of narcissistic needs and the experiences of shame consistently involve the ego-ideal structure. As aforementioned, Freud (1914) explored the connections between narcissism and the ego-ideal, but he did not comprehensively investigate the relationship between narcissism and shame. Even though his conception and operationalization regarding the ego ideal were not consistent in his works, he mainly associated the ego-ideal with the superego, considering it as a construct that deals with aspirations and ideals. After Hartmann (1950, as cited in White, 1980) and Jacobson's (1964) proper conceptualizations of ego and differentiation of ego and self, its definition became more functional. Bursten (1973) offered that the main aim of narcissism is to be reunited with the introjected, idealized parents represented in the ego-ideal. Additionally, Chasseguet-Smirgel (1985) agreed with Freud (1914) in terms of ego-ideal being related to primary narcissism. She further proposed that what creates the ego-ideal of an individual is his/her efforts to get primary narcissism back, and the ego-ideal is utilized to merge with internalized omnipotent objects, similar to Bursten.

Piers and Singer (1953) investigated the relationship between shame and narcissism on the basis of the ego-ideal. Distinguishing the ego-ideal from ego and superego, Piers and Singer regarded it as a different part of the psyche that is the

essence of narcissistic omnipotence (as cited in Morrison, 1989; Morrison & Stolorow, 1997). According to them, the manifestation of shame is possibly caused by the disharmony between ego and the ego-ideal that occurs when an individual is unable to achieve the goals of the ego-ideal (as cited in Morrison, 1983). Lewis (1971) also commented that "shame is about the self; it is thus a "narcissistic" reaction, evoked by a lapse from the ego ideal" (p. 427). To some extent, all these theoreticians described shame as an undesirable feeling that arises from the inability to fulfill the demands of the ego-ideal. However, Kohut did not associate the experience of shame with the ego-ideal. In his earlier works, Kohut followed the lines of drive psychology, explaining the function of the ego-ideal as controlling drives while considering shame as the result of ego's inability to "discharge for the exhibitionistic demands of the narcissistic self," (1966, p. 254). According to him, it is an outcome of "a flooding of the ego with unneutralized exhibitionism," related to grandiose ambitions (1971, p. 310).

Although he did not explain the relationship between shame and narcissism by means of the ego-ideal, Kohut still emphasized their connection. Narcissists tend to be achievement-oriented, ambitious, and shame-prone at the same time. A failure is equivalent to a narcissistic injury resulting from narcissistic disequilibrium, occurring with shame and anger. Therefore, every time they experience a failure, an intense sense of shame is inevitable (1971). Chasseguet-Smirgel (1985) added that people experience a deprivation of love that would come from objects in these moments of shameful narcissistic injury. Kohut (1972) proposed that if he/she is provoked, a shame-prone narcissist is prone to impose his/her narcissistic injuries on others. Similarly, Berke (1986) suggested that narcissistic individuals could exaggerate their capabilities to protect themselves from feeling inadequate, and they could inflict their shame on others to satisfy their grandiose needs.

When categorizing narcissists into four groups, Bursten (1973) also examined the patients' approaches to eliminate shame. According to him, paranoid narcissists get rid of shame by externalizing and projecting it to others. Manipulative narcissists also project their shame to another person to discard this feeling. When they obtain their goal through this manipulation, they look at the

other person with devaluation and scorn. Due to their identification with a frail father figure, phallic narcissists are shameful. They act in an aggressive, arrogant, and overly masculine way to compensate for shame. Not surprisingly, their feelings of shame and fear of castration are denied. Craving narcissists do not make a great effort to deal with their shame since their fear of dissolution of their self is more prominent.

While some theorists consider shame to be the elemental affect of narcissism, its visible presence is likely to differ between grandiose and vulnerable narcissists. According to Broucek (1982), narcissists with grandiose themes cannot recognize their grandiose self and actual self at the same time; therefore, they cannot experience the tension and discrepancy between them. As a result, they lose the feeling of shame, ending up without interpersonal sensitivity. On the other hand, vulnerable narcissists split their grandiose self and disown it. It is not operationalized and solely exists as an idealized and omnipotent image. Since vulnerable narcissists can only identify with their true, deficient self, they perpetually experience shame. Empirically, Wright et al. (1989) supported this notion and reported that while one type persistently rejects the feelings of shame and presents high self-esteem, another consciously experiences shame and low self-esteem. Additionally, Hibbard (1992) indicated that while shame is positively correlated with vulnerable narcissism, it also shows a significant negative correlation with grandiose narcissism. More recently, Freis et al. (2015) noted that vulnerable narcissists experienced higher emotionality in the face of negative feedback, and their efforts to manage their emotionality causes even more shame, especially if they try to invalidate the feedback.

In sum, the connection between shame and narcissism is evident, and it is commonly accepted in the psychoanalytic literature. Still, the direction of this relationship is complicated, and it is not settled between scholars. Some theoreticians argued that narcissistic needs lead people to see their self as defected and imperfect, and the feeling of shame is inescapable due to this flawed self (Bursten, 1973; Lewis, 1971). Others commented that the sense of shame is so unbearable that the aspects of narcissism, such as grandiosity and perfection, serve

to eliminate it (Broucek, 1982; Morrison, 1989). Montebanocci et al. (2004) reported that there was not even a statistically significant relationship between shame and narcissism in their study. It was interpreted that since overt narcissists tend to deny the feelings of shame (Wink, 1991), it was concordant with the literature in a theoretical sense.

1.3. ROLES

Ackerman (1958) stated that the inner dynamics of a person could not be properly understood if it is separated from the environment; an individual's mind and psyche is deeply integrated with the group mind and dynamics. In the psychodynamic sense, the social role of an individual can be defined as a part of the personality that serves to adapt and to function in different contexts in life. Roles mainly exist in transactions with others within a group. They are shaped by cultural and interpersonal process and cannot be present in isolation (Spiegel, 1957).

Individuals are likely to obtain roles in different ways. Roles can be ascribed; considered as obligatory and universally expected from a person. They can be achieved by effort, or they can be assumed in a playful distance from reality. They can also be adopted; individuals might take on some roles naturally and assign others to complement their roles. People do not need a permission or a request to take these roles, but they can be disapproved by others when they adopt a role (Spiegel, 1957). The cultural background is especially influential on people's roles. Their culture, directly and indirectly, shape individuals to take independent, codependent, nurturing, or aggressive roles (Kağıtçıbaşı, 2007; Sunar & Fişek, 2005).

Carrying social roles could be beneficial for an individual and for his/her environment as a healthy and mature self is likely to communicate and to enhance in the group through the roles. On the other hand, the social role that a person undertakes might constitute an outer self and could serve to hide the true self in some situations. The conflict between the inner self and outer self could deeply affect an individual's personality. If a person's true inner self is weak and

unsupported, taking specific roles could result in anxiety and psychological disorders (Ackerman, 1958). Since the first and closest group of people that an individual creates permanent bonds with are his/her family, reviewing people's roles in earlier times is critical.

1.3.1. Roles and Positions in the Family

Roles in the family are mainly defined as systems, such as wife and husband, mother and father, and daughter and son. These definitions help to explain the interaction between all family members and how each individual is involved and controlled in several subsystems (Spiegel, 1957). According to Satir et al. (1991), when the world is perceived in a hierarchical model, every relationship is described in terms of roles. For instance, there are mother-child and father-child roles in a family. In this model, roles always carry a sense of positioning and domination, and might even intertwine with one's identity. In functional families, roles and boundaries are supposed to be clear, appropriate, and structured.

Roles lead individuals to function in a pattern with the aim of gratification or defense, but there is always a goal lies ahead, whether it is satisfying one's self or protecting self from harm and disappointment. If there is a lack of functionality and stability in the family, members create and take over different defensive patterns and roles to maintain the homeostasis, the relative constancy and balance, in the system (Jackson, 1981, as cited in Seshadri, 2019; Potter & Williams, 1991; Satir, 1988). Satir et al. (1991) argued that members of a family function in a way to survive, to bring balance, and to correct the system, even though this balance might still be dysfunctional. Stances and roles that are taken in communication are the most important aspects of relationships. Even in the presence of extreme tension and feelings of worthlessness, individuals attempt to be accepted and connected in a survival mode without showing signs of neediness (Satir, 1988). Accordingly, Satir (1988) described the roles individuals play in the family as "survival stances." These stances involve *placating*, *blaming*, *super-reasonable*, and *irrelevant*. In the

placating stance, the individual is caring, but on the downside, he/she behaves like a martyr. In other words, he/she acts in a dependent and helpless way, but appears self-sacrificing. A family member in the blaming role is assertive, but also violent and aggressive. This individual uses his/her power in a hostile, judging way. In the super-reasonable position, the person appears as the wise, rational, and objective part of a group, but he/she is also withdrawn, rigid, and lonely. The family member in the irrelevant role is creative, fun, and spontaneous. However, he/she is also likely to be distracted, confused, and hyperactive.

1.3.2. Roles of Children in Dysfunctional Families

When there are healthy boundaries and proper communication between family members, children can experience different roles and switch between them. Through this flexible role-playing, they learn to be autonomous and responsible in a group (Black, 1982; Karpel, 1976). Regarding children's roles, scholars mainly focused on dysfunctional families since children undertake critical responsibilities and role to survive and to maintain the stability of these families. Family systems where alcoholism and/or substance are present are mainly investigated in the literature since family members overtly act in complementary roles, such as over-functioning and under-functioning roles, to maintain the homeostasis in the system (Fisch, 1976, as cited in Seshadri, 2019). These over-functioning roles are more likely to be imposed on children without regarding their needs or capacities. However, it is frequently remarked that the appearance of these roles in dysfunctional families is not merely limited to these kinds of situations, and role-taking can occur in different families under different circumstances (Black, 1982; Fischer & Wampler, 1994). Remarkably, children's roles in dysfunctional families concentrate on specific and similar themes in the works of different authors.

Boszormenyi-Nagy and Spark (1973) noted that children might carry caretaking, sacrificial or neutral roles in the family. They further explained some of the roles that children took over in more unhealthy families: burdened kids who function as worriers, guardians, and healers are in the *parentified* role. Kids who

cannot be tamed and seem irresponsible are described as *aggressive/scapegoat*. Even though their role assignment sounds negative, Boszormenyi-Nagy and Spark emphasized that the aggressive/scapegoat role still serves to the preservation of the family system. Some children might be *sexualized partners*: that they might replace a partner for one of the parents. Besides that, they might display delinquent sexual acts inside and/or outside the family and if there are severe problems with generational boundaries within the family, occurrences of incest might be present. More careless, clown-like kids are defined as *pet children* as they bring entertainment to the family, but their feelings and thoughts are severely denied by themselves and others in the family. Children can also act as referees, judges, and allies in the family. Sometimes the parents might be so fused and lost in each other that children can be perceived as “intruders” who captivate the parents with their neediness and greediness (Boszormenyi-Nagy & Spark, 1973).

In families with drug-using adolescents, Cleveland (1981) defined major and auxiliary roles for children: while parental child, good child, and symptomatic child roles were major ones, child advocate, child analyst, child peacemaker, and child therapist were adjunct. Children could combine or share these roles between themselves. As might be expected, the parental child carries a significant amount of responsibility, and the good child is obedient and work-oriented; sometimes one child combines these roles. The symptomatic child is the one with out-of-control behaviors – he/she can also be the sick one or the bad one. Complementary to these major roles, a child can also play the advocate role is logical and stands up for the sibling subsystem in the face of parents. The child analyst is likely to logically observe, analyze, and verbalize the problems in all subsystems. The peacemaker attempts to reduce tension and to keep all subsystems peaceful. The child therapist role is usually allocated between children – it mainly involves recognizing the problems and seeking help.

Black (1982) remarked that in families with alcoholic parents, children are more likely to play responsible, adjuster, placater or acting out roles. First-born and/or only children are likely to perform the responsible role that they are mostly organized, they usually take parental responsibilities, and they appear very mature.

Middle or younger children may be adjusters who are more casual children that they follow directions, but they tend to be emotionally detached. Black described the placater role as the social worker of the family since these children are seen as the most sensitive members of the family who try to deflect the attention from themselves and to make others feel better. Children in acting out roles seem delinquent and irresponsible. Even though they draw negative attention compared to positive attention that is gained by other roles, their role still serves to cover up the main malfunction in the family. These roles can also be phrased as hero, comic, wallflower, scapegoat or peacemaker.

Wegscheider (1981) identified and categorized these roles into four certain groups as *hero*, *mascot*, *lost child*, and *scapegoat*. She considered the overachiever hero and the active mascot as positive roles, whereas the invisible lost child and the delinquent scapegoat as the negative ones (as cited in Fischer & Wampler, 1994). Potter and Williams (1991) established a Children's Roles Inventory for alcoholic families, and their four-factor model supported these categories. Later, Wampler, Downs, and Fischer (2009) developed a brief version of the inventory. The results of their analyses suggested that lost child and mascot as well as hero and scapegoat represent opposite roles.

The relationship between childhood roles and background characteristics such as gender and birth order were examined in the literature. Some scholars noted that first-born children and/or only children are more likely to take caretaking, responsible, and parentified roles in the family (Black, 1982; Lackie, 1983, as cited in Atalay, 2019). Boszormenyi-Nagy and Spark (1973) also mentioned that the youngest children of the family are more likely to be pet children who are funny and spontaneous.

The effect of gender on particular roles was also reported. According to Fischer and Wampler's (1994) study, the function of the mascot role differed between genders. While children of both genders could be entertaining and spontaneous in the family, this role was a buffer for men that could protect them from vulnerability, but not for women. Veronie and Fruehstorfer (2001) added that while there was no significant difference for hero and scapegoat roles between

genders. Yet, women were more likely to identify as lost children, and men tended to be mascots in the family. Atalay (2019) also noted that female therapists and social workers were more likely to be in the *mediator* role and negotiate in times of conflict in their childhood. On the other hand, men in the same field were more likely to take the *consultant* role in the family and be in a superior position where they gave advice to family members.

1.3.3. Consequences of Childhood Roles in Adulthood

Roles and positions can change between family members, and individuals can alter their roles in time. However, there is a high possibility that kids grow up into adults are restricted by these earlier patterns in life. Since an individual's life relies on his/her parents in childhood to an extent, his/her sense of self, functioning, and coping mechanisms are shaped for the use of maintaining his/her relationship with them. If these roles are persistently utilized to deal with difficulties, real emotions and survival mode can no longer be separated. As a result, the individual behaves according to these earlier roles throughout his/her life (Satir et al., 1991). Therefore, roles do not remain as mere aspects of the self, they rather form the whole personality in a way to lead children to hide their true self and feelings (Ackerman, 1958).

According to some scholars, individuals' roles in their childhood could be related to their choices of a profession as adults. Alice Miller (1981) emphasized the significance of these roles in her observations on psychotherapists: In their childhood, psychotherapists were "gifted children," who were sensitive to the emotional and physical needs of others, especially their parents. With the constant aim of supporting and satisfying others, these gifted and special children in parentified roles grow up to be perfectionists and narcissistically vulnerable adults (Glickauf-Hughes & Mehlman, 1995). In Goldklank's (1986) study, family therapists reported taking more over-responsible and parental roles in their childhood compared to individuals from other professions: They mostly defined their roles in the family as advisors, mediators, and regulators of parents' self-

esteem. Their siblings were more likely to be in scapegoat, rescuer, and problem child roles. Atalay (2019) also interviewed social workers and mental health professionals who worked in Turkey. Most of the participants mentioned that they performed functional roles such as the good child and healer. Some of them also referred to as being the problem child or the weak child.

On the other hand, consistently playing a role in childhood might cause serious disadvantages in adulthood: Boszormenyi-Nagy and Spark (1973) indicated that according to therapist observations, parentified and scapegoated children are more likely to suffer from depression, somatization and behavioral difficulties later in life. Fischer and Wampler (1994) found that while playing the role of hero protected the individual from being affected by family dysfunctions and abusive drinking, people who were lost children and/or scapegoats in the family were much more vulnerable in the family and more likely to suffer from drinking problems. Scharff et al. (2004) reported adults who took the "lost child" role in their childhood showed more symptoms of psychological disorders such as borderline personality, avoidant personality, and anxiety, whether they had alcoholic parents or not. Fiscalini (1993) noted that while grandiose narcissism is associated with the "special child" role, themes of vulnerable narcissism might correlate to "shamed child" (as cited in Cain et al., 2008).

As it is seen, the association of persistent childhood roles with pathological circumstances in adulthood were observed. In a related manner, being a special child and being a shamed child were connected to narcissism in psychoanalytic literature. However, the relationship between more specific child roles and narcissism is not comprehensively examined and further research is needed. The investigation of this subject is particularly significant in countries where extended families are prevalent, such as Turkey.

1.4. PARENTIFICATION

The review of parentification in the literature is essentially intertwined with the discourse of roles that are undertaken in childhood. The notion of parentification is

fundamentally based on the transgression of intergenerational boundaries in the family system. Still, it also thoroughly extended to a conception which includes the roles and situations where different kinds of parental dynamics are placed on children. The literature regarding these topics will be summarized in this section.

Regardless of the theoretical orientation, it is apparent that the familial relationships and environment as the most fundamental and effective aspects of an individual's development. Most of the scholars who study these kinds of relationships and work with families believe that healthy generational boundaries and adequate role fulfillments are the most beneficial elements for the individual and family-as-a-whole to function. Playing different roles and temporarily changing roles between members occur frequently in family systems. However, these role changes might become consistent in some situations. An occurrence where there is an interchange between the roles of child and parent and the child acts as a caretaker is described in different ways in the literature; such as triangulation, role reversal or generational boundary dissolution (Bowen, 1978, as cited in Olson & Gariti, 1993; Minuchin, 1974). The most inclusive and established term for this occurrence is *parentification*, coined by Boszormenyi-Nagy and Spark in 1973.

Bowen (1978) explained that the assignment of parental roles to the child could be directly related to the tension between parents. The child is *triangulated* and precariously included to the system to deflect the attention from problems of the marital dyad. In other words, the unresolved anxiety between marital partners can be displaced to the innately sensitive child and thus, this pathological displacement of roles and expectations reduces the anxiety and keeps the family system as a whole unit (as cited in Olson & Gariti, 1993). Bowen (1978) argued that these children form an *adaptive self* that is in the service of others, losing their *basic self* that is their true and authentic being in the process. Being deprived of validation and nurture, parentified children provide the needs of their fragile parents and stabilize their family (as cited in Goglia et al., 1992). Chase (1999) expressed that since children are inherently in need of caretaking from their parents, they are also prone to learn and respond to their parents' needs. While giving up on their own abilities and potentials, parentified children also unconsciously recognize that

they are not, and never will be enough to fully satisfy parental demands. In order to understand the effects of this kind of exchange between child and parent further, it is necessary to grasp the theoretical explanations of parentification.

1.4.1. Theoretical Background of Parentification

There are two main theoretical approaches in the parentification: Contextual Theory (Boszormenyi-Nagy & Spark, 1973) and Structural Theory (Minuchin, 1974).

1.4.1.1. Contextual Theory

Boszormenyi-Nagy and Spark (1973) focused on the roles of the interpersonal relationships and cross-generational dynamics on the structural foundations of the family. According to their notion in the contextual theory, what establishes the family structure and functioning is the existential-ethical processes between individuals. According to them, relationships between people carry “ledgers and accounts of obligation and responsibility” (1973, p. 98), and the main goal in the relationships is to keep this ledger in a balanced way. Yet, they argued that it is not possible to maintain a balanced ledger in the relationship between a parent and a child by its nature. Since the infant is born without power and capability to provide for the needs of the parent and the infant naturally and consistently demands caring without giving back, the responsible caregiver fulfills the needs of the child in an unrequited way. Boszormenyi-Nagy and Spark defended that “the child should be able to count on being loved and accepted by the family regardless of his earned merit” (1973, p. 89). They offered that the resolution of this imbalance lies in a transfer claiming that each generation plays the role of caregiver for the next generation and repays their debt to the previous generation – their parents – by giving to their own children.

Boszormenyi-Nagy and Spark (1973) believed that when there is a lack of caregiving by parents, and the needs of the child are not properly satisfied, the child

suffers from this deficiency throughout his/her development and he/she is more likely to grow into an adult who cannot provide for his/her children. Instead, this deprived adult expects his/her children to play the role of the parent. According to Boszormenyi-Nagy and Spark's theory, the unfulfilled needs of these individuals are collected as "accounts due," and the next generation is demanded to pay for these debts. This situation results in *parentification*, which Boszormenyi-Nagy and Spark described as the "subjective distortion of a relationship as if one's partner or even children were his parent" (1973, p. 151).

Boszormenyi-Nagy and Spark did not essentially consider parentification as a pathological and dysfunctional condition. According to them, temporarily providing trust, support, and care for others is beneficial for the child. Brief periods of role reversal lead him/her to mature in an emotional way and to take responsibility later in life. However, if the caregiving actions of the child are not acknowledged and reciprocated by the parents, it may take a damaging turn. Under the chronic and overburdening demands of the parents, the child is devoid of the real experience of being a child. According to Boszormenyi-Nagy and Spark (1973), there is an underlying, inherent loyalty in the family that motivates the individuals to stay in the group and to follow the internalized responsibilities and external expectations, related to Freud's (1923) notion of superego function. Due to this loyalty, the parentified child feels compelled to satisfy the needs of the parent at the cost of his/her needs as a child. Besides carrying out the intense external role assignments, internalization of these extreme expectations also leads to pathological parentification.

Additionally, Boszormenyi-Nagy and Spark (1973) depicted the roles that the parentified child could undertake in the family in an overt or covert way. The caretaking role could manifest itself in observable acts of responsibility, such as caring for younger children and doing chores, or it could be actualized in unconscious and hidden ways, such as holding the marriage together, cheering up the fighting parents, and reconciling them. The sacrificial (scapegoat) role can be displayed through being bad and delinquent or being an innocent victim. When a parent expects the child to fulfill his/her needs of trust and reliability, and the child

fails to meet these high expectations, the child consistently becomes a source of disappointment. While possible rebellious and irresponsible acts of a child could assign him/her to be the scapegoat of the family, being the sick and suffering member of the family, in other words, being the designated patient, is also considered as carrying the sacrificial role. In a neutral role, the parentified child could be the well sibling, who does not raise any difficulties to parents. Since the child unconsciously knows that the parents are not sufficient to handle any deficiencies, he/she keeps all the feelings of anger, fear, and anxiety to himself/herself. The child could satisfy the parents through his/her success in school or might be a detached and mediocre student, but he/she does not give any trouble to parents at the expense of being deeply lonely – he/she is “neither a ‘giver’ nor a ‘receiver’” (Boszormenyi-Nagy & Spark, 1973, p. 158).

1.4.1.2. Structural Theory

Salvador Minuchin was one of the notable names who studied the role reversal that defines parentification based on his conceptualizations of structural family therapy. Compared to Boszormenyi-Nagy and Spark's (1973) emphasis on unconscious elements in the family relationships, loyalty, and generational transaction patterns; Minuchin was more focused on the functional organization of systems and tasks. He defined the family as a system where there are transactional patterns that aid the family to function. Minuchin offered that “repeated transactions establish patterns of how, when, and to whom to relate, and these patterns underpin the system” (1974, p. 51). According to him, the interaction between the individuals in the family are regulated by the invisible but practical demands that create a structure in the family. The system of a family is usually divided into subsystems and operates within them: These subsystems can consist of separate individuals, dyads such as marital partners and mother-child, or multiple people that form a substructure by sex, interest or generation. Each family member can be present in more than one subsystem, and each subsystem has its own boundaries that designate who is included, how each person acts, and how much power an individual has.

According to Minuchin (1974), the boundaries of subsystems should be apparent to protect the family from being confused and overwhelmed. If there are blurred lines within the family, the levels of concern increase, and the system becomes unable to readjust itself under inconvenient and stressful conditions.

Before Boszormenyi-Nagy and Spark's term of parentification, Minuchin, Montalvo, Guerney, Rosman, and Schumer (1967) used the label *parental child* to describe the phenomenon (as cited in Chase, 1999, p.9). Minuchin (1974) suggested that there might be a parental child in the parental subsystem who helps the functioning of the family. Especially in single-parent families, large families, and families with working parents, the parental child can carry some of the responsibilities of the house and younger children in a non-dysfunctional and even beneficial way. This child can develop a sense of responsibility and autonomy. Minuchin believed that this arrangement could operate in a healthy and natural way if there are clear boundaries that are defined by parents regarding authority and power. On the other hand, if parents are completely withdrawn from their parental roles and this allocation of parental power starts to become too exhausting for the child, there will conflict between the needs of the child and the demands of the parental role that will surpass the coping capacity of him/her. (Minuchin, 1974). The diffusion of the generational boundaries that require the parents to have the authority and responsibility to nurture and comfort their children lead to a maladaptive and overpowering position and development for the parental child.

From a theoretical point of view, consideration of the age of the child when he/she is expected to take parental roles is essential for the definition of parentification. While some believed that parentification can occur even when the infant is still in Mahler's (1958) symbiotic stage (Searles, 1975, as cited in Karpel, 1976), some scholars suggested that parentification requires dynamic participation of the child besides internalizing the projected ideals of the parent; therefore, the child needs to be older and to have a basic sense of autonomy and functioning ego (Boszormenyi-Nagy & Spark, 1973; Karpel, 1976). Still, Jurkovic et al. (1991) commented that even the sense of agency is needed to be parentified, an infant with parents who consider him/her as a source of needs is at risk at any age.

1.4.2. Parameters and Types of Parentification

In order to describe and define parentification in a clear and constructed way, Jurkovic (1997) specified nine different parameters that include contextual properties and role properties of the phenomenon (as cited in Jurkovic et al., 1999). Contextual properties consist of age appropriateness, internalization, family boundaries, ethicality, and social legitimacy aspects of parentification. According to Jurkovic, the child's developmental stage carries a great significance for the ability to take on parental roles. Since infants do not have adequate inner and outer resources to meet the demands of the parents, age-inappropriate parentification at the early stages of childhood affects the developmental tasks of the child such as self-differentiation and exploration in a more negative way. Jurkovic (1997) observed that even before the 1 or 2 years of age, children could be under pathological parental roles (as cited in Jurkovic et al., 1999). He also claimed that if children are able to regard these extreme parental demands as external and only for functional purposes, their self-worth and identities are not defined by these roles. However, if they internalize these roles and form their identity around their parentified role, it becomes dysfunctional. They are also more likely to act in the same caregiving roles in their later relationships (Olson & Gariti, 1993). For boundaries and ethicality parameters, Jurkovic paid regard to Minuchin's (1974) notion of subsystem boundaries and Boszormenyi-Nagy and Spark's (1973) conception of ethicality which proposes that each child inherently has the right to depend on parents and to be cared and loved without being obligated to equally reciprocating and fulfilling the needs of parents. If the subsystem boundaries are distorted, and the child is placed to a parental subsystem in an enduring way, in addition to satisfying the unmet needs of the parents in an imbalanced way, it results in pathological parentification. In the social legitimacy parameter, Jurkovic emphasized that the parentification process should also be explored in the socio-cultural background of the parents and children. In some cultures, assuming caretaking responsibilities is normal and expected for children, and it is not necessarily considered as harmful and unethical. However, Jurkovic also remarked

that cultural expectations should not be used to condone extreme demands and dysfunctional family relations (1997, as cited in Baumann, 2006).

Role properties of parentification include overtness, the extent of responsibility, object of concern, and type of role assignments (Jurkovic, 1997, as cited in Jurkovic et al., 1999). Karpel (1976) and Jurkovic et al. (1999) defended that only the observable and overt caretaking actions of the children can be regarded as the aspects of parentification and the covert and intangible behaviors, such as holding the family together through manifesting an eating disorder or acting up, are not considered as parentification. On the other hand, Boszormenyi-Nagy and Spark (1973) asserted that covert caregiving behaviors also indicate a pathological parentification. Boszormenyi-Nagy and Spark (1973) believed that the parentified child could unconsciously take roles to stabilize and satisfy parents due to their loyalty, but Karpel (1976) used the term of loyal objects to define this conception, and he argued that parentified children should be regarded as an overtly caretaking class of these loyal objects. Regarding the extent of responsibility, Jurkovic emphasized that temporary, age-appropriate role reversals and adaptations such as helping the housework and taking care of siblings when the parent is sick could aid the development. However, parallel to Boszormenyi-Nagy and Spark and Minuchin, he commented that inappropriate and persistent demands could deplete the child (1997, as cited in Baumann, 2006). Additionally, Jurkovic et al. (1999) emphasized the object of concern aspect of the parentification as the acts of caretaking can be devoted to mother, father, siblings, a specific subsystem in the family, or the family-as-a-whole. Correspondingly, in their meta-analysis, Hooper, Doehler, Wallace, and Hannah (2011) reported that two statistically significant factors of parentification are parent-focused-parentification and sibling-focused-parentification. As a parameter, Jurkovic (1997) categorized the type of role assignments that are given to parental children as instrumental and expressive (emotional) in accordance with the actions of children and parental demands (as cited in Jurkovic et al., 1991).

1.4.3. Roles and Types of Parentification

Similar to Karpel's (1976) classification of caretaking actions as physical and emotional, Jurkovic's (1997) categorization of instrumental and emotional parentification includes the differentiation of role assignments that children are expected to fulfill (Jurkovic et al., 1991). Instrumental role assignments of parentification usually involve observable and practical chores that are related to the physical needs of the family, such as cleaning the house, cooking meals, caring for younger children and earning income for the family (Jurkovic, 1997, as cited in Jurkovic et al., 2001). Acts and efforts to provide emotional and psychological needs of the family, such as resolving conflicts, accompanying or being a confidant for parents, and nurturing them are described as emotional parentification.

Boszormenyi-Nagy and Spark (1973) pointed out that instrumental role assignments can be recognized as the more overt and noticeable tasks, while expressive responsibilities are likely to be more implicit and subtly internalized. Even though failure to recognize physical tasks and endurance of these responsibilities for an unlimited time also lead to negative consequences for the child (Jurkovic, 1997, as cited in Hooper, 2007), clinical experiences and observations note that emotional parentification is more harmful to children compared to limited and acknowledged instrumental caretaking roles (Boszormenyi-Nagy and Spark, 1973; Byng-Hall, 2008; Jurkovic et al. 1991). Hooper, Marotta and Lanthier (2008) reported that emotional parentification manifests as a statistically significant predictor of distress for adults.

Jurkovic (1997) suggested that based on the aforementioned parameters, there are four types of parentification on a continuum. On the extreme under-functioning level, *infantilization* takes place, and at the extreme over-functioning end, *destructive parentification* occurs (as cited in Chase, 1999). In the middle range, *healthy non-parentification* and *adaptive parentification* are present, which according to Jurkovic involve an appropriate level of responsibility for children. Infantilized children are likely to be given almost no responsibility, and they might identify with being an under-functioning person. Healthy non-parentification

includes developmentally appropriate responsibilities and reasonable caretaking tasks for the child that are acknowledged by parents; therefore, the child does not necessarily identify with these roles. In adaptive parentification, the child is assigned rather excessive and overt roles of caretaking. However, since these assignments are only for a definite time, and they are acknowledged, the child is less likely to internalize them. If parents make extremely heavy demands which the child is developmentally inadequate to meet, and if these responsibilities are not fairly designated and appreciated, the child internalizes the idea that he/she is supposed to fulfill these needs and forms his/her identity around this internalization. This leads to destructive parentification where the sense of self of the child is damaged (Jurkovic, 1997, as cited in Chase, 1999).

In conclusion, many clinicians and theorists agree that taking parental and adult-like responsibilities could aid the growth of children, increasing their feelings of efficiency and belonging. Owning up to the dreams of parents and taking care of them when they are older are also normalized to some extent. However, when excessive caregiving and nurturing actions are requested from children, and they are not supported or reciprocated, children's internalization of inappropriate expectations results in pathological parentification (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Hooper, Marotta, & Lanthier, 2008; Karpel, 1976).

1.4.4. Risk Factors for Parentification

Developmental factors and conditions that could lead to pathological parentification are widely investigated in the literature. However, the results are often contradictory. Regarding the effect of gender of children on parentification, studies display mixed results: While some studies presented that women are at a greater risk to be subjected to pathological parentification (Burnett et al., 2006, as cited in Hooper, DeCoster, et al., 2011; Byng-Hall, 2008; Goglia et al., 1992), some researchers noted that gender and parentification in childhood are not associated (Castro et al., 2004; Johnston, 1990; Kuperminc et al. 2009, as cited in Hooper, DeCoster, et al., 2011). Diaz et al. (2007) even reported that men are more likely to

be negatively influenced by parentification compared to women (as cited in Hooper, DeCoster, et al., 2011). Mayseless et al. (2004) expressed that daughters tend to play a parental role in the family, and they take care of especially the mother. Additionally, some studies emphasized that the parentification of male children is related to be seen as a “mate” by mothers, to be sexualized and romanticized by them (Sroufe & Ward, 1980; Vulliez-Coady et al., 2016). While Mayseless et al. (2004) noted that experiencing sexual abuse in childhood could be related to parentification in their qualitative study, Fitzgerald et al. (2008) reported that child sexual abuse leads to psychosocial maladjustment without necessarily having a direct effect on parentification.

Johnston (1990) reported that the age of the child is not correlated with parentification. Still, more recent studies reported that being the oldest child or the only child at home implies a greater risk of being parentified (Hetherington, 1999 as cited in Jurkovic et al., 2001; McMahon & Luthar, 2007). Mayseless et al. (2004) added that in interviews, many adults mentioned that they started to take parental roles in their early to late childhood.

Being a child in a single-parent household is considered as a risk factor for pathological parentification. Wallerstein (1985) argued that an adult’s ability to be a parent is directly and severely affected by the end of the marriage and children are obliged to undertake roles such as protector, advisor, parent, and lover at the expense of their own lives (as cited in Barnett & Parker, 1998). Supporting her notions, Johnston (1990), Jurkovic et al. (2001), and Mayseless et al. (2004) reported that there is a positive relationship between divorce of parents and pathological parentification of children. Mayseless et al. (2004) added that besides divorce, separation, or death of parents before the age of 20 could also be associated with parentification.

The personal history of parents and family members has also become a focal point as a risk factor. Alcohol abuse and substance abuse of the parents are also frequently linked to pathological parentification in the literature (Bekir et al., 1993; Black & Sleigh, 2013; Chase, 1999; Vulliez-Coady et al., 2016). Goglia et al. (1992) also noted that female children of alcoholic parents are even more likely to

assume caretaking roles compared to male children. Chronic physical illnesses, disabilities, and psychological disorders of family members, notably of the mother, are also associated with parentification (Earley et al., 2007; Fitzgerald et al., 2008; Vulliez-Coady et al., 2016; Mayseless et al., 2004). In addition, low socioeconomic status is seen as a factor that is related to parentification (Karagöbek, 2014; Sroufe & Ward, 1980; Sroufe et al., 1982, as cited in Earley & Cushway, 2002). According to Burkett (1991), mothers who experienced sexual abuse in their past are more likely to assign parental roles to their children and try to get support from them (as cited in Early & Cushway, 2002). Carroll and Robinson (2000) observed that children of workaholic parents who are overburdened with responsibility are more likely to be emotionally and instrumentally parentified (as cited in Castro et al., 2004). More recently, McMahon and Luthar (2007) emphasized that rather than psychiatric illnesses and alcohol and/or substance abuse, formerly mentioned characteristics of the child and family, such as being in a single-parent family, being an only child, being an older child and having a young mother with an eccentric personality, are the more prominent factors.

Hooper, DeCoster, White and Voltz (2011) interpreted that distinguishing and demonstrating the aspects that could provoke parentification, especially factors with regard to age and gender, is complicated and challenging. Since these elements are connected to various other factors and disconnecting their relations to cultural and racial norms is hardly possible, studying the impact of their pure essence may not produce certain and commonly-held results.

1.4.5. Burdens of Being a Parentified Individual

Similar to the occurrence of parentification and this being adaptive or destructive, impacts and outcomes of the parentification also depend on complex factors such as gender, birth order, intensity, and persistence of the caretaking circumstances (Barnett & Parker, 1998). As a positive outcome, Hooper, Marotta, and Lanthier (2008) reported that parentified children acquire a moderate level of posttraumatic growth and a significant amount of resiliency. Karpel (1976) also

remarked that a healthy level of parentification could be beneficial to increase a sense of accountability in the family. On the other hand, the parentification phenomenon is frequently linked to pathologies of anxiety, depression, somatic symptoms, eating, and personality disorders in the literature (Hooper, DeCoster, et al., 2011; Jones & Wells, 1996; Köyden, 2015; Wells & Jones, 2000). Shaffer and Egeland (2011) found that parentification increases the likelihood of displaying internalizing and externalizing problems, suffering from psychiatric symptoms, and decreases self-worth in adolescence. Karpel (1976) emphasized that while parentified children may become more responsible and caring, their sense of autonomy and individuality might get severely impaired under destructive parentification.

West and Keller (1991) remarked that individuals who took parental roles in their childhood tend to suffer in their relationships in adulthood. They act sure that they are the ones who know what is best for themselves and other and they try to control their relationships by compulsively taking care of others, relating to them in an over-functioning way. Presuming that people will not be responsive and attentive to their needs, parentified adults are more likely to protect themselves by refraining from developing new relationships. Wells, Glickauf-Hughes, and Jones (1999) also associated parentification with codependency and being over-controlling of others in adulthood. Even though most of the parentified individuals acknowledge that their situation was unfair and they aspire not to repeat the same pattern when they become parents (Black & Sleight, 2013), Nuttall et al. (2012) indicated that mothers who suffered from destructive parentification are less capable of displaying warmth and sensitivity to their own children. These mothers are less likely to reinforce the child's tendency to explore and to build an autonomous self.

Robinson and Kelley (1998) stated that parentified people are more likely to be addicted to their work and proving their self-worth through their performance and success (as cited in Castro et al., 2004). Jurkovic et al. (1991) stated that when parents are busy with work and children are supposed to take parental roles, it leads them to have a sense of power and grandiosity. On the other hand, they also report

beliefs of being unworthy to deserve success and high status, feeling like an impostor (Castro et al., 2004). In their study, Wells and Jones (1998) showed that people who were parentified in their family of origin are more likely to use splitting as a defense mechanism. Theoretically, Wells and Jones explained that in childhood, splitting helped these individuals to protect themselves from feeling bad about their true self. Burt (1992) also found that when parentified individuals experience separation, they struggle to internally preserve integrated and whole object relations. In particular, parentified women are apt to endure unsatisfying relationships, to be usually disappointed in others, and to start going to psychotherapy in adulthood (as cited in Wells & Jones, 1998).

1.4.6. Narcissism and Shame as Outcomes of Parentification

All these psychological impacts of pathological parentification are frequently explained through notions regarding the development of self by Kohut and Kernberg, and object relations theories by Mahler and Winnicott (Castro et al., 2004; Jones & Wells, 1996; Wells, Glickauf-Hughes & Jones, 1999; Wells & Jones, 1998, 2000). Despite their theoretical differences, all these scholars emphasize that early relationships and experiences with primary caregivers are essential in the formation of one's self. In relation to this argument, Jones and Wells (1996) stressed that besides taking care of a parent in instrumental and emotional ways, shaping one's personality and forming a self around parental expectations are crucial aspects of parentification. Here, conceptualizations of true and false self by Winnicott's (1960b, 1963) and depleted self by Kohut (1977) facilitate the understanding of the impacts of parentification on one's psyche.

Assuming parental roles that exceed one's capacity in the early years of development plays a significant role in internalizing the ego ideal with unrealistic goals, which is an outcome of the projection of the parent. The child starts to ignore and devalue his/her own wishes, needs, and goals. Due to the obligation to fulfill parental needs, the child starts to give up his/her true self and develops a false self to keep the emotional connection with the parent by actualizing extreme demands

(Wells & Jones, 2000). The child continues to feel inadequate, and his/her self-worth decreases, but he/she keeps these feelings hidden to be validated. They try to repress authentic feelings that do not harmonize with the false self, which is in the service of parents. In his work, Karpel (1976) explained that in Mahler's (1963) separation-individuation stage given that there is a holding environment (Winnicott, 1960b), it is normal and fundamental for the child to have an expanding capability to support the parent. The child gradually becomes able to participate and contribute to the relationship between himself/herself and the parent and to care about the welfare of others. In the presence of a good enough mother who acknowledges and responds to these efforts, this process does not become pathological. However, when there is not adequate and reciprocating parental caregiving, natural role taking of the child turns into exploitation, disrupting the holding environment.

At the same time, the child becomes a self-object who satisfies parental needs. However, while focusing on his/her own accomplishment and fulfillment, the parent possibly can't play the necessary self-object roles for the child. Lacking the gratification of mirroring and idealizing needs (Kohut, 1971), the child's sense of self becomes depleted and insecure (Castro et al., 2004). Searles (1975) remarked that when a child shows a therapeutic concern for the parent, he/she is perceived as the parent's parent and takes the role of a symbiotic therapist. Since the child becomes obliged to compensate for the incapacity in the parent, he/she cannot properly differentiate himself/herself and stays as a self-object (as cited in Chase, 1999). According to Burt (1992), functioning as a self-object for the parent impedes the healthy completion of Mahler's (1967) separation-individuation stage (as cited in Wells & Jones, 1998). As a result, the child cannot acquire a sense of identity and self-constancy.

Not surprisingly, the emergence of a narcissistic self is found to be related to childhood parentification in literature. Jones and Wells (1996) found that the experience of parentification in childhood is related to narcissistic and masochistic personality in adulthood. According to Jones and Wells (1996), the false self that is built around parental needs obtains various qualities based on the expectations. When the child tries to attend to parental needs by directly meeting emotional and

physical needs by being all-giving, being the helper of the mother, or being the “man of the family,” it may lead to developing more masochistic characteristics. Attempting to actualize the idealized goals and dreams that are projected by parents, such as having great power, being a rich businessman, or being a famous musician, may result in developing more narcissistic characteristics. Related to Kernberg’s (1975) conceptualizations, their frequent use of splitting prevents them from feeling overly anxious about disappointment in relationships and from handling psychological injuries that their fragile self could suffer from by detaching positive and negative representations of self and others (Wells & Jones, 1998)

According to Jurkovic (1997), parent’s incapacity of caretaking disappoints and resents the parentified children. As a result of these feelings of indignation, parentified children are more likely to feel guilt and shame (as cited in Castro et al., 2004). Supporting this hypothesis, studies found that childhood parentification, low self-esteem, and shame-proneness in adulthood are associated with each other (Wells, Glickauf-Hughes & Jones, 1999; Wells & Jones, 2000). Due to internalized extreme parental expectations, children feel that only their false and adapted self is validated, and they experience shame about their true self. Miller (1981) also defended that parents whose needs and wishes were not fulfilled in their families of origin grow into needy adults and create a shame-based family where their own children are assigned to take care of them. These children grow up with the burden of being an adult-like child whose true self is shameful and compelled to be repressed.

Ultimately, it is important to refer to the previously mentioned connection between shame and narcissism (Broucek, 1982; Morrison, 1983; Gramzow & Tangney, 1992) when the outcomes of parentification are considered. People who have developed a false self as a consequence of impingements and extreme demands (Winnicott, 1958) feel immensely shameful about their true self since their mirroring and idealizing needs were not met, and they experience their true self as unrecognized, rejected, and powerless (Kohut, 1971). Goldberg (1988) argued that shame emerges as a result of individual’s failure to live up to the ego-ideals of idealized and adored others, most importantly, caregivers. Experiencing shame is

closely related to the beliefs of inadequacy of the self. Goldberg stated that “having one’s functioning as a potentially autonomous person exposed to others prematurely—before the subject was prepared to perform adequately” results in shame-proneness (as cited in Wells & Jones, 2000, p. 20). Assuredly, parentification imposes the child to perform without being ready to carry out the parental tasks. Wells and Jones (1999) inferred that parentified children are likely to attempt to prevent feelings of shame and inadequacy in a narcissistic way by relying upon their grandiose false self that is created to correspond to the projected ego-ideal of parents.

1.5. CURRENT STUDY

The current study aims to investigate the relationship between parentification, shame, and narcissism. In addition to that, the associations between narcissism and individuals’ perception of their childhood roles beyond parentification are intended to be explored.

According to object relations theory and self psychology, children with unfulfilled mirroring needs cannot experience a healthy narcissistic development as their self ends up in a deficient state where there is a lack of feelings of specialness and acceptance (Kohut, 1971). Besides their needs being unsatisfied, parentified children also deal with extreme demands and ideals that come from their caregivers and internalize them. As a result, they are burdened with an ego ideal full of improbable expectations and excessive responsibilities beyond their capabilities. Even though their true self is weak and small, these parentified children might develop a narcissistically disturbed false self, since they are obliged to meet the needs of their own caregivers in order to feel accepted and related (Jones & Wells, 1996; Wells, Glickauf-Hughes, & Jones, 1999; Winnicott, 1963). Since they take these responsibilities without developing sufficient ego strength, they are likely to experience failure as a result of their attempts to live up to the demanding ego ideal in their inner world. Therefore, they are expected to frequently feel shame (Wells & Jones, 2000). Children in these caretaking roles are uncannily sensitive to others’

needs, and they are unconsciously utilized to maintain the stability of the family and to regulate the self-esteem of caregivers (Karpel, 1976; Miller, 1981).

According to the theoretical background, taking a parental role is expected to be related to experiencing more shame. Considering the interwoven connection between shame and narcissism, shame is considered to mediate the relationship between parentification and narcissism. Consistently carrying specific roles in the family as a child is seen as an occurrence that could lead to both adaptive and maladaptive consequences by several scholars from different theoretical backgrounds (Boszormenyi-Nagy & Spark, 1973; Glickauf-Hughes & Mehlman, 1995; Miller, 1981; Minuchin, 1974; Wells & Jones, 2000). In addition to examining the connection between the apparent caretaking roles and narcissism, potential positive and negative relationships between various kinds of roles, such as the special child, scapegoat or pet child, and narcissism will also be explored in the current study.

CHAPTER 2

METHOD

2.1. PARTICIPANTS

A total number of 599 participants completed the online survey. Due to missing data, 52 cases were removed. Data of a participant who is younger than 18 years old was also deleted. The final sample consisted of 546 participants. Demographic characteristics of the sample are displayed in Table 2.1.

Out of 546 participants, 156 participants identified their gender as male (28.6%) while 390 identified as female (71.4%). The ages of the participants ranged from 18 to 69 ($M = 28.79$, $SD = 9.52$). Half of the participants (276; 50.6%) were single.

Regarding their level of education, 335 participants (61.35%) had a BA, MA or PhD degree. A total sum of 250 (45.8%) individuals identified themselves as current students. Current socioeconomic status (SES) of the sample was mainly concentrated around middle SES (46.3%) and high SES (38.1%), with a smaller ratio of individuals with low SES (15.6%). Similarly, while growing up, majority of the sample had a middle SES (45.2%) or high SES (30%) family background. 199 people (36.4%) either got psychological support in the past or they were still getting help.

To sum up, women were more represented as compared to men. There was a diverse age range in the sample, and it involved mainly highly educated people with middle-to-high SES, coming from middle-to-high SES family background.

2.2. INSTRUMENTS

The instruments in this study included Demographic Information Form, Parentification Inventory (PI), Shame subscale of the Guilt and Shame Scale (GSS), The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) and Perceived Role in the Family Scale. Perceived Role in the Family Scale was constructed by researchers.

Table 2.1. *Demographic Characteristics of the Sample*

		N	%
Relationship Status	Single	276	50.5
	In a Relationship	154	28.2
	Married	110	20.1
	Divorced / Widow	6	1.1
Education	Primary / Secondary School	6	1.1
	Graduate		
	High School Student	3	0.5
	High School Graduate	27	4.9
	Undergraduate Student	175	32.1
	BA Degree	196	35.9
	MA Student	57	10.4
	MA Degree	57	10.4
	PhD Student	15	2.7
	PhD Degree	10	1.8
Current SES	Low	85	15.6
	Middle	253	46.3
	High	208	38.1
Family SES in Childhood	Low	135	24.7
	Middle	247	45.2
	High	164	30
Critical Events in Family	Divorce of parents	67	12.3
	Loss of the mother	25	4.6
	Loss of the father	75	13.7

2.2.1. Parentification Inventory (PI)

Parentification Inventory (PI) was developed by Hooper (2009) to measure the level of parentification that individuals experienced via their self-reports in a retrospective manner. Its validity and reliability studies were conducted by Hooper, Doehler, Wallace, and Hannah (2011). They stated that the Cronbach's alpha of the measure was found to be .84. PI includes 22 items rated on a 5-point Likert scale (1 = never true, 5 = always true). There are three subscales in the inventory: 12 of the items measure Parent-Focused Parentification (PFP; Cronbach's $\alpha = .86$), 7 of the items measure Sibling-Focused Parentification (SFP; Cronbach's $\alpha = .84$) and 3 of the items measure Perceived Benefit/Adaptation (PBA; Cronbach's $\alpha = .79$). Total score ranges between 22 and 110. Getting higher scores indicates that there is an increase in the level of parentification.

Turkish adaptation, reliability and validity studies of PI were conducted by Köyden (2015; See Appendix A). Unlike the original study, PFP subscale consists of 9 items (Cronbach's $\alpha = .83$), SFP subscales consists of 5 items (Cronbach's $\alpha = .73$), and PBA subscale consists of 6 items (Cronbach's $\alpha = .76$) for the Turkish sample which includes university students. Cronbach's alpha of the overall scale was measured to be .82, indicating a good reliability for the total score of the measure.

2.2.2. Guilt and Shame Scale (GSS)

Guilt and Shame Scale (GSS) was developed by Şahin and Şahin (1992) to obtain scores of an individual's feelings of shame and guilt. It can be administered to both adolescents and adults. GSS contains 24 items (See Appendix B) that are rated on a 5-point Likert scale (1 = not at all, 5 = very much), 12 of 24 items measure guilt (Cronbach's $\alpha = .81$) and other 12 items measure shame (Cronbach's $\alpha = .80$). In the present study, only shame subscale will be administered.

2.2.3. The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF)

The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) is the shortened version of Glover et al. (2012)'s Five-Factor Narcissism Inventory (FFNI). FFNI-SF was developed by Sherman et al. (2015) to evaluate grandiose narcissism, vulnerable narcissism, and different aspects of narcissism. It includes 60 items that are scores on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) and there are 15 subscales for characteristics of narcissism: 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 reliability and validity studies for the Turkish adaptation were conducted by Ekşi (2016; See Appendix C). Cronbach's alpha values of subscales were in the range of 0.57 to 0.79 and the overall Cronbach's alpha was found to be .87. The positive correlation of FFNI-SF and Narcissistic Personality Inventory (NPI) demonstrated the validity of FFNI-SF ($r = .65$).

2.2.4. Perceived Role in the Family Scale (PRFS)

This scale was created by researchers to understand how individuals retrospectively perceive their role in the family while they were growing up. It consisted of 43 descriptive items (See Appendix D and Appendix E) that were based on the concepts of Ackerman (1958), Cleveland (1981), Fischer and Wampler (1994), McWilliams (2011), Potter and Williams (1991), and Satir (1988). Items involved descriptions of the possible roles that children are likely to play in adjective forms. Participants were asked to indicate the degree that they could relate to described roles on a 5-point Likert scale. As it will be explained in the Results chapter, the reliability of this form was analyzed in the study. Since the perceived role in the family was expected to be a multi-dimensional construct, exploratory and confirmatory factor analyses were conducted. The findings of the factor

analyses and psychometric properties of the scale are reported in the Results chapter.

2.2.5. Demographic Information Form

The Demographic Information Form involved questions regarding the information about gender, age, level of education, therapy experience, marital and socioeconomic status of the participants (See Appendix F). To gather further information about childhood experiences of participants, they were asked about the number of siblings in the family, their birth order, socioeconomic status of their family while they were growing up and if there was a divorce and/or loss of a parent (if yes, their age when it occurred).

2.3. PROCEDURE

Following institutional ethics committee's approval for the study, instruments were administered to the participants on an online platform for data collection. The link to the survey was distributed via e-mail groups and social media posts.

After participants were notified of the subject of the study, their right to withdraw and contact information of the researcher were clearly stated through the informed consent form (See Appendix G). After confirming that they accept to be part of the study, voluntary participants completed Perceived Role in the Family Scale, The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), Shame subscale of the Guilt and Shame Scale, and Parentification Inventory. Instruments were presented in the random order for counterbalancing under the condition that Demographic Information Form being the last form to be administered. It took approximately 15 minutes for participants to complete the survey.

Individuals under the age of 18 were instructed not to take part in the study. The data of one person who completed the questionnaire despite being

under the age of 18 was excluded. Additionally, people who have children of their own were asked not to participate since current role as an actual parent may interfere with the individual's perception of their role as a child and become a confounding factor for parentification.



CHAPTER 3

RESULTS

The results will be presented in four sections. In the first part, psychometric properties of the Perceived Role in the Family Scale will be included. The second section will consist of descriptive statistics for the study variables and the preliminary investigation of relationships between variables. In the third section, results of stepwise regression analyses to determine the independent variables which predict grandiose and vulnerable narcissism will be reported. Lastly, additional observations regarding study variables will be presented in the fourth part.

3.1. PSYCHOMETRIC PROPERTIES OF THE PERCEIVED ROLE IN THE FAMILY SCALE (PRFS)

In this section, the development of Perceived Role in the Family Scale (PRFS) will be reported. Item screening, Exploratory Factor Analysis, Confirmatory Factor Analysis, and initial findings on reliability and validity will be explained.

3.1.1. Item Screening of Perceived Role in the Family Scale

There were 43 items in the PRFS which are all associated with the perception of an individual regarding his/her roles and positions he/she took over in childhood. Items were developed in Turkish and they were translated into English for the purpose to report the results of analyses. Total item listings in Turkish and English are shown in Appendix D and Appendix E.

Since items in the PRFS were created and used for the first time in this study, first the descriptive statistics for each item were examined. Items of very low mean and variance, and problematic skewness and/or kurtosis scores (Items 2, 4, 6, 7, 9, 11, 12, 14, 17, 20, 25, 30, 31, 33, 39, 41, 43) were excluded after the item screening.

Next, inter-item correlations were checked and two items (Items 26, 28) had correlations over .8 with two other items, thus they were discarded due to redundancy.

3.1.2. Exploratory Factor Analysis of Perceived Role in the Family Scale

Exploratory Factor Analysis (EFA) was conducted to establish a factor structure that fits the data. EFA was used to determine the number of retaining factors, to extract second-order factors and to establish item loading (Fabrigar et al., 1999; Henson & Roberts, 2006).

For the extraction method in final factor analysis, principal axis factoring (PA) was used to examine the covariation among variables of remaining items. Following the extraction, an oblimin (oblique) rotation with Kaiser normalization was applied to establish correlations between the factors and the rotation converged in 6 iterations.

The Kaiser-Meyer-Olkin measure of sampling adequacy was found to be 0.869, and Bartlett's test of sphericity was significant ($\chi^2(276) = 6061.659, p = 0.000$), both suggesting that the data of this sample was factorable. Anti-image correlation matrix and communalities further confirmed that items shared reasonable variance for factor analysis. On the basis of eigenvalues and variance explained, the first 4 factors with eigenvalues greater than 1.5 explained 57% of the total variance and provided the most interpretable solution

Based on the factor loadings of the 4-factor solution, 6 items with low and/or multiple loadings (Items 1, 8, 13, 16, 36, 37) were eliminated from the factor structure. Additionally, one item (Item 40) was excluded from the final structure due to forming a single factor with another item (Item 42) without a significant contribution. Each of the remaining 17 items had a primary factor loading of 0.5 and above, contributing to a simple 4-factor structure. The pattern matrix of item-factor loadings of the PRFS are presented in Table 3.1.

Table 3.1. Exploratory Factor Analysis (EFA) Results: Item-Factor Loadings of PRFS

Perceived Role in the Family Factor and Item	Loading
<i>Factor 1</i>	
19. Pride of the family	0.817
3. Golden child of the family	0.786
32. Exemplary child of the family	0.756
24. Apple of family's eye	0.696
29. Hope of the family	0.608
35. Privileged child of the family	0.552
38. Talented child of the family	0.542
<i>Factor 2</i>	
18. Reconciler of the house	0.832
34. Problem-solver of the family	0.812
15. Psychologist of the house	0.696
23. Confidant of the house	0.659
42. Self-sacrificing one	0.524
<i>Factor 3</i>	
10. Clown of the house	0.874
5. Mascot of the house	0.782
21. Entertainment of the house	0.716
<i>Factor 4</i>	
22. Rebellious child of the family	0.761
27. Furious of the house	0.711

3.1.3. Confirmatory Factor Analysis of Perceived Role in the Family Scale

After the initial EFA to determine a basis to identify underlying constructs, Confirmatory Factor Analysis (CFA) was conducted to more precisely analyze how variables are related to these common constructs. Specific models were tested to provide the best fit for factors and items based on a priori model (Fabrigar et al.,

1999). Multiple fit indices, both absolute and relative, were inspected in order to evaluate the 4-factor model as in comparison with other possible models. A baseline single factor model was also created and tested for comparison purposes. The Chi-square was not used as it's highly sensitive to sample size; instead the CMIN/df ratio is reported and the criteria was set to 3 (Kline, 1998; Paswan, 2009). The typical criteria as GFI, NFI, and TLI being above .90 for an acceptable fit and above .95 for a good fit; AGFI and CFI being above .90 for a good fit were used in combination with RMSEA and SRMR being smaller than .08 (See Hooper, Coughlan, & Mullen, 2008 for a review).

The test of the EFA-derived model failed to achieve a good fit. The inspection of the modification indices revealed that the error term of the Item 24, that originally had the highest loading on the first factor was highly correlated with the third factor; and moving the item did not contribute to the fit of the model, thus discarded. Items 35 and 42 were also eliminated due to low loadings. The final 4-factor model with the elimination of three items is presented in Figure 3.1.

For this 4-factor model, five of the nine indices indicate good fit, while the rest indicate acceptable values (See Table 3.2). All coefficients were statistically significant. Average variance explained (AVE) by each factor was also calculated by averaging the R-squares of items for each factor and found to be ranging from .54 to .74, supporting the acceptable fit of the model. Further improvement was only possible by removing the fourth factor from the model. This 3-factor model introduced slight improvements in NFI and TLI, but on the other hand ended up with slight deteriorations in CMIN/DF and RMSEA (See Table 3.2). As the fourth factor was the only dimension of the construct that represented negative aspects and as its removal did not contribute to the model, the 4-factor structure was deemed statistically and semantically more beneficial. Last, a single-factor model could not have been computed by retaining all the items. The 1-factor model could also be computed by removing the items of the fourth factor and all model fit indices demonstrated that the data was better explained by the multi-factor models, further supporting the multi-dimensionality of the construct.

Figure 3.1. 4-Factor Structure Model Tested via Confirmatory Factor Analysis with Standardized Coefficients

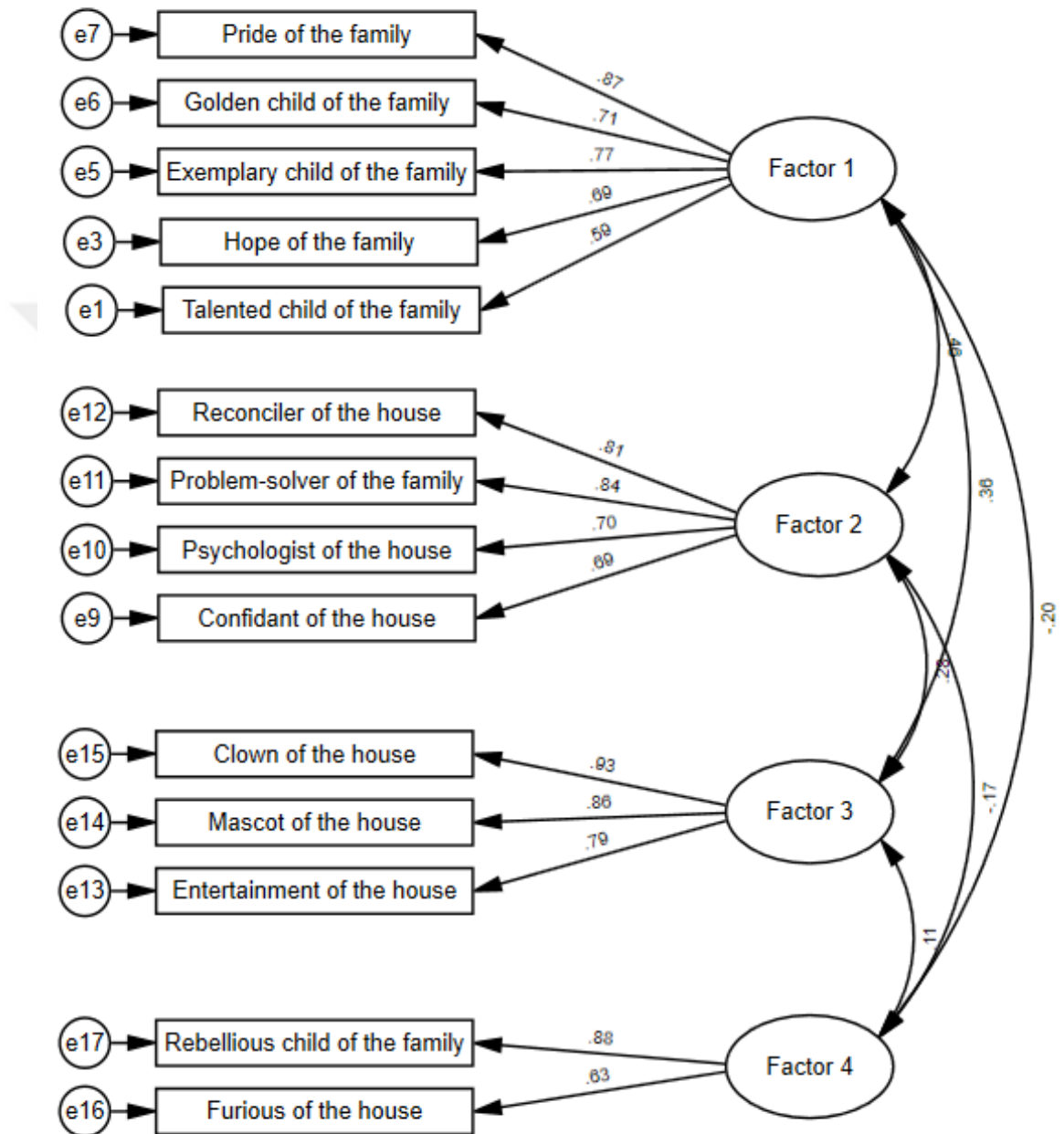


Table 3.2. *Confirmatory Factor Analysis (CFA) Results: Goodness of Fit Indices of Models*

Model	CMIN /DF	GFI	NFI	TLI	CFI	RMSEA	SRMR
4-factor structure	2.47	0.93	0.92	0.93	0.95	0.07	0.06
3-factor structure (Factor 4 removed)	2.68	0.93	0.93	0.94	0.95	0.08	0.06
1-factor structure (Factor 4 removed)	16.91	0.62	0.52	0.42	0.53	0.23	0.15

Note. CMIN/DF, minimum discrepancy divided by degrees of freedom; GFI, goodness of fit index; NFI, normed fit index; TLI, Tucker Lewis index; CFI, comparative fit index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual.

The first factor consisted of 5 items that mainly include the theme of specialness. Some of the childhood roles in these items were described as the golden child of the family and the talented child of the family. Based on the concepts of uniqueness, talent and pride, and its contextual connection to narcissistic parentification in the work of Jones and Wells (1996), this factor was named as “Special Child.” The second factor involved 4 items with roles regarding the mediating and counseling functions of a child in the family. The problem solver of the family and the psychologist of the house are some of the definitions in adjective forms in this factor. Playing this role is associated with sensitivity and narcissistic vulnerability in Miller’s works (1979, 1981). It is also related to roles that are described as child therapist and child peacemaker by Cleveland (1981). On the basis of content, this factor was labeled “Mediator” to be inclusive. The third factor included 3 items that are associated with cheering and distracting roles such as the entertainment of the family. Regarding these themes and their parallelism with Wegscheider’s (1981, as cited in Potter & Williams, 1991) factor descriptions, this factor was named as “Mascot.” The fourth factor consisted of 2 items with the theme of anger, the rebellious child of the family and the furious of the house. Even though these items bore similarities with the notable scapegoat role, it did not comprehensively include the connotations in the literature (Potter & Williams,

1991). Therefore, this factor was labeled “Aggressive,” regarding Boszormenyi-Nagy and Spark’s (1973) conceptualizations.

3.1.4. Reliability and Validity of Perceived Role in the Family Scale

For each factor, Cronbach’s alpha was used to examine internal consistency reliability. The Special Child factor (Items 3, 19, 29, 32, 38), displayed a Cronbach’s alpha value of 0.84. Cronbach’s alpha reliability coefficients were found to be 0.85 and 0.86 for Mediator (Items 15, 18, 23, 34) and Mascot (Items 5, 10, 21) factors, respectively. Lastly, the “Aggressive” factor (Items 22, 27) had a Cronbach’s alpha value of 0.70. Overall, all four factors in the scale indicated a high internal consistency.

To assess the construct validity of the scale, PRFS scores were compared to parentification scores through Pearson’s correlation analyses. A significant positive correlation between the Special Child role and parentification was observed, $r(544) = .43, p < .001$. The Mediator role and parentification were positively correlated, $r(544) = .65, p < .001$. Additionally, a significant positive correlation was observed between parentification and the Mascot role, $r(544) = .25, p < .001$. Therefore, results supported the convergent validity of the data.

As a further support for the validity, one-way ANOVA analyses were conducted to investigate the effect of the birth order among siblings on the perceived role in the family. Results indicated that there was a statistically significant difference between only children, first-born children and later-born children regarding the Special Child role, $F(2, 543) = 7.315, p = .001$. A Tukey HSD post hoc test revealed that only children ($M = 3.82, SD = 1.02$) were more likely to report their role as the Special Child compared to first-born children ($M = 3.41, SD = 0.93$) and later-born children ($M = 3.31, SD = 1.04$). Further, there was a significant effect of birth order on the Mascot Role, $F(2, 543) = 15.865, p < .001$. Post hoc comparison using the Tukey HSD test showed that later-born children ($M = 2.87, SD = 1.30$) and only children ($M = 2.78, SD = 1.20$) played the Mascot role more than first-born children ($M = 2.25, SD = 1.14$) did.

Lastly, relationships among the roles were also investigated using Pearson's correlation analyses, to check for the common and unique variance each factor had. Results showed that Special Child and Mediator roles were positively correlated, $r(544) = .38, p < .001$. Further, Mascot role had significant positive correlations with Special Child, $r(544) = .32, p < .001$, and Mediator roles, $r(544) = .33, p < .001$.

3.2. PRELIMINARY INVESTIGATION OF STUDY VARIABLES

Following the development of PRFS, before further analyses, the reliabilities of other scales were also checked. Cronbach's alpha coefficients of the Parentification Inventory and Shame subscale of Guilt and Shame Scale were found to be .84. The Short Form of the Five-Factor Narcissism Inventory had a Cronbach's a value of .89. In brief, all scales in the study showed high internal consistency. As all scales were found as reliable, scores were computed according to the instructions of researchers who developed and/or adapted the scales.

3.2.1. Reliability Analyses and Descriptive Statistics

The minimum, maximum, mean and standard deviation values of scale scores in the study were explored prior to analyses (See Table 3.3). Additionally, the distributions or study variables were examined and all of them were found to be approximately normally distributed.

3.2.2. Association of Narcissism with Background Characteristics and Study Variables

Before investigating the factors that could predict narcissism regarding the parentification and roles, initially, the correlations of the subscales and total score of narcissism with each other were checked. There was a statistically significant, small positive correlation between vulnerable narcissism and grandiose narcissism,

proving that they are correlated but different constructs of narcissism, $r(544) = .117$, $p = .006$. A moderate positive correlation was also observed between vulnerable narcissism and total narcissism scores, $r(544) = .434$, $p < .001$. There was a very strong positive correlation between grandiose narcissism and total narcissism scores, $r(544) = .946$, $p < .001$. As the total score heavily reflects the grandiose aspect and the grandiose narcissism and vulnerable narcissism scores demonstrate unique variances, they will be examined separately in further analyses.

Table 3.3. *Descriptive Statistics of the Scale Scores of Study Variables*

	Min.	Max.	<i>M</i>	<i>SD</i>
Parentification	29	110	58.21	12.48
Narcissism	105	246	172.16	23.65
Vulnerable Narcissism	15	59	39.08	7.73
Grandiose Narcissism	76	195	133.08	21.46
Shame	16	60	41.94	8.83
Perceived Role in the Family				
Special Child	1.0	5.0	3.42	1.00
Mediator	1.0	5.0	2.80	1.15
Mascot	1.0	5.0	2.60	1.26
Aggressive	1.0	5.0	2.55	1.26

Next, in order to identify the potential control variables in predicting narcissism on the basis of parentification and roles, the effects of demographic variables, namely gender, mother loss, father loss, divorce, SES and family SES on vulnerable and grandiose narcissism were checked via mean comparisons. To examine the effect of gender on grandiose narcissism, vulnerable narcissism and shame, independent-samples t-test analyses were conducted. According to results,

men ($M = 136.45$, $SD = 21.29$) showed higher grandiose narcissism scores than women ($M = 131.74$, $SD = 21.41$), $t(544) = -2.331$, $p = .020$. A significant difference was not observed between men and women regarding vulnerable narcissism. Other demographic variables were analyzed by ANOVAs and none of them demonstrated a main effect on vulnerable or grandiose narcissism.

For an initial inspection of the associations of grandiose narcissism with shame, parentification, and roles, Pearson correlation coefficients were computed. The association of shame with other variables was also investigated, as a potential mediator. The analyses did not show any statistically significant correlation between shame and grandiose narcissism or vulnerable narcissism. Likewise, parentification was not significantly correlated with grandiose narcissism and vulnerable narcissism. On the other hand, shame was positively correlated with parentification, $r(544) = .154$, $p = .000$.

Regarding perceived childhood roles, a significant negative correlation between grandiose narcissism and the Mascot role were observed, $r(544) = -.095$, $p = .027$. Additionally, shame was positively correlated with the Special Child role, $r(544) = .108$, $p = .012$, and the Mediator role, $r(544) = .134$, $p = .002$.

3.3. PREDICTING GRANDIOSE AND VULNERABLE NARCISSISM

The initial aim of this study was to explore the effects of experiences of parentification and roles in the early family environment on narcissism. Additionally, the impact of shame both as a contributor to narcissism and a potential mediator of childhood experiences was also included. Further, gender also appeared as a prominent factor in the literature and the preliminary analyses summarized above. Although some of the preliminary correlations indicated weak associations, associations of both vulnerable narcissism and grandiose narcissism with all of the expected variables were inspected and the mediation of shame was tested. To further investigate these relationships, identify their comparative contributions to the variance in narcissism, and to be able to test the interaction of parentification

and shame, two stepwise regression analyses with grandiose narcissism and vulnerable narcissism as the dependent variables were conducted.

The results of the stepwise regression analysis with grandiose narcissism as the dependent variable and parentification, shame, the interaction term of parentification and shame, the special child role, the mediator role, the mascot role, the aggressive role and gender were included as the independent variables are presented in Table 3.4.

Table 3.4. *The Model Summary of Stepwise Regression Analysis for Grandiose Narcissism*

Model	R	R ²	Adj. R ²	SE of the Estimate	R ² Change	F Change	df1	df2
1	.099 ^a	.010	.008	21.374	.010	5.432	1	544
2	.139 ^b	.019	.016	21.291	.009	5.236	1	543
3	.166 ^c	.028	.022	21.220	.008	4.669	1	542

a. Predictors: (Constant), Gender

b. Predictors: (Constant), Gender, Mascot Role

c. Predictors: (Constant), Gender, Mascot Role, Mediator Role

At step one of the analysis, gender entered to the regression equation. It accounted for 1% of the variance of grandiose narcissism, $F(1, 544) = 5.432$, $p = .020$. In addition to gender, the mascot role was included to the regression equation at step two. The contribution of the mascot role to the prediction explained an additional 0.9% of the variance after controlling for gender, $R_{2change} = .009$, $F_{change}(1,543) = 5.236$, $p = .023$. Total variance explained by the model increased to 1.9%, $R_2 = .019$, $F(2, 543) = 5.355$, $p = .005$. At the third and final step, the mediator role entered into the regression equation. After controlling for gender and the mascot role, the mediator role accounted for an additional 0.8% variance in the prediction, $R_{2change} = .008$, $F_{change}(1,542) = 4.669$, $p = .031$. The final model indicated that gender, the mascot role and the mediator role were the only significant predictive factors of grandiose narcissism, explaining 2.8% of the total variance, $R_2 = .028$, $F(3, 542) = 5.150$, $p = .002$. Parentification, shame, the interaction term of parentification and shame, the special child role and the

aggressive role did not contribute to the multiple regression model and were excluded.

Further, regression coefficients and standardized beta values are shown in Table 3.5. Results indicated that being a man leads to an increase of 4.938 in grandiose narcissism. Following that, grandiose narcissism is decreased by 2.203 for each unit of increase in the mascot role. Further, as the mediator role increases by one unit, grandiose narcissism increases by 1.811. Comparison of coefficients presented that predictive factors of gender, the mascot role and the mediator role quite small and close to each other.

Table 3.5. *Results of the Stepwise Regression Analysis for Variables Predicting Grandiose Narcissism*

	Unstandardized Coefficients		Standardized Coefficients		
	B	B SE	Beta	t	Sig.
(Constant)	132.348	2.746		48.203	.000
Gender	4.938	2.011	.104	2.455	.014
Mascot Role	-2.203	.765	-.129	-2.880	.004
Mediator Role	1.811	.838	.097	2.161	.031

As mentioned above, while preliminary analyses did not show a direct association between vulnerable narcissism and other study variables, a stepwise regression analysis was still carried out since it was included as the aim of the study. While vulnerable narcissism was designated as the dependent variable, and parentification, shame, the interaction term of parentification and shame, the special child role, the mediator role, the mascot role, the aggressive role and gender as independent variables. Results showed that none of the independent variables entered into the equation, indicating that vulnerable narcissism could not be predicted by the variables measured in this study.

3.4. ADDITIONAL OBSERVATIONS

In the previous regression analyses, a significant prediction model was only observed for grandiose narcissism with gender, the mascot role, and the mediator role as predictive factors. Regarding the effect of gender on grandiose narcissism that was present in preliminary analyses, and its small but significant contribution to the model, the data was further investigated regarding gender differences. Mean comparisons via Independent Samples t-tests revealed that men and women significantly differed also on shame, $t(544) = 5.03, p < .001$ and on parentification, $t(241.3) = -2.184, p = .030$. Women ($M = 43.12, SD = 8.87$) had higher shame scores compared to men ($M = 39.00, SD = 8.03$) and men ($M = 60.22, SD = 14.26$) had higher parentification scores than women ($M = 57.41, SD = 11.61$).

As gender was significantly associated with almost all study variables, the data suggested that not only the means but also the associations among the variables might be different for men and women. Thus, the data was split into two categories based on the gender, and additional Pearson correlation analyses were conducted for exploratory purposes. All correlation coefficients and comparisons between men and women are displayed in Table 3.6. The analyses aimed to examine whether the relationships between shame, narcissism, parentification, and perceived roles in the family differed in men and women.

There were significant positive correlations between parentification and shame, $r(388) = .165, p < .01$, and the special child role and shame, $r(388) = .109, p < .05$ in women. Grandiose narcissism and the mascot role were negatively correlated, $r(388) = -.124, p < .01$. Similarly, when only men are observed, parentification and shame were positively correlated, $r(154) = .223, p < .01$. Shame was also positively correlated with the mediator role in men, $r(154) = .239, p < .01$.

Table 3.6. *Correlations of Grandiose Narcissism, Vulnerable Narcissism, Shame, Parentification and Perceived Roles in the Family in Men and Women*

	Grandiose Narcissism		Vulnerable Narcissism		Shame	
	Men	Women	Men	Women	Men	Women
	Parentification	.075	.047	.065	-.030	.223**
Special Child Role	-.135	.040	.001	-.093	.149	.109*
Mediator Role	.080	.044	.153	-.002	.239**	.095
Mascot Role	-.027	-.124*	.095	-.061	.148	-.043
Aggressive Role	.120	.047	.010	.099	-.023	.006

*.Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

CHAPTER 4

DISCUSSION

Past research suggested that denying one's true wishes and needs in childhood to fulfill the extreme parental demands and to sustain the family integrity lead to the establishment of a relentless ego ideal. Therefore, the individual was likely to be shame-prone (Wells & Jones, 2000). Taking roles and responsibilities at an early stage where one is inadequate to pull off was expected to be related to the development of a false self and characteristics of narcissism, as well as shame (Jones & Wells, 1996; Miller, 1981; Winnicott, 1963). Thus, the main aim of the current study was to examine the different aspects of the possible relationship between childhood roles, parentification, shame, and narcissism. Although occurrences such as giving various roles to children due to having large families and displaying boundary dissolutions in the extended family structure are pretty common in Turkish population, there is a limited number of studies where the effects of parentification were studied (Akün, 2017; Karagöbek, 2014; Yıldırım, 2016). Additionally, while family roles were explored in interviews to an extent (Atalay, 2019), the categorization of childhood roles and their quantitative measurement were not studied in Turkey. Thus, Perceived Roles in the Family Scale was developed by the researchers to investigate this concept in addition to the main goal of the study.

4.1. DEMOGRAPHIC CHARACTERISTICS AND NARCISSISM

To explore narcissism as a dependent variable in a more comprehensive way and to understand its possible relationships with childhood roles, parentification, and shame, the effects of the demographic characteristics such as gender, family SES, current SES, mother loss, and father loss on both grandiose and vulnerable types of narcissism were checked. Among demographic characteristics, gender was the only one that showed a significant effect on grandiose narcissism. Findings showed that men are more likely to show the traits of grandiose narcissism than

women in accordance with the literature (Grijalva et al., 2015, Ronningstam & Gunderson, 1991; Stinson et al., 2008). As the essence of an individual cannot be separated from the dynamics of the environment, social roles are likely to shape one's inner dynamics as well as one's interpersonal relationships (Ackerman, 1958). It can be explained that since stereotypical roles and characteristics in society emphasize the grandiose aspects such as overconfidence, entitlement, and interpersonal dominance for men, they are more likely to conform their behavior to these roles (Levy et al. 2007, as cited in Levy et al., 2009).

On the other hand, in line with what Grijalva et al. (2015) reported, men and women did not have a significant difference between vulnerable narcissism scores, even though gender had a significant effect on grandiose narcissism. This result could be related to the characteristics of the homogeneous sample that consists of highly educated participants with middle to high SES whose grandiose self is more prominent. However, it is also likely due to the nature of the scale that measures narcissism. As is the case with the criticisms of DSM regarding its definition of narcissism being equivalent to grandiose narcissism, grandiose aspects of narcissism might also be at the forefront in FFNI-SF, regarding that vulnerable narcissism factor involves only three subscales while grandiose narcissism includes 12 subscales (Sherman et al., 2015). Thus, data is likely to be centered on the grandiose aspects of all narcissists, even the vulnerable ones. The correlation analyses between total narcissism, vulnerable narcissism, and grandiose narcissism in the present study also support this explanation. The small but significant positive correlation between grandiose narcissism and vulnerable narcissism displays that they are different but related constructs. Further, as expectedly, vulnerable narcissism and total narcissism are moderately correlated. However, the relationship between grandiose narcissism and total narcissism was observed to be very highly correlated, indicating that they measured almost the same conceptualizations in the sample. The findings of gender as the only demographic characteristic that has a significant effect, and its effect on only grandiose narcissism, could be related to this way of measurement.

4.2. CHILDHOOD ROLES, PARENTIFICATION, AND NARCISSISM

One of the main aims of this study was to explore the relationship of narcissism with parentification. As parentification literature documented several different roles such as the special child or the mascot child to indicate boundary transgressions, this study attempted at differentiating these roles in addition to an overall assessment of parentification. In this section, first preliminary observations on the roles and parentification constructs will be discussed and next their association with narcissism will be considered in light of the existing literature.

4.2.1. Investigating Perceived Roles in the Family

Since defining and analyzing the roles in the family could help to make sense of the functional patterns and dynamics of a family system, it is essential to depict and categorize them, especially in the Turkish population where it is natural for children to take care of their younger siblings or to do housework at earlier stages of their lives (Kağıtçıbaşı, 2007). The categorization of childhood roles was mainly investigated in specific types of dysfunctional families (Cleveland, 1981; Potter & Williams, 1991; Wegscheider, 1981). It was particularly examined in a sample that consists of professionals in the field of psychology in Turkey. Thus, Perceived Role in the Family Scale was developed by researchers to analyze how people described their roles and to examine the correlates of these roles.

Perceived Role in the Family Scale initially consisted of 43 items. After conducting EFA and CFA, 14 items with a 4-factor structure were found to be meaningful for the present study. The Special Child role factor contained the themes of uniqueness and pride. Children who play this role are likely to be seen as the savior of the family. The Mediator role involved the functions of problem-solving and secret-keeping. These children attempt to keep the family peaceful and support others in a psychological sense. The Mascot role was linked with being the cheering and amusing member of the family. Mascot children tend to act like a clown and humor others. Lastly, the Aggressive role factor included acting in a rebellious way

and being the notably angry member of the family. All these roles and themes were related to the previous conceptualizations in the literature (Cleveland, 1981; Potter & Williams, 1991; Satir, 1988).

Since the influence of the birth order on childhood roles is noted in the literature, its effect on the roles was tested. The findings presented that only children were more likely to play the Special Child role than first-born children and later-born children in a family with multiple siblings. Further, later-born children and only children described their role in the family as the Mascot more than first-born children did. Not surprisingly, it could be interpreted that children without siblings are more likely to take several roles and combine them to maintain the integrity of the family system. The literature suggests that while first-born and only children are more likely to be assigned to roles that include the matters of fulfilling responsibilities, being gifted and being a savior (Black, 1982), younger children tend to be the playful, pet ones that could have warmer relationships with parents (Boszormenyi-Nagy & Spark, 1973; Johnston, 1990). Thus, the results supported the past arguments.

Overall, the 14-item version of the scale was found to be valid and reliable in the study, and it appears promising for further studies. However, this thesis is presented as a preliminary experimental study for PFRS. Since there are other meaningful items on the scale and the factor structure has not yet been tested with different populations, future studies are advised to use all 43 items and retest the factor structure and construct validity.

4.2.2. Parentification

While parentification was not considered as a dependent variable in the present study, the effect of gender on parentification was still explored since it showed a significant effect on narcissism and shame. According to the results of the present study, men were more likely to be parentified than women. In literature, the effect of gender on parentification was reported in contradictory ways in the literature. While some studies reported that male children were more likely to be

exposed to generational boundary dissolutions, and to be affected by the distress in the family (Diaz et al., 2007, as cited in Hooper et al., 2011; Sroufe & Ward, 1980; Vulliez-Coady et al., 2016), others reported that female children were more likely to be pathologically parentified (Byng-Hall, 2008; McMahon & Luthar, 2007; Goglia et al., 1992). Even though daughters were expected to be in more caregiving and parental roles in the family in the Turkish cultural context (Sunar & Fişek, 2005), the present study showed a contrary result. This occurrence could be specific to the current study.

4.2.3. Parentification and Childhood Roles

The correlation analyses that aimed to examine the relationship between parentification and childhood roles in PFRS indicated that the Special Child role, the Mediator role, and the Mascot role were positively correlated with parentification. These findings supported the notions in the theoretical background. Being the good child who never gets in trouble and always becomes successful, being the secret-keeper who consults and reconciles the fighting parents, being the entertaining child who distracts and amuses everyone – Boszormenyi-Nagy and Spark (1973) interpreted that in a sense, they are all parentified children who try to keep the family together. These three roles were also positively correlated with each other, indicating that different roles could be combined. It can be interpreted that seemingly different roles are likely to share common themes and serve a mutual purpose to preserve the integrity of the family system. Boszormenyi-Nagy and Spark (1973) considered that scapegoated children play a parental role, too. However, the Aggressive role did not show a significant correlation with parentification in the present study. Presumably, the Aggressive factor was not extensive enough to include the functions of blame-taking, victimization, and being the designated patient due to the sampling and Turkish familial values.

4.2.4. Parentification, Childhood Roles, and Narcissism

Based on the literature, the main goal of the present study was to examine a possible relationship between childhood roles, parentification, shame and narcissism that was theoretically based on satisfying parental needs at the cost of one's unmet narcissistic needs, and the function of the ego-ideal. As will be further explained in the next sections, parentification was found to be correlated with shame in the present study. However, there was not an observation of a direct relationship between parentification and grandiose narcissism or parentification and vulnerable narcissism. While parentification is attempted to be measured in a global and univariant way in this study, it could be mediated or moderated by different emotional and behavioral components in childhood. Evaluating parentification in overall scores might have made it difficult to explain why and how it could be associated with narcissism or any pathological situation. Further, the instrument in the present study was developed to measure the perceived benefits of parentification, parent-focused parentification, and sibling-focused parentification rather than assessing its emotional and instrumental role assignments (Hooper, Doehler, et al., 2011). Thus, focusing on different aspects of parentification might have affected its correlation to narcissism.

The correlation analyses between perceived roles in the family and both types of narcissism showed that there was a small but significant negative correlation between the Mascot role and grandiose narcissism. It is possible to comment that even though this relationship is likely to be influenced by various factors, the more a child plays a distracting and clown-like role, the less he/she is likely to display grandiose narcissism in adulthood to an extent. When these correlations are examined separately in men and women, the negative correlation between the Mascot role and grandiose narcissism was only observed in women. Fischer and Wampler (1994) reported that the function of the Mascot role in their study was not the same for men and women. Based on different executions and the responses that male children and female children get from others when they use

humor, the Mascot role could be protective for men in dysfunctional families, but not for women. Probably, this role also functions differently for genders in this study.

4.3. EXPLORATION OF THE FUNCTION OF SHAME

With the aim of investigating the potential role of shame as a mediator variable between parentification and narcissism, its characteristics among the sample and correlations with other variables were examined. The effect of gender on shame was evident in the data, and results showed that women reported their feelings of shame more than men did, supporting the theoretical arguments and empirical findings in the literature (Hibbard, 1992; Ferguson & Crowley, 1997; Lewis, 1971, 1978; Tangney, 1990, 1994). This evidence is explained in several ways by different scholars. According to Lewis (1971), women are more sensitive and focused on others, so they are more likely to be influenced by others who are connected to them. Therefore, they experience more shame. However, Ferguson, Eyre, and Ashbaker (2000) argued that women's shame-proneness is rather an artifact, and their sensitivity and other-connectedness is associated with the role identities in society. Thus, it is possible that women are influenced by the sensitivity and interconnectedness that are brought by social roles, and they could experience more shame in return.

4.3.1. Shame and Parentification

A small but significant positive correlation was observed between parentification and shame, in line with the findings of past research (Wells & Jones, 2000). It could indicate that theoretically, the ego-ideal structure likely plays a role in explaining both of them even though their correlation is not so strong. Since parentification is related to an ego-ideal that includes perfectionist parental demands (Wells & Jones, 2000), and shame is explained as the painful affect that is caused by the conflict between the ego-ideal and the ego which could not satisfy

the ego-ideal's expectations (Piers & Singer, 1953, as cited in Morrison, 1989), this correlation shows that shame and parentification are likely to interact within the ego-ideal to some extent. This relationship between shame and parentification was also observed in women and men when the data is examined separately, but the correlation appeared a bit stronger in men. The findings of the present study indicated that men were more likely to have the facets of grandiose narcissism, and grandiose narcissists are considered to be more defensive against their feelings of shame (Broucek, 1982). Thus, it might be interpreted that men could attempt to counteract the feelings of shame and inadequacy as a child by taking more parental roles. Alternatively, being in a role reversal and undertaking the responsibilities of caregiving and negotiating might be associated with having looser boundaries for men. As preserving interpersonal relationships and subservience are seen as feminine roles in Turkish culture (Sunar & Fişek, 2005), playing feminine roles could evoke shame in men.

4.3.2. Shame and Perceived Roles in the Family

Shame was found to be positively correlated with the Special Child role and the Mediator role. It could be interpreted that both of these roles incline the child to function in a way beyond his/her capabilities. Therefore, the child has big shoes to fill to keep the family system integrated. Even though he/she attempts to fulfill the expected responsibilities, his/her underdeveloped ego consistently feels insufficient for the internalized demands in his/her ego ideal and suffers from shame. The Special Child role is associated with being an extraordinary and talented child who is acknowledged as the savior of the family. He/she is a source of pride. The ego-ideal that is projected to him/her is filled with a goal of greatness that is very challenging to achieve. Therefore, it is possible that while his/her false self attempts to keep up with these grandiose ideals, it creates a sense of shame regarding his/her true self (Winnicott, 1963; Wells & Jones, 1999).

On the other hand, the Mediator role is also associated with being a gifted child in Miller's (1981) work. However, this giftedness is rather related to being

very sensitive to others and pushing one's self to satisfy the unmet narcissistic needs of parents. The Mediator acts as a therapist and peacemaker while keeping the secrets of the family members (Cleveland, 1981). It is also a difficult role where one needs a solid ego strength. Yet, it is hardly possible for a child to have a stable ego that could handle these responsibilities without putting forward a false self, and the sense of failure causes feelings of shame.

When the relationships between variables were explored separately based on gender, the positive correlation between shame and the Special Child role was only observed in women. The correlation between shame and the Mediator role appeared in men. It is possible to interpret that in their childhood, women experienced more shame carrying a role that is associated with being outstanding and unique as they are demanded to internalize more self-effacing, demure and peacemaking ideals due to culture. On the other hand, taking a more sensitive and providing role in their childhood might have accompanied by shame for men since there might be more assertive, independent and aggressive internalized expectations in their ego-ideal (Sunar & Fişek, 2005).

4.3.3. Shame and Narcissism

In literature, shame is specifically considered as a visible aspect of vulnerable narcissism, and it is usually correlated with narcissism, positively or negatively (Broucek, 1982; Gramzow & Tangney, 1992; Hibbard, 1992; Pincus et al., 2009; Wright et al., 1989). However, there were not any significant correlations between shame and grandiose or vulnerable narcissism, similar to the results of Montebanocci et al. (2004).

This lack of correlation in the study could be explained through the unconscious and repressed nature of shame in narcissism. Benetti-McQuoid and Bursik (2005) stated that measuring chronic and underlying shame through scenario-based instruments is not very efficient. Thus, the instrument in the present study might not be sensitive enough to assess shame as a latent trait.

As an unconscious affect, shame plays a role in constructing and featuring grandiose self. However, it also functions to split vulnerable aspects and grandiose aspects of an individual and aims to repress vulnerable aspects, even itself (Broucek, 1982; Kernberg, 1975). Therefore, the grandiose false self of narcissists denies the inadequate true self and defends the individual against conscious experiences of shame (Wells & Jones, 2000). Therefore, particularly grandiose narcissists might be less likely to report the feelings of shame, since their self-regulation is managed through denying and minimizing the experiences of shame while overemphasizing the feelings of pride (Tracy et al., 2011). Regarding vulnerable narcissists, the experience of shame can also be triggering. Rather than expressing it, their reaction could be externalizing it into anger, similar to what many narcissists do (Tangney, Wagner, Fletcher, & Gramzow, 1992), as shame is frequently reported with anger in Turkey (Boiger et al. 2014, as cited in Çağın, 2014).

Overall, it is possible that considering the predominantly grandiose portrayal of the sample as well as the instrument's appeal to the grandiose self, shame could have been split and repressed. Therefore, it would not be objectively reported on the scale.

4.4. PREDICTING NARCISSISM

4.4.1. Predicting Grandiose Narcissism

When childhood roles, parentification, shame, and the interaction of parentification and shame were analyzed as possible predictors for grandiose narcissism, it was observed that gender, the Mascot role, and the Mediator role predicted grandiose narcissism in adulthood. It means that even though these predictors only explained a very small amount of variance in grandiose narcissism, relevant to the preliminary correlations, they still had a significant effect. While being a man and playing the Mediator role lead to an increase in the level of grandiose narcissism, undertaking the Mascot role causes a decrease. It is presumed

that as adult narcissism is likely to be influenced and explained by diverse emotional and behavioral determinants in childhood. Specific childhood experiences and self-conscious emotions also interact with various factors and create complex models (Tangney & Tracy, 2012; Van Buren & Meehan, 2015). Therefore, these predicting variables only accounted for a limited variance in the dependent variable of narcissism.

Gender was found to be the strongest predictor. Results showed that compared to the Mascot role and the Mediator role, being a man explained more variance in narcissism. By nature, this prediction is correlated to the statistically significant effect of gender on grandiose narcissism, which was presented earlier. As it was explained, gender roles beliefs in society are likely to influence the psychological development of an individual. According to Grijalva et al. (2015), families use different parenting styles for male and female children, and their practices correlated with narcissism in boys more than girls.

Since the roles were developed and measured to assess the participants' internal experiences from their individual point of view in a neutral way, their influence could have been more meaningful and easily observed than the effects of other variables. People who were in the Mascot role as children are likely to be creative, fun, and careless. They are prone to not taking themselves seriously, and their main aim is to distract themselves and others (Satir, 1981). They might show themselves off through playfulness. However, it mainly serves the purposes of keeping the family system united by amusing the family members and diverting their attention from problems. Being the clown of the family might bring along the senses of confusion and humorous self-humiliation. Therefore, their grandiose self might rather play down, and playing this role decreases the level of grandiose narcissism.

When parents project ideal images that bear the traces of their dreams, such as being a successful and self-reliant person, on their children, it could be associated with narcissism in children. (Jones & Wells, 1996). Similarly, children in the Mediator role are likely to carry a projection of an image that is wise and powerful enough to solve all problems and support family members. Their sensitivity and

giftedness about counseling others might promote the development of a grandiose, false self (Miller, 1981). Therefore, it could increase the possibility of displaying traits of grandiose narcissism in adulthood.

Atalay (2019) reported an interesting observation: Female psychotherapists and social workers described themselves as mediators who dutifully negotiated conflicts in the family. On the other hand, their male colleagues identified as consultants, a higher position where they are expected to give advice. In the present study, the Mediator role included both of these positions. In line with Atalay's work, findings of this study show that being a man might be correlated to perceiving and identifying with the superior aspects of the role, predicting a higher level of grandiose narcissism.

The Aggressive role did not predict grandiose narcissism. It could be explained that since it was somehow smaller and more incomprehensive than other roles, it did not have a significant effect. Despite implying the feelings of pride and uniqueness, being the Special Child did not have an effect on the level of grandiose narcissism, either. It could be related to the design or instruments of the current study.

Besides the Special Child role and the Aggressive role, parentification and shame did not predict grandiose narcissism. As a result, the interaction term of shame and parentification that aimed to explore the mediating effect of shame was not a predictor. It was expected due to the lack of significant relationships between parentification, shame, and both types of narcissism.

As the notion of parentification is directly associated with the family system as a whole (Bowen, 1978, as cited in Olson & Gariti, 1993), its best observation and evaluation would be in a dynamic situation where all members interact with each other (Jones & Wells, 1996). Attempting to assess this construct from a singular point could have made it difficult to reach significant connections between variables.

Traditional Turkish culture justifies and promotes children's contribution to the family through caretaking roles. Typically, even in the early years of life, children are expected to look for their younger siblings and to help practical chores

in the house. Besides they are supposed to emotionally and financially support their parents, especially in adulthood (Kağıtçıbaşı, 2007). For that reason, acts of caretaking might be perceived as the norm and not serious boundary dissolutions in Turkey, as Jurkovic (1994) emphasized that the sociocultural background of the family is related to the perception of parentification (as cited in Baumann, 2006). Therefore, it could be interpreted that parentification is not associated with dysfunctional notions of shame and narcissism.

In literature, shame was found to be associated with different kinds of psychopathology (Muris & Meesters, 2014). However, its effect size is likely to appear rather small. Van Buuren and Meehan (2015) reported that even though shame could act as a partial mediator between childhood maltreatment and vulnerable narcissism, it is not highly effective, and these kinds of relationships are likely to be mediated by other emotional components. The limited contribution of shame as a predictor for dysfunctional outcomes might be due to its mediation and moderation through other variables (Muris & Meesters, 2014). As a self-conscious emotion, shame is likely to be a part of much more complicated models rather than being a strong predictor or mediator on its own (Tangney & Tracy, 2012).

4.4.2. Predicting Vulnerable Narcissism

Expectedly, there were not any independent variables that could predict vulnerable narcissism, since vulnerable narcissism previously did not show a direct relationship with other constructs in the study. Besides the explanations above for the lack of significant correlations, this occurrence might be due to other reasons. When both types of narcissists are compared, grandiose narcissists appear more exhibitionistic and entitled (Gabbard, 1989). Therefore, people with grandiose characteristics could be more likely to define their roles and give themselves titles that they are proud to present. Displaying the roles that they carried in their childhood could be easier for them, due to their tendency to maximize feelings of pride and deny experiences of shame (Tracy et al., 2011).

On the other hand, vulnerable narcissists generally feel doubtful about themselves. Beyond feeling anxious about being evaluated by others, they are also not certain about their self-evaluations and attitudes (Wink, 1991). As a result, even though individuals with vulnerable narcissism traits might consider various roles they played in their family, they might not feel confident and capable enough to define themselves in these roles. However, besides the aforementioned characteristics of the sample, it is also likely that vulnerable states of vulnerable narcissists are more fluctuating than grandiose states (Oltmanns & Widiger, 2018). Even vulnerable narcissists could have behaved in a grandiose manner while defining roles. Therefore, grandiose narcissism might be the only type of narcissism that could be predicted in the present study.

4.5. CLINICAL IMPLICATIONS

The relationship between narcissistic vulnerability and childhood roles with themes of specialness, sensitiveness, and problem-solving abilities was previously noted in the literature (Glickauf-Hughes & Mehlman, 1995; Miller, 1981). Results of the present study illuminated that the connection between the grandiose self and the Mediator role, even though it is small, is also significant. It is possible to focus on the depressive and vulnerable traits while working with clients who have a history of acting as a mediator or psychologist in a dysfunctional family. However, besides working on a possible false self, keeping an eye out for the hidden aspects of the grandiose self is suggested. Since being a well-behaved and discreet child is highly appreciated, and acts of compromising, negotiating, and counseling are honored in Turkish culture, scrutinizing the underlying facets of grandiose narcissism might go unnoticed. It is also mentioned that taking roles that share common themes with the Mediator role in childhood is related to choosing to work in the field of psychotherapy and social work (Atalay, 2019; Goldklank, 1986). Thus, taking the possibly denied grandiose aspects of one's self into consideration while working as a psychotherapist, psychiatrist, or social worker is substantial. Miller (1981) hypothesized that narcissistic adults are mostly raised by narcissistic

parents. It suggests that there is an intergenerational aspect of narcissism. Since grandiose narcissist adults tend to deny their weaknesses, they might be less likely to go to therapy, be open about their vulnerabilities, and improve themselves. Therefore, recognizing and controlling role and personality patterns in systems earlier carry great significance.

While working with adult clients in individual psychotherapy processes, directly asking for their opinions about their childhood roles in the family, especially in intake sessions, could facilitate getting their perceptions of their sense of self and underlying affects. Learning about how early the patients started to play roles in the family and if the roles were flexible and interchangeable could aid in understanding the severity or the advantage of the effect of role-taking. It could be beneficial for the therapy process if a therapist pays attention to the roles and positions that she/he attributed to the clients, such as the self-sufficient and special one, mediating one and aggressive ones. It could help to work with the themes, characteristics, and emotions associated with those roles.

The results of this study indicate that observing family members' roles in child and family psychotherapy is very valuable to understanding and working with family systems. While therapists work on recognizing and exploring the roles with the aim of improving the relationship, families might attempt to rebalance the dysfunctional homeostasis (Minuchin & Fischman, 1981, as cited in Seshadri, 2019). Paying attention to particularly children's roles could help clinicians to understand the problems of children, to impede the disturbance of the sense of self, and to prevent the possibility of psychopathology such as alcohol abuse, anxiety, depression and somatization in adulthood to some extent (Ackerman, 1958; Fischer & Wampler, 1994; Scharff et al., 2004). Usually, sensitive children who carry difficult and demanding roles are defined as "cheering" or "supporting" by their parents in tough times, and they are praised for it. In the meantime, their emotional and behavioral distress could be easily ignored; therefore, psychotherapists must pay attention to that. Providing psychoeducation regarding the effects of role-taking to parents would also be beneficial.

4.6. LIMITATIONS AND FUTURE DIRECTIONS

The process of collecting the data through self-report instruments could be considered as the first limitation of the present study. Since the participants were asked to answer questions regarding their family life, they might have chosen to keep details to themselves. Especially in Turkey, cultural values consider the family sacred and usually promote to keep family life very private. Secondly, both Parentification Inventory and Perceived Roles in the Childhood Scale were retrospective measures. As memories in mind could be distorted and become more inaccurate in time, using retrospective measures in the study could not be sufficient to reflect the data that was aimed to be examined, especially to investigate details and memories about childhood. Further, constructs such as shame are considered to be deep-seated and unconscious, making it inaccessible to report through objective tests. Considering these limitations, it is recommended for future studies to apply a mixed design of qualitative and quantitative methods and utilize projective tests. In their study with vulnerable narcissists, Freis et al. (2015) commented using different types of emotion measures could benefit the studies since participants tend to report little to no emotion. Utilizing projective tests would facilitate to reveal the repressed affects and aspects of self.

This thesis aimed to explore the roles and their consequences, mainly from a psychodynamic perspective. However, studying these familial and intergenerational constructs through systemic theory is strongly recommended. Face-to-face interviews with open-ended questions could help participants in narrate their memories and how they experience and perceive their roles could be studied more comprehensively. Investigating individuals' present roles and the relationship between childhood and adulthood roles is suggested. Additionally, even though different ethnic backgrounds were found to be influential in role taking and parentification, there are only few studies regarding the effect of culture (Hooper, Wallace, Doehler, & Dantzler, 2012; Jurkovic et al., 2004; Khafi et al., 2014). Since the expected roles could vary between cultures, cross-cultural studies would be beneficial in the future.

The sampling of the current study could also be considered as a limitation. Since there were not any quotas, women were much more represented in the sample compared to men. Also, the sample had a very homogeneous nature. Non-probability convenience sampling method through using online instruments might have brought some disadvantages: People who appear more sensitive and altruistic are more likely to complete the study due to their mediating and obliging nature compared to individuals who are more indifferent and uninterested in psychology. It could connote a limitation since the present study mainly aims to investigate the characteristics of individuals. It is suggested for future research to utilize different sampling methods.

Additionally, it is important to mention that narcissism does not solely involve two stable traits that are noninterchangeable. The Short Form of the Five-Factor Narcissism Inventory does not necessarily intend to measure two global aspects of narcissism; its best model fit includes 15 different subscales. It is recommended for future studies to investigate predictors for different facets of narcissism such as distrust, entitlement, grandiose fantasies, and need for admiration.

Last but not least, parentification was found to be related to the characteristics of masochism as well as narcissism (Jones & Wells, 1996). It is strongly suggested for future studies that focus on the relationship between childhood roles, shame, and personality characteristics to examine masochism together with narcissism. Theoretically, masochism is also associated with the feelings of parental rejection and the burden of shame, and it is positively correlated with narcissism (Hibbard, 1992; Morrison, 1983; Nathanson, 1987). Cooper (1989; 2009) explained that the infant whose narcissistic omnipotence is disturbed creates a new kind of fantasy to regain a sense of control. He/she attempts to believe that he/she is the one who frustrated and disappointed himself/herself to take pleasure, and he/she did it on purpose. Further, masochism serves to protect the threatened self by building an identity between the grandiose self and the actual self. Masochistic people attempt to satisfy their mirroring needs in an exhibitionistic way by displaying suffering and martyrdom, related to grandiose aspects of narcissism

(Stolorow, 1975). Thus, the addition of the concept of masochism to future studies about the relationship between childhood roles and adult characteristics would help to construct a more comprehensive perception.



CONCLUSION

The present study is one of the few studies that explored the relationship between childhood roles, parentification, shame, and narcissism in the Turkish population. Its main purpose was to explore and provide empirical evidence for the probable relationship between these constructs. Although it carries a great significance for understanding the family systems in Turkey, description, and categorization of childhood roles from a clinical viewpoint were not comprehensively examined before. Therefore, this thesis additionally aimed to function as a preliminary experimental study for developing a scale to investigate how individuals perceived and described their roles in the family. The Special Child, the Mediator, the Mascot, and the Aggressive roles were observed.

Results presented that parentification and shame did not associate with narcissism in general. On the other hand, being a man and playing the Mediator role in the family predicted higher levels of grandiose narcissism while undertaking the Mascot role leads to a decrease in displaying characteristics of grandiose narcissism.

These findings provide an exploratory understanding of the influence of childhood roles in later life and contribute to the comprehension of the development of grandiose narcissism. It points out the importance of investigating the complex interactions of the family dynamics and emotional experiences in childhood and presents recommendations for future research.

References

- Ackerman, N. W. (1958). *The psychodynamics of family life: Diagnosis and treatment of family relationships*. New York, NY: Basic Books.
- Akhtar, S. & Thomson, J.A. (1982). Overview: Narcissistic personality disorder. *The American Journal of Psychiatry*, 139(1), 12-20.
<https://doi.org/10.1176/ajp.139.1.12>
- Akün, E. (2017). Çocukluktaki ebeveynleşme yaşantılarının özellikleri ve birey üzerindeki etkileri. *Nesne*, 5(10), 219-246. <https://doi.org/10.7816/nesne-05-10-02>
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.).
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
<https://doi.org/10.1176/appi.books.9780890425596>
- Anderson, L. P. (1999). Parentification in the context of the African American family. In N.D. Chase (Ed.), *Burdened children: Theory, research, and treatment of parentification* (pp. 154-170). Thousand Oaks, CA: Sage.
<https://doi.org/10.4135/9781452220604.n9>
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The experience of shame scale. *British Journal of Clinical Psychology*, 41(1), 29-42.
<https://doi.org/10.1348/014466502163778>
- Atalay, N.D. (2019). *Intergenerational experiences of humanitarian aid workers in Turkey: A contextual perspective* [Unpublished master's thesis]. Istanbul Bilgi University, Istanbul, Turkey. Retrieved from <https://tez.yok.gov.tr/UlusalTezMerkezi/>
- Auerbach, J. S. (1990). Narcissism: Reflections on others' images of an elusive concept. *Psychoanalytic Psychology*, 7(4), 545-564.
<https://doi.org/10.1037/0736-9735.7.4.545>

- Auerbach, J. S. (1993). The origins of narcissism and narcissistic personality disorder: A theoretical and empirical reformulation. In J. M. Masling & R. F. Bornstein (Eds.), *Empirical studies of psychoanalytic theories, Vol. 4. Psychoanalytic perspectives on psychopathology* (pp. 43–110). <https://doi.org/10.1037/10138-002>
- Baldwin, K. M., Baldwin, J. R., & Ewald, T. (2006). The relationship among shame, guilt, and self-efficacy. *American Journal of Psychotherapy, 60*(1), 1-21. <https://doi.org/10.1176/appi.psychotherapy.2006.60.1.1>
- Banai, E., Mikulincer, M., & Shaver, P. R. (2005). "Selfobject" needs in Kohut's self psychology: Links with attachment, self-cohesion, affect regulation, and adjustment. *Psychoanalytic Psychology, 22*(2), 224-260. <https://doi.org/10.1037/0736-9735.22.2.224>
- Barnett, B., & Parker, G. (1998). The parentified child: Early competence or childhood deprivation? *Child Psychology and Psychiatry Review, 3*(4), 146-155. <https://doi.org/10.1017/S1360641798001695>
- Baumann, R. A. (2006). *Childhood parentification and adjustment to college: An exploratory investigation* [Unpublished master's thesis]. Available from ProQuest Dissertations & Theses Global. Retrieved from <https://search.proquest.com/docview/304920993?accountid=8622>
- Bekir, P., McLellan, T., Childress, A. R., & Gariti, P. (1993). Role reversals in families of substance misusers: A trans-generational phenomenon. *International Journal of the Addictions, 28*(7), 613-630. <https://doi.org/10.3109/10826089309039652>
- Benetti-McQuoid, J., & Bursik, K. (2005). Individual differences in experiences of and responses to guilt and shame: Examining the lenses of gender and gender role. *Sex Roles, 53*(1-2), 133-142. <https://doi.org/10.1007/s11199-005-4287-4>
- Berke, J. H. (1986). Shame and envy. *British Journal of Psychotherapy, 2*(4), 262-270. <https://doi.org/10.1111/j.1752-0118.1986.tb01341.x>
- Bernstein, D. P., Cohen, P., Velez, C. N., Schwab-Stone, M., Siever, L. J., & Shinsato, L. (1993). Prevalence and stability of the DSM-III—R

- personality disorders in a community-based survey of adolescents. *The American Journal of Psychiatry*, 150(8), 1237–1243. <https://doi.org/10.1176/ajp.150.8.1237>
- Black, C. (1982). *It will never happen to me*. Denver: MAC Publishing.
- Black, B. T., & Sleight, M.J. (2013). Relations among parentification, parenting beliefs, and parenting behaviors. *Journal of Student Research*, 2(1), 52-57. Retrieved from <https://www.jofsr.org/index.php/path/article/view/145>
- Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties*. New York: Harper & Row.
- Broucek, F. (1982). Shame and its relationship to early narcissistic developments. *International Journal of Psychoanalysis*, 63, 369-378.
- Bursten, B. (1973). Some narcissistic personality types. *International Journal of Psychoanalysis*, 54, 287-300.
- Byng-Hall, J. (2008). The significance of children fulfilling parental roles: Implications for family therapy. *Journal of Family Therapy*, 30, 147–162. <https://doi.org/10.1111/j.1467-6427.2008.00423.x>
- Cain, N. M., Pincus, A. L., & Ansell, E. B. (2008). Narcissism at the crossroads: Phenotypic description of pathological narcissism across clinical theory, social/personality psychology, and psychiatric diagnosis. *Clinical Psychology Review*, 28(4), 638-656. <https://doi.org/10.1016/j.cpr.2007.09.006>
- Castro, D. M., Jones, R. A., & Mirsalimi, H. (2004). Parentification and the impostor phenomenon: An empirical investigation. *American Journal of Family Therapy*, 32(3), 205-216. <https://doi.org/10.1080/01926180490425676>
- Chase, N.D. (1999). Parentification: An overview of theory, research, and societal issues. In N.D. Chase (Ed.), *Burdened children: Theory, research, and treatment of parentification* (pp. 3-33). Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781452220604.n1>
- Chasseguet-Smirgel, J. (1985). *The ego ideal: A psychoanalytic essay on the malady of the ideal*. Free Assn Books.

- Cleveland, M. (1981). Families and adolescent drug abuse: Structural analysis of children's roles. *Family Process*, 20(3), 295-304.
<https://doi.org/10.1111/j.1545-5300.1981.00295.x>
- Cooper, A. M. (1986). Narcissism. In A.P. Morrison (Ed.), *Essential papers on narcissism* (pp. 112-143). NYU Press.
- Cooper, A. M. (1989). Narcissism and masochism: The narcissistic-masochistic character. *Psychiatric Clinics*, 12(3), 541-552.
[https://doi.org/10.1016/S0193-953X\(18\)30413-1](https://doi.org/10.1016/S0193-953X(18)30413-1)
- Cooper, A. M. (2009). Feature: The narcissistic-masochistic character. *Psychiatric Annals*, 39(10), 904-912. <https://doi.org/10.3928/00485718-20090924-02>
- Curtis, J. M., & Cowell, D. R. (1993). Relation of birth order and scores on measures of pathological narcissism. *Psychological Reports*, 72(1), 311-315. <https://doi.org/10.2466/pr0.1993.72.1.311>
- Czarna, A. Z., Zajenkowski, M., & Dufner, M. (2018). How does it feel to be a narcissist? Narcissism and emotions. In A.D. Hermann, A.B. Brunell, & J.D. Foster (Eds.), *Handbook of trait narcissism* (pp. 255-263). Springer.
- Çağın, Ö. (2014). *Exploring shame as a relationally-conscious emotion* [Unpublished doctoral dissertation]. Bogazici University. Retrieved from <https://tez.yok.gov.tr/UlusalTezMerkezi/>
- Dearing, R. L., Stuewig, J., & Tangney, J. P. (2005). On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use. *Addictive Behaviors*, 30(7), 1392-1404.
<https://doi.org/10.1016/j.addbeh.2005.02.002>
- DeRobertis, E. M. (2008). *Humanizing child developmental theory: A holistic approach*. New York, NY: iUniverse.
- Dhawan, N., Kunik, M. E., Oldham, J., & Coverdale, J. (2010). Prevalence and treatment of narcissistic personality disorder in the community: A systematic review. *Comprehensive Psychiatry*, 51(4), 333-339.
<https://doi.org/10.1016/j.comppsy.2009.09.003>

- Dickinson, K. A., & Pincus, A. L. (2003). Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders, 17*(3), 188-207.
<https://doi.org/10.1521/pedi.17.3.188.22146>
- Earley, L., & Cushway, D. (2002). The parentified child. *Clinical Child Psychology and Psychiatry, 7*(2), 163-178.
<https://doi.org/10.1177/1359104502007002005>
- Earley, L., Cushway, D., & Cassidy, T. (2007). Children's perceptions and experiences of care giving: A focus group study. *Counselling Psychology Quarterly, 20*(1), 69-80. <https://doi.org/10.1080/09515070701217830>
- Ekşi, F. (2016). The short form of the Five-Factor Narcissism Inventory: Psychometric equivalence of the Turkish version. *Educational Sciences: Theory and Practice, 16*(4), 1081-1096.
<https://doi.org/10.12738/estp.2016.4.0001>
- Ellison, W. D., Levy, K. N., Cain, N. M., Ansell, E. B., & Pincus, A. L. (2013). The impact of pathological narcissism on psychotherapy utilization, initial symptom severity, and early-treatment symptom change: A naturalistic investigation. *Journal of Personality Assessment, 95*(3), 291-300.
<https://doi.org/10.1080/00223891.2012.742904>
- Emmons, R. A. (1987). Narcissism: Theory and measurement. *Journal of Personality and Social Psychology, 52*(1), 11.
<https://doi.org/10.1037/0022-3514.52.1.11>
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*(3), 272-299.
<https://doi.org/10.1037/1082-989X.4.3.272>
- Ferguson, T. J., & Crowley, S. L. (1997). Gender differences in the organization of guilt and shame. *Sex Roles, 37*(1-2), 19-44.
<https://doi.org/10.1023/A:1025684502616>
- Ferguson, T. J., Eyre, H. L., & Ashbaker, M. (2000). Unwanted identities: A key variable in shame–anger links and gender differences in shame. *Sex Roles, 42*(3-4), 133-157. <https://doi.org/10.1023/A:1007061505251>

- Ferguson, T. J., Stegge, H., Eyre, H. L., Vollmer, R., & Ashbaker, M. (2000). Context effects and the (mal)adaptive nature of guilt and shame in children. *Genetic, Social, and General Psychology Monographs, 126*(3), 319-345.
- Fischer, J. L., & Wampler, R. S. (1994). Abusive drinking in young adults: Personality type and family role as moderators of family-of-origin influences. *Journal of Marriage and the Family, 56*(2), 469-479. <https://doi.org/10.2307/353113>
- Fitzgerald, M. M., Schneider, R. A., Salstrom, S., Zinzow, H. M., Jackson, J., & Fossel, R. V. (2008). Child sexual abuse, early family risk, and childhood parentification: Pathways to current psychosocial adjustment. *Journal of Family Psychology, 22*(2), 320-324. <https://doi.org/10.1037/0893-3200.22.2.320>
- Freis, S. D. (2018). The distinctiveness model of the narcissistic subtypes (DMNS): What binds and differentiates grandiose and vulnerable narcissism. In A.D. Hermann, A.B. Brunell, & J.D. Foster (Eds.), *Handbook of trait narcissism* (pp. 37-46). Springer.
- Freis, S. D., Brown, A. A., Carroll, P. J., & Arkin, R. M. (2015). Shame, rage, and unsuccessful motivated reasoning in vulnerable narcissism. *Journal of Social and Clinical Psychology, 34*(10), 877-895. <https://doi.org/10.1521/jscp.2015.34.10.877>
- Freud, S. (1914). On narcissism: An introduction. In *The standard edition of the complete psychological works of Sigmund Freud, volume XIV (1914-1916): On the history of the psycho-analytic movement, papers on metapsychology and other works* (pp. 67-102).
- Freud, S. (1923). The ego and the id. In *The standard edition of the complete psychological works of Sigmund Freud, volume XIX (1923-1925): The ego and the id and other Works* (pp. 1-66).
- Freud, S. (1933). *New introductory lectures on psychoanalysis*. Norton & Co.
- Friedemann, Y., Tolmacz, R., & Doron, Y. (2016). Narcissism and concern: The relationship of self-object needs and narcissistic symptoms with healthy

- and pathological concern. *The American Journal of Psychoanalysis*, 76(1), 71-84. <https://doi.org/10.1057/ajp.2015.60>
- Furnham, A. (2006). Personality disorders and intelligence. *Journal of Individual Differences*, 27(1), 42-46. <https://doi.org/10.1027/1614-0001.27.1.42>
- Gabbard, G. O. (1989). Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic*, 53, 527-532.
- Glassman, M. (1988). Kernberg and Kohut: A test of competing psychoanalytic models of narcissism. *Journal of the American Psychoanalytic Association*, 36(3), 597-625. <https://doi.org/10.1177/000306518803600302>
- Glickauf-Hughes, C., & Mehlman, E. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy: Theory, Research, Practice, Training*, 32(2), 213-221. <https://doi.org/10.1037/0033-3204.32.2.213>
- Glover, N., Miller, J. D., Lynam, D. R., Crego, C., & Widiger, T. A. (2012). The five-factor narcissism inventory: A five-factor measure of narcissistic personality traits. *Journal of Personality Assessment*, 94(5), 500-512. <https://doi.org/10.1080/00223891.2012.670680>
- Goglia, L. R., Jurkovic, G. J. Burt, A.M. & Burge-Callaway, K.G. (1992). Generational boundary distortions by adult children of alcoholics: Child-as-parent and child-as-mate. *The American Journal of Family Therapy*, 20(4), 291-299. <https://doi.org/10.1080/01926189208250899>
- Goldklank, S. (1986). My family made me do it: The influence of family therapists' families of origin on their occupational choice. *Family Process*, 25(2), 309-319. <https://doi.org/10.1111/j.1545-5300.1986.00309.x>
- Gramzow, R., & Tangney, J. P. (1992). Proneness to shame and the narcissistic personality. *Personality and Social Psychology Bulletin*, 18(3), 369-376. <https://doi.org/10.1177/0146167292183014>
- 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. <https://doi.org/10.1037/a0038231>
- Henson, R. K., & Roberts, J. K. (2006). Use of exploratory factor analysis in published research: Common errors and some comment on improved practice. *Educational and Psychological Measurement*, 66(3), 393-416. <https://doi.org/10.1177/0013164405282485>
- Hibbard, S. (1992). Narcissism, shame, masochism, and object relations: An exploratory correlational study. *Psychoanalytic Psychology*, 9(4), 489. <https://doi.org/10.1037/h0079392>
- Hooper, D., Coughlan, J., & Mullen, M. R. (2008). Structural equation modelling: Guidelines for determining model fit. *Electronic Journal of Business Research Methods*, 6(1), 53-60. <https://doi.org/10.21427/D7CF7R>
- Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, 15(3), 217-223. <https://doi.org/10.1177/1066480707301290>
- Hooper, L. M. (2009). Parentification Inventory (Available from L. M. Hooper, Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL 35487).
- Hooper, L.M., DeCoster, J., White, N., & Voltz, M.L. (2011). Characterizing the magnitude of the relation between self-reported childhood parentification and adult psychopathology: A meta-analysis. *Journal of Clinical Psychology*, 67(10), 1028-1043. <https://doi.org/10.1002/jclp.20807>
- Hooper, L. M., Doehler, K., Wallace, S. A., & Hannah, N. J. (2011). The Parentification Inventory: Development, validation, and cross-validation. *The American Journal of Family Therapy*, 39(3), 226-241. <https://doi.org/10.1080/01926187.2010.531652>
- Hooper, L.M., Marotta, S.A., & Lanthier, R.P. (2008). Predictors of growth and distress following childhood parentification: A retrospective exploratory study. *Journal of Child and Family Studies*, 17(5), 693-705. <https://doi.org/10.1007/s10826-007-9184-8>

- Hooper, L. M., Wallace, S. A., Doehler, K., & Dantzler, J. (2012). Parentification, ethnic identity, and psychological health in Black and White American college students: Implications of family-of-origin and cultural factors. *Journal of Comparative Family Studies*, 43(6), 811-835.
- Jacobson, E. (1964). *The self and the object world*. International Universities Press.
- Johnston, J. R. (1990). Role diffusion and role reversal: Structural variations in divorced families and children's functioning. *Family Relations*, 39(4), 405-413. <https://doi.org/10.2307/585220>
- Jones, R. A., & Wells, M. (1996). An empirical study of parentification and personality. *American Journal of Family Therapy*, 24(2), 145-152. <https://doi.org/10.1080/01926189608251027>
- Joubert, C. E. (1989). Birth order and narcissism. *Psychological Reports*, 64(3), 721-722. <https://doi.org/10.2466/pr0.1989.64.3.721>
- Jurkovic, G. J., Jessee, E. H., & Goglia, L. R. (1991). Treatment of parental children and their families: Conceptual and technical issues. *American Journal of Family Therapy*, 19(4), 302-314. <https://doi.org/10.1080/01926189108250862>
- Jurkovic, G. J., Kuperminc, G., Perilla, J., Murphy, A., Ibañez, G., & Casey, S. (2004). Ecological and ethical perspectives on filial responsibility: Implications for primary prevention with immigrant Latino adolescents. *Journal of Primary Prevention*, 25(1), 81-104. <https://doi.org/10.1023/B:JOPP.0000039940.99463.eb>
- Jurkovic, G. J., Morrell, R., & Thirkield, A. (1999). Assessing childhood parentification: Guidelines for researchers and clinicians. In N.D. Chase (Ed.), *Burdened children: Theory, research, and treatment of parentification* (pp. 92-113). Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781452220604.n5>
- Jurkovic, G. J., Thirkield, A., & Morrell, R. (2001). Parentification of adult children of divorce: A multidimensional analysis. *Journal of Youth and Adolescence*, 30(2), 245-257. <https://doi.org/10.1023/A:1010349925974>

- Kağıtçıbaşı, Ç. (2007). *Family, self, and human development across cultures: Theory and applications* (2nd ed.). NY: Routledge.
<https://doi.org/10.4324/9780203937068>
- Karagöbek, A.B. (2014). *The effect of maternal parentification history, maternal attachment styles, socioeconomic status and children's self-construals on parentification roles and perceived parental caregiving* [Unpublished master's thesis]. Middle East Technical University, Ankara, Turkey.
Retrieved from <https://tez.yok.gov.tr/UlusalTezMerkezi/>
- Karpel, M. A. (1976). Intrapsychic and interpersonal processes in the parentification of children. *Dissertation Abstracts International*, 38(1-B), 365.
- Kealy, D., & Rasmussen, B. (2012). Veiled and vulnerable: The other side of grandiose narcissism. *Clinical Social Work Journal*, 40(3), 356-365.
<https://doi.org/10.1007/s10615-011-0370-1>
- Kernberg, O.F. (1966). Structural derivatives of object relationships. *International Journal of Psychoanalysis*, 47(1), 236-252.
- Kernberg, O. F. (1970a). A psychoanalytic classification of character pathology. *Journal of the American Psychoanalytic Association*, 18(4), 800-822. <https://doi.org/10.1177/000306517001800403>
- Kernberg, O. F. (1970b). Factors in the psychoanalytic treatment of narcissistic personalities. *Journal of the American Psychoanalytic Association*, 18(1), 51-85. <https://doi.org/10.1177/000306517001800103>
- Kernberg, O. F. (1974). Further contributions to the treatment of narcissistic personalities. *International Journal of Psychoanalysis*, 55, 215-240.
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. Rowman & Littlefield.
- Kernberg, O. F. (1991). A contemporary reading of "On narcissism". In P. Fonagy, E. Person, & J. Sandler (Eds.), *Freud's "On narcissism: An introduction"* (pp. 131-148). Yale University Press.

- Kernberg, O. F. (2004). *Aggressivity, narcissism and self-destructiveness in the psychotherapeutic relationship: New developments in psychopathology and psychotherapy of severe personality disorders*. Yale University Press.
- Khafi, T. Y., Yates, T. M., & Luthar, S. S. (2014). Ethnic differences in the developmental significance of parentification. *Family Process, 53*(2), 267-287.
- Kilborne, B. (1995a). Of creatures large and small: Size anxiety, psychic size, shame, and the analytic situation. *The Psychoanalytic Quarterly, 64*(4), 672-690. <https://doi.org/10.1080/21674086.1995.11927470>
- Kilborne, B. (1995b). Truths that cannot go naked: Shame in many forms. *Psychiatry, 58*(3), 278-297. <https://doi.org/10.1080/00332747.1995.11024734>
- Kilborne, B. (2011). The evil eye, envy, and shame: On emotions and explanation. In L. Wurmser & H. Jarass (Eds.), *Jealousy and envy* (pp. 148-167). Routledge, Taylor & Francis Group.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis, 27*(1), 99-110.
- Klein, M. (1952). The origins of transference. *International Journal of Psychoanalysis, 33*(1), 433-438.
- Kline, R. B. (1998). *Structural equation modeling*. NY: Guilford Press.
- Kohut, H. (1966). Forms and transformations of narcissism. *Journal of the American Psychoanalytic Association, 14*(2), 243-272. <https://doi.org/10.1177/000306516601400201>
- Kohut, H. (1971). *The analysis of the self*. Chicago, IL: The University of Chicago Press.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *Psychoanalytic Study of the Child, 27*(1), 360-400. <https://doi.org/10.1080/00797308.1972.11822721>
- Kohut, H. (1977). *The restoration of the self*. Chicago, IL: The University of Chicago Press.

- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psychoanalysis*, 59(1), 413-425.
- Köyden, D. (2015). *Ebeveynleşme olgusunun depresyon, kaygı, öfke ve obsesif inanış biçimleriyle ilişkisinin incelenmesi* [Unpublished master's thesis]. Hacettepe University, Ankara, Turkey. Retrieved from <https://tez.yok.gov.tr/UlusalTezMerkezi/>
- Krizan, Z., & Bushman, B. J. (2011). Better than my loved ones: Social comparison tendencies among narcissists. *Personality and Individual Differences*, 50(2), 212-216. <https://doi.org/10.1016/j.paid.2010.09.031>
- Lansky, M. R., & Morrison, A. P. (Eds.). (1997). *The widening scope of shame*. NY: Psychology Press, Taylor & Francis Group.
- Levy, K. N., Chauhan, P., Clarkin, J. F., Wasserman, R. H., & Reynoso, J. S. (2009). Narcissistic pathology: Empirical approaches. *Psychiatric Annals*, 39(4), 203-213. <https://doi.org/10.3928/00485713-20090401-03>
- Lewis, H. B. (1971). Shame and guilt in neurosis. *Psychoanalytic Review*, 58(3), 419-438.
- Lewis, H. B. (1978). Sex differences in superego mode as related to sex differences in psychiatric illness. *Social Science & Medicine. Part B: Medical Anthropology*, 12, 199-205. [https://doi.org/10.1016/0160-7987\(78\)90033-9](https://doi.org/10.1016/0160-7987(78)90033-9)
- Mahler, M. S. (1958). Autism and symbiosis, two extreme disturbances of identity. *International Journal of Psychoanalysis*, 39(1), 77-82.
- Mahler, M. S. (1963). Thoughts about development and individuation. *Psychoanalytic Study of the Child*, 18(1), 307-324. <https://doi.org/10.1080/00797308.1963.11822933>
- Mahler, M. S. (1967). On human symbiosis and the vicissitudes of individuation. *Journal of the American Psychoanalytic Association*, 15(4), 740-763. <https://doi.org/10.1177/000306516701500401>
- Mayselless, O., Bartholomew, K., Henderson, A., & Trinke, S. (2004). "I was more her mom than she was mine:" Role reversal in a community sample.

- Family Relations*, 53(1), 78-86. <https://doi.org/10.1111/j.1741-3729.2004.00011.x>
- McMahon, T. J., & Luthar, S. S. (2007). Defining characteristics and potential consequences of caretaking burden among children living in urban poverty. *American Journal of Orthopsychiatry*, 77(2), 267-281. <https://doi.org/10.1037/0002-9432.77.2.267>
- McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). NY: Guilford Press.
- Miller, A. (1979). Depression and grandiosity as related forms of narcissistic disturbances. *International Review of Psychoanalysis*, 6(1), 61-76.
- Miller, A. (1981). *Prisoners of childhood: The drama of the gifted child and the search for the true self* (R. Ward, Trans.). Basic Books.
- Miller, J. D., Gentile, B., Wilson, L., & Campbell, W. K. (2013). Grandiose and vulnerable narcissism and the DSM-5 pathological personality trait model. *Journal of Personality Assessment*, 95(3), 284-290. <https://doi.org/10.1080/00223891.2012.685907>
- Miller, J. D., Widiger, T. A., & Campbell, W. K. (2010). Narcissistic personality disorder and the DSM-V. *Journal of Abnormal Psychology*, 119(4), 640-649. <https://doi.org/10.1037/a0019529>
- Mills, R. S. (2005). Taking stock of the developmental literature on shame. *Developmental Review*, 25(1), 26-63. <https://doi.org/10.1016/j.dr.2004.08.001>
- Mintz, G., Etengoff, C., & Gryzman, A. (2017). The relation between childhood parenting and emerging adults' experiences of shame and guilt. *Journal of Child and Family Studies*, 26(10), 2908-2920. <https://doi.org/10.1007/s10826-017-0778-5>
- Minuchin, S. (1974). *Families & family therapy*. Cambridge, Massachusetts: Harvard University Press.
- Montebarocci, O., Surcinelli, P., Baldaro, B., Trombini, E., & Rossi, N. (2004). Narcissism versus proneness to shame and guilt. *Psychological Reports*, 94(3), 883-887. <https://doi.org/10.2466/pr0.94.3.883-887>

- Morrison, A. P. (1983). Shame, ideal self, and narcissism. *Contemporary Psychoanalysis*, 19(2), 295-318.
<https://doi.org/10.1080/00107530.1983.10746610>
- Morrison, A. P. (1989). *Shame: The underside of narcissism*. Routledge, Taylor & Francis Group.
- Morrison, A. P., & Stolorow, R. D. (1997). Shame, narcissism, and intersubjectivity. In M. Lansky & A. Morrison (Eds.), *The widening scope of shame* (pp. 63-88). NY: Psychology Press, Taylor & Francis Group.
- Muris, P., & Meesters, C. (2014). Small or big in the eyes of the other: On the developmental psychopathology of self-conscious emotions as shame, guilt, and pride. *Clinical Child and Family Psychology Review*, 17(1), 19-40. <https://doi.org/10.1007/s10567-013-0137-z>
- Narayan, C. (1990). Birth order and narcissism. *Psychological Reports*, 67, 1184-1186. <https://doi.org/10.2466/pr0.1990.67.3f.1184>
- The National. (2019). Rylan [Song]. On *I am easy to find* [Album]. 4AD.
- Nuttall, A. K., Valentino, K., & Borkowski, J. G. (2012). Maternal history of parentification, maternal warm responsiveness, and children's externalizing behavior. *Journal of Family Psychology*, 26(5), 767-775.
<https://doi.org/10.1037/a0029470>
- Olson, M., & Gariti, P. (1993). Symbolic loss in horizontal relating: Defining the role of parentification in addictive/destructive relationships. *Contemporary Family Therapy*, 15(3), 197-208. <https://doi.org/10.1007/BF00894395>
- Oltmanns, J. R., & Widiger, T. A. (2018). Assessment of fluctuation between grandiose and vulnerable narcissism: Development and initial validation of the FLUX scales. *Psychological Assessment*, 30(12), 1612-1624.
<https://doi.org/10.1037/pas0000616>
- Ornstein, P.H. (1991). Narcissism, ego psychology, self psychology. In P. Fonagy, E. Person, & J. Sandler (Eds.), *Freud's "On narcissism: An introduction"* (pp. 174-194). Yale University Press.

- Ovid. (2000). *The metamorphoses* (A.S. Kline, Trans.). (Original work published c.a. 8 A.D.)
<https://ovid.lib.virginia.edu/trans/Metamorph3.htm#476975716>
- Paswan, A. (2009). *Confirmatory factor analysis and structural equations modeling: An introduction*. Dept. of Marketing and Logistics, COB, University of North Texas, USA.
- Pincus, A. L., Ansell, E. B., Pimentel, C. A., Cain, N. M., Wright, A. G., & Levy, K. N. (2009). Initial construction and validation of the pathological narcissism inventory. *Psychological Assessment*, 21(3), 365-379.
<https://doi.org/10.1037/a0016530>
- Pincus, A. L., Cain, N. M., & Wright, A. G. (2014). Narcissistic grandiosity and narcissistic vulnerability in psychotherapy. *Personality Disorders: Theory, Research, and Treatment*, 5(4), 439-443.
<https://doi.org/10.1037/per0000031>
- Pincus, A. L., & Lukowitsky, M. R. (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology*, 6, 421-446. <https://doi.org/10.1146/annurev.clinpsy.121208.131215>
- Pincus, A. L., & Roche, M. J. (2011). Narcissistic grandiosity and narcissistic vulnerability. In W.K. Campbell & J.D. Miller (Eds.), *The handbook of narcissism and narcissistic personality disorder* (pp. 31-40). John Wiley & Sons.
- Potter, A. E., & Williams, D. E. (1991). Development of a measure examining children's roles in alcoholic families. *Journal of Studies on Alcohol*, 52(1), 70-77. <https://doi.org/10.15288/jsa.1991.52.70>
- Pulakos, J. (1996). Family environment and shame: Is there a relationship? *Journal of Clinical Psychology*, 52(6), 617-623.
[https://doi.org/10.1002/\(SICI\)1097-4679\(199611\)52:6<617::AID-JCLP3>3.0.CO;2-H](https://doi.org/10.1002/(SICI)1097-4679(199611)52:6<617::AID-JCLP3>3.0.CO;2-H)
- Pulver, S. E. (1970). Narcissism: The term and the concept. *Journal of the American Psychoanalytic Association*, 18(2), 319-341.
<https://doi.org/10.1177/000306517001800204>

- Rhodewalt, F., & Morf, C. C. (1998). On self-aggrandizement and anger: A temporal analysis of narcissism and affective reactions to success and failure. *Journal of Personality and Social Psychology*, 74(3), 672. <https://doi.org/10.1037/0022-3514.74.3.672>
- Rohmann, E., Hanke, S., & Bierhoff, H. W. (2019). Grandiose and vulnerable narcissism in relation to life satisfaction, self-esteem, and self-construal. *Journal of Individual Differences*, 40(4), 194-203. <https://doi.org/10.1027/1614-0001/a000292>
- Ronningstam, E. (2009). Narcissistic personality disorder: Facing DSM-V. *Psychiatric Annals*, 39(3), 111-121. <https://doi.org/10.3928/00485713-20090301-09>
- Ronningstam, E., & Gunderson, J. (1991). Differentiating borderline personality disorder from narcissistic personality disorder. *Journal of Personality Disorders*, 5(3), 225-232. <https://doi.org/10.1521/pedi.1991.5.3.225>
- Rose, P. (2002). The happy and unhappy faces of narcissism. *Personality and Individual Differences*, 33(3), 379-391. [https://doi.org/10.1016/S0191-8869\(01\)00162-3](https://doi.org/10.1016/S0191-8869(01)00162-3)
- Roussillon, R. (2010). The deconstruction of primary narcissism. *The International Journal of Psychoanalysis*, 91(4), 821-837. <https://doi.org/10.1111/j.1745-8315.2009.00229.x>
- Russell, G. A. (1985). Narcissism and the narcissistic personality disorder: A comparison of the theories of Kernberg and Kohut. *British Journal of Medical Psychology*, 58(2), 137-148. <https://doi.org/10.1111/j.2044-8341.1985.tb02626.x>
- Sandler, J., Holder, A., & Meers, D. (1963). The ego ideal and the ideal self. *The Psychoanalytic Study of the Child*, 18(1), 139-158. <https://doi.org/10.1080/00797308.1963.11822927>
- Satir, V. (1988). *The new peoplemaking*. Palo Alto, CA: Science and Behavior Books, Inc.
- Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *The Satir model*. Palo Alto, CA: Science and Behavior Books, Inc.

- Scharff, J. L., Broida, J. P., Conway, K., & Yue, A. (2004). The interaction of parental alcoholism, adaptation role, and familial dysfunction. *Addictive Behaviors, 29*(3), 575-581. <https://doi.org/10.1016/j.addbeh.2003.08.028>
- Schmidt, A. (2019). Comparison of Kernberg's and Kohut's Theory of Narcissistic Personality Disorder. *Turkish Journal of Psychiatry, 30*(2), 138-143. <https://doi.org/10.5080/u23484>
- Segal, H., & Bell, D. (1991). Theory of narcissism in Freud and Klein. In P. Fonagy, E. Person, & J. Sandler (Eds.), *Freud's "On narcissism: An introduction"* (pp. 149-173). Yale University Press.
- Seshadri, G. (2019). Homeostasis in family systems theory. In J. Lebow, A. Chambers, & D. Breunlin (Eds.), *Encyclopedia of couple and family therapy*. Springer. <https://doi.org/10.1007/978-3-319-15877-8>
- Shaffer, A., & Egeland, B. (2011). Intergenerational transmission of familial boundary dissolution: Observations and psychosocial outcomes in adolescence. *Family Relations, 60*(3), 290-302. <https://doi.org/10.1111/j.1741-3729.2011.00653.x>
- Sherman, E. D., Miller, J. D., Few, L. R., Campbell, W. K., Widiger, T. A., Crego, C., & Lynam, D. R. (2015). Development of a Short Form of the Five-Factor Narcissism Inventory: The FFNI-SF. *Psychological Assessment, 27*(3), 1110-1116. <http://dx.doi.org/10.1037/pas0000100>
- Shulman, D. G., & Ferguson, G. R. (1988). An experimental investigation of Kernberg's and Kohut's theories of narcissism. *Journal of Clinical Psychology, 44*(3), 445-451. [https://doi.org/10.1002/1097-4679\(198805\)44:3<445::AID-JCLP2270440322>3.0.CO;2-Z](https://doi.org/10.1002/1097-4679(198805)44:3<445::AID-JCLP2270440322>3.0.CO;2-Z)
- Spiegel, J. P. (1957). The resolution of role conflict within the family. *Psychiatry, 20*(1), 1-16. <https://doi.org/10.1080/00332747.1957.11023071>
- Sroufe, L. A., & Ward, M. J. (1980). Seductive behavior of mothers of toddlers: Occurrence, correlates, and family origins. *Child Development, 51*(4), 1222-1229. <https://doi.org/10.2307/1129564>

- Stinson, F. S., Dawson, D. A., Goldstein, R. B., Chou, S. P., Huang, B., Smith, S. M., Ruan, W. J., Pulay, A. J., Saha, T. D., Pickering, R. P., & 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.
<https://doi.org/10.4088/jcp.v69n0701>
- Sunar, D., & Fişek, G. (2005). Contemporary Turkish families. In U. P. Gielen & J. L. Roopnarine (Eds.), *Families in global perspective* (pp. 169-183). Boston, MA: Pearson.
- Stolorow, R. D. (1975). The narcissistic function of masochism (and sadism). *International Journal of Psychoanalysis*, *56*(4), 441-448.
- Şahin, N., & Şahin, N. (1992, June 17-23). *Adolescent guilt, shame and depression in relation to sociotropy and autonomy* [Paper presentation]. World Congress of Cognitive Therapy, Toronto, Canada.
- Tangney, J. P. (1990). Assessing individual differences in proneness to shame and guilt: Development of the Self-Conscious Affect and Attribution Inventory. *Journal of Personality and Social Psychology*, *59*(1), 102-111.
<https://doi.org/10.1037/0022-3514.59.1.102>
- Tangney, J. P. (1994). The mixed legacy of the superego: Adaptive and maladaptive aspects of shame and guilt. In M. Masling & R. F. Bornstein (Eds.), *Empirical perspectives on object relations theory* (pp. 1-28). American Psychological Association. <https://doi.org/10.1037/11100-001>
- Tangney, J. P., & Tracy, J. L. (2012). Self-conscious emotions. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 446–478). NY: Guilford Press.
- Tangney, J. P., Wagner, P., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. *Journal of Personality and Social Psychology*, *62*(4), 669-675.
<https://doi.org/10.1037/0022-3514.62.4.669>

- Tangney, J. P., Wagner, P., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology, 101*(3), 469-478. <https://doi.org/10.1037/0021-843X.101.3.469>
- Torgersen, S., Kringlen, E., & Cramer, V. (2001). The prevalence of personality disorders in a community sample. *Archives of General Psychiatry, 58*(6), 590-596. <https://doi.org/10.1001/archpsyc.58.6.590>
- Tracy, J. L., Cheng, J. T., Martens, J. P., & Robins, R. W. (2011). The emotional dynamics of narcissism. In W.K. Campbell & J.D. Miller (Eds.), *The handbook of narcissism and narcissistic personality disorder* (pp. 330-343). John Wiley & Sons.
- 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. <https://doi.org/10.1177/0003065115593058>
- Veronie, L., & Fruehstorfer, D. B. (2001). Gender, birth order and family role identification among adult children of alcoholics. *Current Psychology, 20*(1), 53-67. <https://doi.org/10.1007/s12144-001-1003-6>
- Vulliez-Coady, L., Solheim, E., Nahum, J. P., & Lyons-Ruth, K. (2016). Role-confusion in parent-child relationships: Assessing mother's representations and its implications for counselling and psychotherapy practice. *The European Journal of Counselling Psychology, 4*(2), 205-227. <http://dx.doi.org/10.5964/ejcop.v4i2.62>
- Wampler, R. S., Downs, A. B., & Fischer, J. L. (2009). Development of a brief version of the Children's Roles Inventory (CRI-20). *The American Journal of Family Therapy, 37*(4), 287-298. <https://doi.org/10.1080/01926180902754687>
- Wells, M., Glickauf-Hughes, C., & Jones, R. (1999). Codependency: A grass roots construct's relationship to shame-proneness, low self-esteem, and childhood parentification. *American Journal of Family Therapy, 27*(1), 63-71. <https://doi.org/10.1080/019261899262104>

- Wells, M., & Jones, R. (1998). Relationship among childhood parentification, splitting, and dissociation: Preliminary findings. *American Journal of Family Therapy*, 26(4), 331-339.
<https://doi.org/10.1080/01926189808251111>
- Wells, M., & Jones, R. (1999). Object relations therapy for individuals with narcissistic and masochistic parentification styles. In N. Chase (Ed.), *Burdened children: Theory, research and treatment* (pp. 117-131). Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781452220604.n6>
- Wells, M., & Jones, R. (2000). Childhood parentification and shame-proneness : A preliminary study. *American Journal of Family Therapy*, 28(1), 19–27.
<https://doi.org/10.1080/019261800261789>
- West, M. L., & Keller, A. E. (1991). Parentification of the child: A case study of Bowlby's compulsive care-giving attachment pattern. *American Journal of Psychotherapy*, 45(3), 425-431.
<https://doi.org/10.1176/appi.psychotherapy.1991.45.3.425>
- White, M. T. (1980). Self relations, object relations, and pathological narcissism. *Psychoanalytic Review*, 67(1), 3-23.
- Wink, P. (1991). Two faces of narcissism. *Journal of Personality and Social Psychology*, 61(4), 590-597. <https://doi.org/10.1037/0022-3514.61.4.590>
- Winnicott, D.W. (1958). The capacity to be alone. In M.M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 29-36). London: The Hogarth Press and the Institute of Psychoanalysis.
- Winnicott, D.W. (1960a). Ego distortion in terms of true and false self. In M.M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140-152). London: The Hogarth Press and the Institute of Psychoanalysis.
- Winnicott, D. W. (1960b) The theory of the parent-infant relationship. In M.M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 37-55). London: The Hogarth Press and the Institute of Psychoanalysis.

- Winnicott, D.W. (1962). Ego integration in child development. In M.M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 56-63). London: The Hogarth Press and the Institute of Psychoanalysis.
- Winnicott, D.W. (1963). From dependence towards independence in the development of the individual. In M.M. Khan (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 83-92). London: The Hogarth Press and the Institute of Psychoanalysis.
- Wright, F., O'Leary, J., & Balkin, J. (1989). Shame, guilt, narcissism, and depression: Correlates and sex differences. *Psychoanalytic Psychology*, 6(2), 217-230. <https://doi.org/10.1037/0736-9735.6.2.217>
- Yıldırım, F. (2016). *Aile öngörülemezliği ve ebeveynleşmenin üniversite öğrencilerinin depresyon düzeyleri, öfke tarzları ve obsesif inanışları üzerindeki etkilerinin incelenmesi* [Unpublished master's thesis]. Hacettepe University, Ankara, Turkey. Retrieved from <https://tez.yok.gov.tr/UlusalTezMerkezi/>

APPENDICES

Appendix A: Parentification Inventory

Aşağıdaki sorular siz büyürken, kendiniz ve ailenizle ilgili sahip olduğunuz düşünceleriniz, davranışlarınız ve duygularınız ile ilgilidir. Lütfen her cümleyi dikkatle

okuyun. Cümlenin 1 (hiçbir zaman doğru değil) ve 5 (her zaman doğru) arasında sizin

için ne kadar doğru olduğuna dayanarak bir cevap seçin. Her soruyu mümkün olduğunca doğru yanıtladığınızdan emin olun.

BU SORULARIN SİZİN BÜYÜDÜĞÜNÜZ DÖNEM HAKKINDA OLDUĞUNU UNUTMAYIN.

Yanıt Seçenekleri:

(1) Hiçbir zaman (2) Nadiren (3) Kimi zaman (4) Sık sık (5) Her zaman

	Durum	Hiçbir zaman	Nadiren	Kimi zaman	Sık sık	Her zaman
1	Üzgün olduklarında ya da duygusal zorluklar yaşadıklarında, kardeş(ler)imi rahatlatmam beklendi.	(1)	(2)	(3)	(4)	(5)
2	Anne babam sık sık diğer aile üyeleri hakkındaki sırları benimle paylaştı.	(1)	(2)	(3)	(4)	(5)

3	Benim yaşadığım yerdeki çoğu çocuk aile bütçesine katkıda bulunurdu.	(1)	(2)	(3)	(4)	(5)
4	Aile üyelerimle ilgilenmek zorunda olduğumda bile, mutlu ya da üzgün olabilecek zamana sahiptim.	(1)	(2)	(3)	(4)	(5)
5	Anne babama önemli kararlar almalarında yardım ettim.	(1)	(2)	(3)	(4)	(5)
6	Her gece kardeşlerimin yattığından emin olmak benim görevimdi.	(1)	(2)	(3)	(4)	(5)
7	Ailem tarafından takdir edildiğimi hissettim.	(1)	(2)	(3)	(4)	(5)
8	Benim yaşındaki çoğu çocuk benimle aynı rol ve sorumluluklara sahipti.	(1)	(2)	(3)	(4)	(5)
9	Ailevi sorumluluklarım olsa da oyun ya da okul ödevleri için zamanım olurdu.	(1)	(2)	(3)	(4)	(5)
10	Çalıştım ve aile bütçesine katkıda buldum.	(1)	(2)	(3)	(4)	(5)
11	Kardeşlerimin (kız ya da erkek) ev ödevlerini tamamlamalarına yardımcı olmaktan sorumluydum.	(1)	(2)	(3)	(4)	(5)
12	Ailemde bir anlaşmazlık olduğunda aile üyelerimin yardım istediği ilk kişiydim.	(1)	(2)	(3)	(4)	(5)

13	Kardeşlerimi disipline eden esas kişi bendim.	(1)	(2)	(3)	(4)	(5)
14	Sık sık anne babamın (ya da ailedeki bakım veren yetişkinlerin) arasındaki sorunları çözmeye yardım ettim.	(1)	(2)	(3)	(4)	(5)
15	Aile içindeki rolümden gerçekten keyif aldım.	(1)	(2)	(3)	(4)	(5)
16	Üzgün olduklarında ya da duygusal zorluklar yaşadıklarında, anne babamı rahatlatmam beklendi.	(1)	(2)	(3)	(4)	(5)
17	Haftanın çoğu günü ailenin çamaşırlarını yıkamaktan ben sorumluydum.	(1)	(2)	(3)	(4)	(5)
18	Ailem için hakem rolünü üstlendim.	(1)	(2)	(3)	(4)	(5)
19	Aile üyelerimin sırlarını paylaştığı kişi bendim.	(1)	(2)	(3)	(4)	(5)
20	Ailemizin bir takım olduğunu ve birlikte iyi çalıştığını hissettim.	(1)	(2)	(3)	(4)	(5)
21	Market alışverişinin yapılması diğer aile üyelerinden daha fazla benden talep edildi.	(1)	(2)	(3)	(4)	(5)
22	Aile üyelerim için çevirmen rolünü üstlendim.	(1)	(2)	(3)	(4)	(5)

Appendix B: Guilt - Shame Scale

Bu ölçeğin amacı bazı duyguların hangi durumlarda ne derece yoğun olarak yaşandığını belirlemektir. Aşağıda bazı olaylar verilmiştir. Bu olaylar sizin başınızdan geçmiş olsaydı, ne kadar rahatsızlık duyardınız. Lütfen her durumu dikkatle okuyup öyle bir durumda ne kadar rahatsızlık duyacağınızı aşağıdaki ölçekten yararlanarak maddelerin yanındaki sayıların üzerine (X) işareti koyarak belirleyiniz.

1. Hiç rahatsızlık duymazdım 4. Epey rahatsızlık duyardım
2. Biraz rahatsızlık duyardım 5. Çok rahatsızlık duyardım
3. Oldukça rahatsızlık duyardım

		Sizi ne kadar rahatsız eder?				
		Hiç				Çok
1	Bir tartışma sırasında büyük bir hararetle savunduğunuz bir fikrin yanlış olduğunu öğrenmek.	1	2	3	4	5
2	Evinizin çok dağınık olduğu bir sırada beklenmeyen bazı misafirlerin gelmesi.	1	2	3	4	5
3	Birinin size verdiği bir sırrı istemeyerek başkalarına açıklamak.	1	2	3	4	5
4	Karşı cinsten birinin kalabalık bir yerde herkesin dikkatini çekecek şekilde size açıkça ilgi göstermesi.	1	2	3	4	5
5	Giysinizin, vücudunuzda kapalı tuttuğunuz bir yeri açığa	1	2	3	4	5

	çıkarmak şekilde buruřması ya da kıvrılması.					
6	Bir ařk iliřkisi iinde sadece kendi isteklerinizi elde etmeye alıřtıđınızı ve karřı tarafı smrdđünüz fark etmeniz.	1	2	3	4	5
7	Sorumlusu siz olduđunuz halde bir kusur ya da bir yanlıř iin bir bařkasının sulanmasına seyirci kalmak.	1	2	3	4	5
8	Uzman olmanız gereken bir konuda, bir konuřma yaptıktan sonra dinleyicilerin sizin sylediđinizin yanlıř olduđunu gstermesi.	1	2	3	4	5
9	ok iřlek bir iř merkezinin bulunduđu bir křede herkesin size bakmasına sebep olacak bir olay yařamak.	1	2	3	4	5
10	Lks bir restoranda atal bıak kullanmanız gereken yerde elle yemek yediđinizin fark edilmesi.	1	2	3	4	5
11	Bařkalarını aldatarak ve onları smrerek byk kazanç sađlamak.	1	2	3	4	5
12	İřilerinizin sađlıđına zarar vereceđini bildiđiniz halde, bir ynetici olarak alıřma	1	2	3	4	5

	koşullarında bir değişiklik yapmamak.					
13	Sözlü bir sınav sırasında kekelediğiniz ve heyecandan şaşırduğunuzda, hocanın sizin bu halinizi kötü bir sınav örneği olarak bütün sınıfa göstermesi.	1	2	3	4	5
14	Tanıdığınız birinin sıkıntıda olduğunu bildiğiniz ve yardım edebileceğiniz halde yardım etmemek.	1	2	3	4	5
15	Bir partide yeni tanıştığınız insanlara açık saçık bir fıkra anlattığınızda birçoğunun bundan rahatsız olması.	1	2	3	4	5
16	Akılsızca, bencilce ya da gereksizce büyük bir harcama yaptıktan sonra ebeveyninizin mali bir sıkıntı içinde olduğunu öğrenmek.	1	2	3	4	5
17	Arkadaşınızdan bir şeyler çaldığınız halde arkadaşınızın hırsızlık yapanın siz olduğunuzu hiçbir zaman anlamaması.	1	2	3	4	5
18	Bir davete ya da toplantıya rahat gündelik giysilerle gidip herkesin resmi giyindiğini görmek.	1	2	3	4	5
19	Bir yemek davetinde bir tabak dolusu yiyeceği yere düşürmek.	1	2	3	4	5

20	Herkesten sakladığınız ve hoş olmayan bir davranışın açığa çıkarılması.	1	2	3	4	5
21	Bir kişiye hak etmediği halde zarar vermek.	1	2	3	4	5
22	Alış-veriş sırasında paranızın üstünü fazla verdikleri halde sesinizi çıkarmamak.	1	2	3	4	5
23	Ailenizin sizden beklediklerini yerine getirememek.	1	2	3	4	5
24	Çeşitli bahaneler bularak yapmanız gereken işlerden kaçmak.	1	2	3	4	5

Shame Subscale of Guilt-Shame Scale

Bu ölçeğin amacı bazı duyguların hangi durumlarda ne derece yoğun olarak yaşandığını belirlemektir. Aşağıda bazı olaylar verilmiştir. Bu olaylar sizin başınızdan geçmiş olsaydı, ne kadar rahatsızlık duyardınız. Lütfen her durumu dikkatle okuyup öyle bir durumda ne kadar rahatsızlık duyacağınızı aşağıdaki ölçekten yararlanarak maddelerin yanındaki sayıların üzerine (X) işareti koyarak belirleyiniz.

1. Hiç rahatsızlık duymazdım 4. Epey rahatsızlık duyardım
2. Biraz rahatsızlık duyardım 5. Çok rahatsızlık duyardım
3. Oldukça rahatsızlık duyardım

		Sizi ne kadar rahatsız eder?				
		Hiç				Çok
1	Bir tartışma sırasında büyük bir hararetle savunduğunuz bir fikrin yanlış olduğunu öğrenmek.	1	2	3	4	5
2	Evinizin çok dağınık olduğu bir sırada beklenmeyen bazı misafirlerin gelmesi.	1	2	3	4	5
3	Karşı cinsten birinin kalabalık bir yerde herkesin dikkatini çekecek şekilde size açıkça ilgi göstermesi.	1	2	3	4	5
4	Giysinizin, vücudunuzda kapalı tuttuğunuz bir yeri açığa çıkaracak şekilde buruşması ya da kıvrılması.	1	2	3	4	5
5	Uzman olmanız gereken bir konuda, bir konuşma yaptıktan sonra dinleyicilerin sizin söylediğinizin yanlış olduğunu göstermesi.	1	2	3	4	5
6	Çok işlek bir iş merkezinin bulunduğu bir köşede herkesin size bakmasına sebep olacak bir olay yaşamak.	1	2	3	4	5

7	Lüks bir restoranda çatal bıçak kullanmanız gereken yerde elle yemek yediğinizin fark edilmesi.	1	2	3	4	5
8	Sözlü bir sınav sırasında kekelediğiniz ve heyecandan şaşırduğunuzda, hocanın sizin bu halinizi kötü bir sınav örneği olarak bütün sınıfa göstermesi.	1	2	3	4	5
9	Bir partide yeni tanıştığınız insanlara açık saçık bir fıkra anlattığınızda birçoğunun bundan rahatsız olması.	1	2	3	4	5
10	Bir davete ya da toplantıya rahat gündelik giysilerle gidip herkesin resmi giyindiğini görmek.	1	2	3	4	5
11	Bir yemek davetinde bir tabak dolusu yiyeceği yere düşürmek.	1	2	3	4	5
12	Herkesten sakladığınız ve hoş olmayan bir davranışın açığa çıkarılması.	1	2	3	4	5

Appendix C: The Short Form of the Five Factor Narcissism Inventory

	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 ihtiyaçları 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 ihtiyacım varmış gibi hissederim.	(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 hissederim.	(1)	(2)	(3)	(4)	(5)
15	Heyecan duymak için neredeyse her şeyi deneyebilirim.	(1)	(2)	(3)	(4)	(5)
16	Başarılı olmak için inanılmaz bir motivasyona 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 hissederim.	(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 düşündüğünü gerçekten umursamam.	(1)	(2)	(3)	(4)	(5)
25	Başkalarının dertlerine 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 hissedirim.	(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 adımın insanların çoğunun bileceğine inanıyorum.	(1)	(2)	(3)	(4)	(5)
54	Başkalarının benim hakkımdaki görüşleri 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 düşünceleri 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 D: Perceived Role in the Family Scale – Turkish

Büydüğünüz dönemde ailenizdeki rolünüzü nasıl tanımlardınız? Lütfen aşağıdaki rollerin sizin için ne kadar uygun olduğunu 1 – 5 arası puanlayınız.

1 = Hiç uygun değil, 5 = Tamamen uygun

		Hiç uygun değil				Tamamen uygun
1	Evin günah keçisi	1	2	3	4	5
2	Evin hasta bakıcısı	1	2	3	4	5
3	Ailenin altın çocuğu	1	2	3	4	5
4	Evde görünmez olan	1	2	3	4	5
5	Evin maskotu	1	2	3	4	5
6	Ailenin sorunlu çocuğu	1	2	3	4	5
7	Evin annesi	1	2	3	4	5
8	Ailenin kahramanı	1	2	3	4	5
9	Ailenin dışarıda kalanı	1	2	3	4	5
10	Evin şaklabanı	1	2	3	4	5
11	Ailenin hasta çocuğu	1	2	3	4	5
12	Evin babası	1	2	3	4	5
13	Ailenin kurtarıcısı	1	2	3	4	5
14	Ailenin istenmeyeni	1	2	3	4	5
15	Evin psikoloğu	1	2	3	4	5
16	Evin büyümeyen bebeği	1	2	3	4	5
17	Ailenin utanç kaynağı	1	2	3	4	5
18	Evin ara bulucusu	1	2	3	4	5
19	Ailenin gurur kaynağı	1	2	3	4	5

20	Ailenin çirkin ördek yavrusu	1	2	3	4	5
21	Evin eğlencesi	1	2	3	4	5
22	Ailenin asi çocuğu	1	2	3	4	5
23	Evdeki herkesin sırdaşı	1	2	3	4	5
24	Evin gözbebeği	1	2	3	4	5
25	Ailenin umursamazı	1	2	3	4	5
26	Ailenin neşe kaynağı	1	2	3	4	5
27	Evin öfkeli	1	2	3	4	5
28	Evdeki herkesin dert ortağı	1	2	3	4	5
29	Ailenin umudu	1	2	3	4	5
30	Evdeki her şeyin suçlus	1	2	3	4	5
31	Evin hizmetçisi	1	2	3	4	5
32	Ailenin örnek çocuğu	1	2	3	4	5
33	Evdeki herkesin düşmanı	1	2	3	4	5
34	Ailenin sorun çözücüsü	1	2	3	4	5
35	Ailenin ayrıcalıklı çocuğu	1	2	3	4	5
36	Ailenin hassas çocuğu	1	2	3	4	5
37	Evde hep uyum sağlayan	1	2	3	4	5
38	Evin yetenekli çocuğu	1	2	3	4	5
39	Evin mağduru	1	2	3	4	5
40	Ailesi için kendi isteklerinden vazgeçen	1	2	3	4	5
41	Evin zalimi	1	2	3	4	5

42	Evdekiler için fedakarlık yapan	1	2	3	4	5
43	Evin korkađı	1	2	3	4	5



Appendix E: Perceived Role in the Family Scale – English

1	Scapegoat of the family	1	2	3	4	5
2	Nurse of the house	1	2	3	4	5
3	Golden child of the family	1	2	3	4	5
4	Invisible one	1	2	3	4	5
5	Mascot of the house	1	2	3	4	5
6	Problem child of the family	1	2	3	4	5
7	Mother of the house	1	2	3	4	5
8	Hero of the family	1	2	3	4	5
9	Left out one	1	2	3	4	5
10	Clown of the house	1	2	3	4	5
11	Sick child of the family	1	2	3	4	5
12	Father of the house	1	2	3	4	5
13	Savior of the family	1	2	3	4	5
14	Unwanted one	1	2	3	4	5
15	Psychologist of the house	1	2	3	4	5
16	Forever-baby of the house	1	2	3	4	5
17	Embarrassment of the family	1	2	3	4	5
18	Reconciler of the house	1	2	3	4	5
19	Pride of the family	1	2	3	4	5
20	Ugly duckling	1	2	3	4	5
21	Entertainment of the house	1	2	3	4	5
22	Rebellious child of the family	1	2	3	4	5
23	Confidant of the house	1	2	3	4	5
24	Apple of family's eye	1	2	3	4	5

25	Oblivious one	1	2	3	4	5
26	Cheer of the house	1	2	3	4	5
27	Furious of the house	1	2	3	4	5
28	Sympathetic ear of the house	1	2	3	4	5
29	Hope of the family	1	2	3	4	5
30	One to blame for all	1	2	3	4	5
31	Maid of the house	1	2	3	4	5
32	Exemplary child of the family	1	2	3	4	5
33	Enemy of all	1	2	3	4	5
34	Problem-solver of the family	1	2	3	4	5
35	Privileged child of the family	1	2	3	4	5
36	Sensitive child of the house	1	2	3	4	5
37	All-adapting one	1	2	3	4	5
38	Talented child of the family	1	2	3	4	5
39	Victim of the house	1	2	3	4	5
40	Self-denying one	1	2	3	4	5
41	Cruel of the house	1	2	3	4	5
42	Self-sacrificing one	1	2	3	4	5
43	Coward of the house	1	2	3	4	5

Appendix F: Demographic Information Form

Lütfen her maddeyi dikkatle okuyunuz. Aşağıdaki sorulardaki boşlukları doldurunuz ve size en uygun olan seçeneği işaretleyiniz. Vereceğiniz yanıtlar gizli tutulacak ve yalnızca araştırma amaçlı kullanılacaktır.

Cinsiyetiniz: Kadın Erkek

Yaşınız: ____

Medeni durumunuz: Evli Bekar İlişkide Diğer

Öğrenci misiniz? Evet Hayır

Öğrenciyse, lütfen devam ediyor olduğunuz okulu belirtiniz.

Lise

Üniversite

Yüksek Lisans

Doktora

Şu anda öğrenci değilseniz lütfen öğrenim durumunuzu son aldığınız diplomaya göre belirtiniz.

İlkokul terk

İlkokul

Ortaokul

Lise

Üniversite

Yüksek Lisans

Doktora

Şu an içinde bulunduğunuz sosyo-ekonomik düzeyi nasıl tanımlarsınız?

Alt

Alt-Orta

Orta

Orta-Üst

Üst

Siz dahil kaç kardeşsiniz? ____

Doğum sırasına göre ailenizin kaçınıcı çocuğusunuz? ____

Aşağıdaki durumlardan ailenizde mevcut olan durumları işaretleyiniz. Eğer bu durumu yaşadysanız, lütfen yaşadığınızda kaç yaşınızda olduğunuzu belirtiniz.

Anne kaybı Evet Hayır

Cevabınız evet ise, bunu yaşadığınızda kaç yaşındaydınız? ____

Baba kaybı Evet Hayır

Cevabınız evet ise, bunu yaşadığınızda kaç yaşındaydınız? ____

Anne ve babanın boşanması Evet Hayır

Cevabınız evet ise, bunu yaşadığınızda kaç yaşındaydınız? ____

Siz büyürken ailenizin içinde bulunduğu sosyo-ekonomik düzeyi nasıl tanımlarsınız?

Alt Alt-Orta Orta Orta-Üst Üst

Daha önce hiç psikolojik destek (terapi, danışmanlık vb.) aldınız mı? Aldıysanız lütfen süresini belirtiniz.

Evet, aldım ve devam ediyorum. Evet, aldım ve sona erdi. Hayır.

Süre: ____

Appendix G: Informed Consent Form

Sayın Katılımcı,

Bu araştırmanın amacı, Türkiye'deki genç yetişkinlerin çocukluk ve ergenlik döneminde üstlendikleri rollerin bir takım kişilik özellikleri ile olan ilişkisini anlamaktır. Araştırmaya katılmak için 18 yaş veya üzerinde olmanız ve çocuk sahibi olmamanız gerekmektedir.

Araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Zeynep Kaboğlu tarafından Dr. Öğr. Üyesi 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 25-30 dakika sürmektedir. Araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden anketi doldurmayı bırakabilirsiniz, bu durumda verdiğiniz bilgiler değerlendirmeye alınmayacaktır.

Anketin hiçbir aşamasında kimlik bilgileriniz sorulmayacak, sadece temel demografik bilgileri doldurmanız talep edilecektir. Yanıtlarınız gizli tutulacak ve araştırmacılar dışında kimseyle paylaşılmayacaktır. Veriler toplu halde analiz edilecek ve bireysel bir değerlendirilme yapılmayacak, yalnızca bilimsel yayın amacıyla kullanılacaktır.

Eğer araştırmanın amacı ile ilgili verilen bu bilgiler dışında daha fazla bilgiye ve yardıma ihtiyaç duyarsanız ya da yorumda bulunmak isterseniz, çalışmanın yürütücüsü Zeynep Kaboğlu ile kabogluzeynep@gmail.com e-posta adresi üzerinden iletişime geçebilirsiniz.

Yukarıda verilen bilgiler doğrultusunda bu çalışmaya katılmayı kabul ediyorum.



**İstanbul
Bilgi University**

**ETİK ALT-KURUL DEĞERLENDİRME SONUCU
RESULT OF EVALUATION BY THE ETHICS SUB-COMMITTEE**

Başvuru Sahibi/Applicant: Zeynep Kabođlu

Başvuru Tarihi/Date of Application: 08.12.2019

**Proje Başlıđı/Project Title: Childhood Roles in the Family, Shame, and
Adult Narcissism**

Deđerlendirme Sonucu/Evaluation Result:

Proje program etik alt-komitesi tarafından deđerlendirilmiř; herhangi bir deđerliřikliđe gerek grlmemiřtir. Proje onaylanmıřtır. / Project was evaluated by the program ethics sub-committee; there was no need for revision. The project was approved.

Onay Tarihi / Date of Approval: 30.12.2019

Dr. đr. yesi Alev . Sideris

İstanbul Bilgi niversitesi

Klinik Psikoloji Yksek Lisans Programı Direktr