

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

UNDERSTANDING THE RELATIONSHIP BETWEEN HELP-SEEKING  
ATTITUDES AND NARCISSISTIC CHARACTERISTICS AMONG ADULTS  
IN TURKEY

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İSTANBUL

2020

**Understanding the Relationship Between Help-Seeking Attitudes and  
Narcissistic Characteristics Among Adults in Turkey**

**Türkiye'deki Yetişkinlerde Yardım Arama Tutumları ile Narsisistik  
Özellikler arasındaki İlişkinin Anlaşılması**

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Tezin Onaylandığı Tarih : 24.06.2020

Toplam Sayfa Sayısı: 154

Anahtar Kelimeler (Türkçe)

- 1) Yardım Arama
- 2) Güven
- 3) Narsisizm
- 4) Haset
- 5) Savunma Mekanizmaları

Keywords (English)

- 1) Help-seeking
- 2) Trust
- 3) Narcissism
- 4) Envy
- 5) Defense Mechanisms

## ACKNOWLEDGEMENTS

Foremost, I would like to thank my thesis advisor Alev avdar Sideris for her insight, support, patience, help, and encouragement throughout the way. I am also grateful to my jury members Anıl zge stünel Balcı and Zeynep Makalı for their devotion of time and their contributions which enriched this thesis.

I want to thank Sinem Kılı and Esra Aka. I could not imagine this program and this journey without your warm presence.

I would also like to thank my coworker Merve Aıl for her companionship in difficult times. Thanks to Yasin Efe for his endless and persistent support.

I would also like to thank Irmak Göltekin for her caring, comforting, and affectionate friendship. Thanks to Ece Yayla for sharing my anxiety and her support. Thanks to Hüseyin Yüksel for helped me to learn and search for ways of growing up. Without their companionship, this training process would be much harder.

I would like to thank Cansu Sevin, who makes this journey incredibly beautiful. I sincerely thank Zeynep Kabođlu for her endless emotional support and acceptance. This thesis would not be written without you two. It is not easy to express my gratitude in words since I know that you will be there for me, so glad I have you.

I would also like to thank my beloved friends, who accompanied me not only in the thesis process but also in every challenging and pleasant experience. I sincerely thank my dear friend Ceyhan Turhan for her infinite support. She believed and encouraged me even in the times I feel hopeless, overwhelmed, and tired. I also thank zge İdrisođlu for her emotional support.

I want to express my gratitude to my parents, who support me in reaching what I desire and showing their unconditional love and support. Most importantly, I would like to thank them for believing in me and encouraging me in every step of my life. Somehow, I how they did their best as much as they can, and I am thankful for that.

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## ABSTRACT

Help-seeking is one of the concepts studied with its different dimensions throughout the years in social psychology literature. However, there has been little research on help-seeking attitudes and behavior with psychodynamic conceptualization. Thus, the purpose of this study is to investigate the association of the psychodynamic concepts of narcissism, envy, basic trust, and utilization of certain defense mechanisms with help-seeking attitudes. For this aim, The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S), the Turkish version of the Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), the Turkish version of Benign and Malicious Envy Scale (BeMaS), idealization, projection, acting out, passive aggression, and devaluation subscales of the Turkish version of Defense Style Questionnaire (DSQ- 40), Trust in Relations Scale, and Demographic Information Form were applied as the measurement tools of the study. An online survey was conducted to measure the expected relationships of the mentioned concepts, and results from 603 participants were analyzed for this purpose. The results revealed that people who are high on traits of grandiose narcissism, men, younger people, and individuals who frequently utilize the defense mechanism of acting out had a more negative attitude towards seeking help. On the other hand, individuals who trust others in relationships, and are envious of others had a more positive attitude towards seeking help. It should be noted that the envy measure predominantly reflects benign aspects of envy as contradictory to the psychoanalytic definition of the concept. There was no mediation effect of envy on the relationship between narcissism and help-seeking attitude. The results of this study provide a preliminary contribution to the investigation of help-seeking attitudes as to their underlying dynamics from a psychoanalytic perspective.

*Keywords:* Help-seeking, trust, narcissism, envy, defense mechanisms



## ÖZET

Yardım arama davranışı, sosyal psikoloji literatüründe uzun yıllardır farklı boyutları ile çalışılan kavramlardan bir tanesidir. Bununla birlikte, yardım alma davranışının psikodinamik bir kavramsallaştırma ile ele alındığı çok az araştırma bulunmaktadır. Bu nedenle, bu araştırmanın amacı psikodinamik kavramlar olan narsisizm, haset, temel güven duygusu ve belli savunma mekanizmalarının kullanımının, yardım alma tutumları ile ilişkisini incelemektir. Bu amaç doğrultusunda, Psikolojik Yardım Almaya İlişkin Tutum Ölçeği-Kısa Form Ölçek (PYTÖ-K), Beş Faktör Narsisizm Ölçeği- Kısa Form, BeMaS-T Haset ve Gıpta Ölçeği, Savunma Biçimleri Testi'nin idealleştirme, yansıtma, eyleme dökme, pasif saldırganlık ve değersizleştirme alt boyutları, İlişkilerde Güven Ölçeği ve Demografik Bilgi Formu araştırmanın ölçüm araçları olarak uygulandı. Bahsedilen kavramlar arasındaki beklenen ilişkiyi ölçmek için çevrim içi bir anket uygulandı ve 603 katılımcının sonuçları analiz edildi. Bulgular gösterdi ki büyüklenmeci narsisist olarak formüle edilebilecek kişiler, erkekler ve eyleme dökme savunma mekanizmasını sıklık ile kullananlar yardım aramaya dair daha olumsuz bir tutuma sahiptirler. Diğer yandan ilişkilerde başkalarına güvenebilen kişiler ve başkalarına hasetli kişilerin yardım alma tutumu daha olumludur. Kullanılan haset ölçeğinin kavramın psikodinamik tanımı ile çelişkili şekilde ağırlıklı olarak gıpta boyutunu yansıttığını belirtmek gereklidir. Araştırmanın bulguları literatüre küçük bir katkıda bulunarak yardım arama davranışının farklı psikoloji ekolleri ile ileri araştırmaları yapılması ihtiyacını ortaya çıkarmıştır.

*Anahtar kelimeler:* Yardım arama, güven, narsisizm, haset, savunma mekanizmaları

*“Bazı canlıları yara öldürmüyor,  
Muhatapsız kalmak öldürüyor.”*

(Toptaş, 2016, p.167)

## INTRODUCTION

Previous empirical studies in the social psychology literature mostly address the characteristics of the help, the characteristics of the helper, and the characteristics of the recipient domains with regards to help-seeking (Gergen, 1974). However, Equity Theories, Reactance Theory, and Attribution Theories became more prominent in conceptual reviews (Fisher et al., 1982). According to Amato and Bradshaw (1985), psychological factors, personality factors, and other factors as time, money, availability of the help, accessibility of the help, gender, age, and level of education impact help-seeking and help-receiving attitudes. Although the social psychology literature focuses on personality factors in addition to external factors when examining help-seeking attitudes, complementing the approach with psychodynamic concepts may help to examine help-seeking attitudes with a broader perspective.

The concept of narcissism is worth mentioning to apprehend the relationship between personality factors and help-seeking attitudes with psychodynamic stance. Attitudes towards help-seeking are affected by the difficulty with disclosing oneself (Vogel & Wester, 2003), proneness to shame (Vogel et al., 2006), fear of stigmatization (Barney et al. 2006; Kakhnovets, 2011; Vogel et al., 2007; Fauteux et al., 2008; Fisher & Turner, 1970; Topkaya, 2011), perceived threat to self-esteem (Nadler et al., 1976; Nadler et. al., 1979; Nadler, & Chemerinski, 1985), fear of being dependent to someone (Amato & Bradshaw, 1985; Ryan & Deci, 2000), and envy (Nadler, 2015). Those predictors are also closely related to the narcissistic personality. Individuals with narcissistic personality are highly sensitive to criticisms (Kernberg, 1991, 2004), prone to the feeling of shame (DeRobertis, 2008; Kernberg, 2004; Kohut, 1966, 1971), fragile on persisting their self-esteem (Kernberg, 1967; Kohut, 1971), and avoidant of close relationships with an underlying fear of dependence (Kernberg, 1970a, 2004). Therefore, rather than examining the personality factors separately, narcissism will be the personality organization that is selected to be discussed in the scope of this study.

Both research and clinical observations display that idealization and devaluation are the two most used defense mechanisms by people with narcissistic tendencies (McWilliams, 2011). In addition to idealization and devaluation,

projection, passive aggression, and acting out are some of the most common defense mechanisms utilized by people with narcissistic tendencies (Perry, Presniak, & Olson, 2013). Projection is experiencing what is inside as coming from outside, and it can be of assistance when interpreting the process of envy and trust issues. Besides, passive aggression can be associated with envy in addition to narcissistic tendencies. On the other hand, avoiding help-receiving in times of need can be claimed to be related to acting out owing to self-destructive features of the mechanism. Taken all together, the examination of the utilization of mentioned defense mechanisms may contribute to understanding better the relationship between narcissistic tendencies and help-seeking attitudes in conjunction with envy and trust issues.

Another concept that originated in the psychoanalytic theory and since has been associated with resistance to help-seeking and receiving is envy. Melanie Klein is the first theorist in the psychoanalytic literature who elucidates the mechanisms of envy. According to Melanie Klein's theory of envy, it is necessary to appreciate the substantiality of the infant's first object relation, namely the relationship to the mother's breast. In an assumed course of child development, the "breast," the archetypal good object, is introjected and contributes to the formation of the ego (Hiles, 2007). Nevertheless, the infant attributes the mother's breast more than the actual nourishment it affords; therefore, the breast inevitably fails to satisfy an infant's unrealistic expectations and creates a conflict in the infant's inner world. Envy starts with an intolerance to frustration, thereby making the breast the first object to be envied. Klein posits that human beings are born with an intense destructiveness and the mechanism of envy which contains attacking the good breast. The infant cannot know what to do with the destructiveness and projects a part of this destructiveness onto the outside world, which then suddenly becomes very threatening for the baby (Klein, 1957). Envy involves the desire to destroy the good; it is an angry emotion caused by the belief that something desirable belongs to someone else and gives him/her pleasure together with the impulse to take it from its owner or to spoil it. She addresses the envy as a manifestation of primary destructiveness accompanied by the constitutional background and the course of development (Spillius et al., 2011). As the concept of envy points to a destructiveness toward the good, it may shed light on the mechanism through which help-seeking and narcissism are associated.

Several studies (Amato, & Bradshaw, 1985; Mackenzie et al., 2006; Gourash, 1978; Gergen, 1974) mention that trust is an essential factor regarding negative help-seeking attitude and help-rejecting. The term basic trust corresponds to the sense of trust, which is developed as a result of a healthy mother-baby relationship. Although the term is used by numerous psychoanalytic writers, basic trust was conceptualized by Erik Erikson, who was influenced by Sigmund Freud's work. According to his theory, trust versus mistrust is the first conflict for infants (Widick et. al., 1978). Besides, the importance of early childhood caregiving relationships associated with attachment theory (Ainsworth et al., 1978; Bowlby, 1973, 1977) regarding the establishment of a sense of trust. When the help rejection and negative attitudes regarding help-seeking are discussed, basic trust becomes prominent to comprehend the underlying feelings of people with narcissistic tendencies who reject seeking and receiving help.

## **CHAPTER 1**

### **LITERATURE REVIEW**

#### **1.1. HELP-SEEKING**

Help-seeking has been an intriguing topic in the area of social psychology and guidance and psychological counseling. There are various kinds of studies exploring help-seeking behavior, attitudes toward help-seeking, and different variables that effects attitudes or/and behavior of help-seeking, help to receive, and help rejection. Some researchers based their help-seeking studies on equity theories, reactance theory, and attribution theories (Adams & Freedman, 1976; Adams, 1963; Festinger, 1957; Fisher et al., 1982; Nadler & Jeffrey, 1986). Some studies investigated the issue based on the characteristics of the help, the helper, and the recipient (Gergen, 1974). Others elaborate the question based on environmental factors as availability, accessibility, and affordability of the services or help, time, money; psychological factors like intimacy, stigmatization, feelings of inadequacy, locus of causality, personal and cultural attitudes, feelings of inferiority, fear of dependency, feelings of indebtedness; personality factors as openness and extraversion and demographic factors such as gender, age, socio-economic status and level of education (Kushner & Sher, 1991; Amato & Bradshaw, 1985; Cepeda-Benito & Short, 1998).

##### **1.1.1. Definition and Conceptualization of Help-Seeking**

In order to discuss the concept of help-seeking and receiving, first it is necessary to define prosocial behavior in general. Behaviors aimed to enable others to gain advance are in the domain of prosocial behavior (Eisenberg et al., 2015; Brief & Motowidlo, 1986). Sharing, donating, volunteering, helping, collaborating, and all the behaviors that bear an intent to gratify others are considered as examples

of prosocial behavior. Some social psychologists address empathy, compassion, altruism, generosity, gratitude, and forgiveness as aspects or virtues of prosocial behavior (Mikulincer & Shaver, 2015). On the other hand, Brown and Cialdini (2015) mentioned the interchangeable usage of the concepts of prosocial behavior, helping behavior, altruism, compassion, caregiving, volunteering, generosity, and generativity. Aside from these discussions regarding the issue, help-seeking behavior will be peculiarly reviewed in the scope of the current study.

In basic terms, help-seeking includes at least one of the actions of searching, finding, and receiving help when the person needs. On the other hand, according to Fischer & Turner (1970), psychological help-seeking can be defined as either seeking or resisting to getting professional help when a person encounters a crisis in her life or/and feels psychological discomfort.

Regarding the prevalence of help-seeking behavior, it is found that there is a dramatic increase in the number of people who suffer from mental health disorders, but the ones who are diagnosed with any psychiatric difficulty are not volunteering to get psychological treatment in the United States (Mackenzie, Gekoski, & Knox, 2006). Another study on mental health problems among college students found that the number of more severe cases is increased even though the overall prevalence did not show a drastic rise (Hunt & Eisenberg, 2010). In Chang's (1998) study, it is reported that one out of every three women applied for psychological help while one out of six men applied for help.

According to Amato and Bradshaw (1985), psychological factors as intimacy, stigmatization, feelings of personal inadequacy, locus of causality, personal attitudes towards seeking help, cultural attitudes towards seeking help, feelings of inferiority, feeling indebted; personality factors as the ability to disclose oneself to another, openness and extraversion; and demographics and other background factors as time, money, availability of the help, accessibility of the help, gender, age, and level of education impact help-seeking and help-receiving attitudes. Although the social psychology literature focuses on personality factors in addition to external factors when examining help-seeking attitudes,

complementing the approach with psychodynamic concepts may help to examine help-seeking attitudes with a broader perspective.

### **1.1.2. Theoretical Background of Help-Seeking**

Previous empirical studies regarding the social psychology literature mostly address the characteristics of the help, the characteristics of the helper, and the characteristics of the recipient domains with regards to help-seeking (Gergen, 1974). However, Equity Theories, Reactance Theory, and Attribution Theories became more prominent in conceptual reviews (Fisher et al., 1982).

Equity Theory first introduced to the literature by J. Stacy Adams. According to his theory, the core of the motivation is the endeavor of equity; nevertheless, in order to the mobilization of this motivation, inequity is needed to some extent (Adams & Freedman, 1976). Equity theories postulated that people strive to preserve equity in social relationships (Adams, 1963; Nadler & Jeffrey, 1986). Equity theories put the reciprocity and related feelings and attitudes in the center of help-seeking behavior. According to Equity Theory, because of the nature of help, the recipient and the donor of the help might experience themselves as non-equal (Gross et al., 1979). The perceived inequality in helping situations creates discomfort in the recipient. Thus, the distress caused by the unbalance of equality can lead the recipient to feel in debt to the helper and feeling obligated to reciprocate the help.

The root of the Reactance Theory is based on the Cognitive Dissonance Theory (Festinger, 1957). Reactance theory posited that psychological reactance would be provoked as a motivational state if a person experiences either elimination or the threat of removal of their free behaviors (Brehm, 1989). Reactance theory posited that a negative reactance is provoked based on the degree of existing restrictions (Nadler, & Jeffrey, 1986). Regarding the help-seeking behavior, reactance theory asserted that in a helping situation, the recipient of help might feel dependent on the helper (Gross et al., 1979). Feeling of dependency triggered by



receiving help may cause her or him to experience their freedom as restricted. This perceived restriction in freedom induces negative feelings towards the helper and resistance to the process.

In order to comprehend the Attribution Theory and its' relationship with help-seeking behavior, conceptualizing attribution seems essential. People collect and use the information to be able to make inferences about the reasons for behaviors or events; this process is defined as attribution (Kelley, 1967). Attributions can be either internal or external. If an individual infers the reason for an event to factors intrinsic to the person, the attribution will be internal. Personality characteristics, attitudes, moods, abilities of a person can be considered as internal attributions. On the other hand, in the external attribution, the person infers that the cause of an event to factors outside himself or herself (Kelly, 1967).

Attribution theories supposed that if a recipient is experiencing his or her need to get help as a personal inadequacy, not surprisingly, they are less likely to seek help (Nadler & Porat, 1978). Attribution theories put attributional outcomes of receiving aid in the center of their research (Nadler, & Jeffrey, 1986). According to Attribution Theory, the help-seeking process can be approached as a two-level phenomenon, and it begins with a failure. Some individuals own responsibility when they are faced with a failure. If the individual decides to seek help after a failure that is attributed to himself or herself, she or he evaluates this process as a personal inadequacy. The more the inadequacy experienced, the more the threat to the self-esteem of the person. In the second phase, a threat to self-esteem is more if the attribution of the person regarding help-seeking caused by earlier attributions.

### **1.1.3. Factors Associated with Help-Seeking Behavior**

In the scope of this study, demographic factors of gender, age, level of education, and socio-economic status, psychological factors, cultural factors, and other factors will be discussed. In addition to those, narcissistic personality traits will be addressed as a personality factor in a separate section as the focal point of this study.

### **1.1.3.1. Demographic Characteristics of Help-Seeking Behavior**

Gender difference is one of the most studied topics regarding help-seeking attitudes in the social psychology literature. A variety of studies showed that gender is the most influential predictor of the help-seeking behavior and women more inclined to seeking help and have a more positive attitude towards help-seeking than men (Addis & Mahalik, 2003; Atkinson, 2007; Barney et al., 2006; Chang, 2007; Deane & Chamberlain, 1994; Fauteux et al., 2008; Fischer & Turner, 1970; Gloria et al., 2001; Greenley, & Mechanic, 1974; Good et al., 1989; Hamid et al., 2009; Kakhnovets, 2011; Komiya et al., 2000; Leong, & Zachar, 1999; Mackenzie et al., 2006; Oliver et al., 2006; Rickwood & Braithwaite, 1994; Shek, 1992; Smith, 2004; Solberg et al., 1994; Tishby et al., 2001; Winerman, 2005; Wyatt, 2006). Similar to the other studies, Fisher and Turner found a reliable sex difference regarding help receiving in 1970, but they noted that this difference did not override the other factors. Addis and Mahalik (2003) reported that regardless of their age, nationalities, ethnic, and racial backgrounds, women are more frequently seeks help than men.

Studies conducted in Turkey also found that gender is one of the most predictive factors for help-seeking attitudes compatible with the universal literature of the relevant topic (Atik & Yalçın, 2011; Kalkan & Odacı, 2005; Keklik, 2009; Topkaya & Meydan, 2011; Türküm, 2000, 2001, 2005).

As opposed to those findings, it should be mentioned that some studies reported that there is not a significant difference based on gender regarding help-seeking behavior (Annaberdiyev, 2006; Hamilton & Fagot, 1988; Rosario, Shinn, Mørch, & Huckabee, 1988; Zhag & Dixon, 2003). Moreover, O'Neill and Bronstein's (1990) study revealed a contradictory result that women are neither more dependent nor more help seeker compared to men. Yet, it is essential to state that the population of the mentioned study is an inpatient clinical population.

Many researchers explored the reason why women are more prone to seek help and had a more positive attitude towards help-seeking compared to men. Some

studies reach a relevant result as the women's capacity to develop insight regarding their problems (Broman, 1987; Darcan, 2001; Fauteux et al., 2008; Özbay, 1996; Tata & Leong, 1994). Women receive informal and formal help or support more than men because they can accept their psychological problems when encountered with emotional difficulties (Kemp, 1998; Özbay, 1996; Phillips & Murrell, 1993). Darcan (2001) also found that women are more open to accepting their need for psychological help and more prone to share their problems with others than men.

Both Broman's (1987) and Tata and Leong's (1994) studies found that women have an introspective perspective regarding themselves or knew themselves better. Thus, they can realize their need for help. Similar to this, another research revealed that the reason why women have more positive attitudes towards getting help is that their awareness regarding their needs and their trust in mental help professionals are higher compared to men's (Leong & Zachar, 1999). Fauteux, McKelvie, and De Man (2008) also revealed that women trust more to the professional who is the donor of the help compared to men. Rogler and Cortes (1993) stated that the higher inclination of seeking help in women compared to men is not due to the excessive psychological problems they experience, but because men are more prone to denying their feelings and difficulties and to rejecting seeking help. However, the experienced problem is common for both men and women.

Rickwood and Braithwaite (1994) postulated that women accept their difficulties and tend to share their problems, while unlike women, men ignore their problems and repress their discomfort caused by the problem. When men reach a point that they cannot deal with a problem with their current coping strategies, which are mostly ignoring and repressing, instead, they tend to choose ways that are intentionally or unintentionally harmful to themselves and others such as excessive alcohol consumption, exceeding the speed limit and/or drunk driving.

Another finding regarding gender differences in help-seeking behavior is gender roles. As a consequence of the acquisition of traditional gender roles, men have been learned to suppress their emotional aspects (Winnerman, 2005). Pearson

and Makedzange (2008) found that men who identify themselves with a dominant gender role display a procrastination behavior in seeking psychological help. Chang (1998) also showed that the source of gender difference in help-seeking is the men's attitudes about their gender role. Traditional values related to masculinity prevent males from seeking help, and therefore, males have a negative attitude towards seeking psychological help (Mahalik et al., 2003). Wisch et al. (1995) find out that men are experiencing more gender-role conflict in a counseling process, especially with an emotion-focused approach rather than cognition focused one. They reported more negative attitudes toward help-seeking afterward (as cited in Addis & Mahalik, 2003). As support for other research, Khoie (2002) found that men who do not have traditional gender roles have more positive attitudes towards seeking psychological help than the ones who have more traditional gender roles. Research showed that men who identify themselves with stereotypically masculine features, hiding their emotionality, and avoiding the expression of their feelings seek less help (Good et al., 1989). Woodhill and Samuels (2004) explained that historically, it was not desirable for men to seek psychological help because receiving help was considered as a feminine feature. However, with the increase of androgenic characteristics, getting help has become more desirable for both sexes in today's World.

A variety of studies showed that there is a significant relationship with age and attitudes toward help-seeking. However, current literature incorporates contradicting results regarding the effect of age on help-seeking behavior. Although studies asserting that help-seeking behavior increases with age is prominent, there is no consensus on the relationship of age with help-seeking behavior.

Some studies found that younger people have a more positive attitude towards seeking and receiving help compared to the older (Deane & Chamberlain, 1994), while other studies revealed that help-seeking behavior increases with age (Barney et al., 2006; Oliver et al., 2005). Mackenzie et al. (2006) also reported that older people have a more positive attitude towards help-seeking compared to the younger. Fauteux et al. (2008) found that with age, confidence in mental health

practitioners is increasing. However, Gurin et al. (1960) revealed a contradictory result that help-seeking behavior is decreased with age (as cited in Gourash, 1978).

Mackenzie and his colleagues stated that age creates a positive effect for only the ones who are single (Mackenzie et al., 2006). Another exception regarding the relationship of age and help-seeking is that younger people are more prone to appeal counseling than older people (Barney et al., 2006).

Moreover, Shin et al. (2000) reported that younger and highly educated people have a more positive attitude towards help-seeking compared to older and less educated people. Mackenzie, Gekoski, and Knox (2006) also reported that older people have a more positive attitude towards help-seeking compared to the younger. However, Mackenzie and his colleagues stated that age creates a positive effect for only the ones who are single (Mackenzie, Gekoski, & Knox, 2006).

Regarding the level of education, studies predominately revealed that people who had received more years of education have a more positive attitude towards seeking and receiving help compared the ones who received less education (Arslantaş et al., 2011; Husaini et al., 1994; Komiya et al., 2000; Koydemir-Özden, & Erel, 2010; Shin et al., 2000).

Besides, older people who have high educational background showed a more positive attitude regarding help-seeking compared to their peers (Mackenzie et al., 2006). It is found that people who have higher education are also high in the recognition of the need for psychotherapeutic help, stigma tolerance, and interpersonal openness (Fauteux et al., 2008). Some studies revealed that education is a more decisive predictor of attitudes regarding help-seeking compared to income (Birkel & Reppucci, 1983; George, Blazer, & Hughes, 1989)

Other studies conducted in Turkey found that parents' level of education is also relevant to a person's help-seeking attitude and behavior. Individuals whose parents have lower levels of education showed more negative attitudes towards help-seeking and receiving (Ayaydın & Özbay, 2003; Koydemir-Özden & Erel, 2010).

Regarding socioeconomic status, research showed that people with high socioeconomic status have more positive attitudes towards seeking professional help compared to the ones with a lower socioeconomic level (Oliver et al., 2005; Rickwood, & Braithwaite, 1994). Redlich et al. (1955) postulated that people who have adverse economic conditions are less psychologically minded compared to ones who have improved economic opportunities.

### **1.1.3.2. Psychological Factors**

As psychological factors predicting or affecting help-seeking behavior, attitudes towards help-seeking, readiness for receiving help, distress, stigmatization, history of received help, relational support, self-esteem, feelings of inferiority and dependency, reciprocity of the help, the needs of interdependence and belongingness, feelings of being threatened or supported, the agency of recipient, envy and personality factors will be briefly mentioned in this section.

One of the predictors which facilitate actual help-seeking behavior is the readiness to seek help (Greenley & Mechanic, 1976; Rickwood & Braithwaite, 1994). Deciding to get professional psychological help can be considered as a sign of weakness, failure, or despair for some people (Fischer & Turner, 1970). One of the most predicting factors that negatively affect the readiness to seek help is the fear of embarrassment (Shapiro, 1983). Besides, self-esteem, and shyness as personality factors affect the readiness to seek help over the fear of embarrassment (Cohen et al., 1998). Tessler and Schwartz (1972) worked through the relationship between persistent self-esteem and readiness to seek help. As the locus of attribution is one of the main determinants of seeking help; if a person attributes her or his failure to the external factors rather than herself or himself, she or he is more likely to seek help sooner. Independently from the preparedness of treatment, it has been found that individuals who experience intense feelings of embarrassment have difficulties in seeking psychological help (Vogel et al., 2006). These findings may

be relevant for further discussion of narcissistic personality and help-seeking behavior in terms of narcissistic people's shame proneness.

Seeking professional help heightens when the symptoms of a person are on the rise (Rickwood & Braithwaite, 1994; Özbay 1996). People are more likely to seek psychological help when their distress or discomfort is high, or their symptoms are increased (Cramer, 1999; Kakhnovets, 2011). Neuroticism is one of the personality traits related to the attitudes toward help-seeking and present anxiety and feelings of insecurity; therefore, it also supports the increase in help-seeking with the high levels of distress (Kakhnovets, 2011).

When a person has difficulty or feels that his or her mental health is under threat, their cognitive, emotional, and behavioral tendencies towards receiving professional help influence their decision to get help (Türküm, 2001). Hesitations and concerns about receiving help in times of need may cause individuals to develop negative attitudes toward seeking psychological help (Kalkan, & Odacı, 2016).

The perception of mental illness has an impact on people's attitudes toward help-seeking. Individuals have a negative attitude towards seeking psychological help when they consider people diagnosed with a mental illness as dangerous. On the other hand, individuals have a more positive attitude towards seeking psychological help when they show a friendly and nurturing attitude towards a person diagnosed with mental illness (Kakhnovets, 2011).

Some studies revealed that one reason that might prevent people from seeking help is normativeness. Perceiving a problem as non-normative can threaten the self-esteem and decrease the possibility of reciprocating (Addis & Mahalik, 2003; Nadler, 1990; Nadler & Mayseless, 1983). Therefore, it can be said that if a problem is conceptualized as non-normative, people are more prone to avoiding help-seeking.

People who fear being stigmatized or stigmatize themselves regarding mental health are less likely to have a positive attitude towards help-seeking

(Barney et al., 2006; Fauteux et al., 2008; Fisher & Turner, 1970; Kakhnovets, 2011; Vogel et al., 2007; Topkaya, 2011). Stigmatization can vary across the people, problems, and cultures (Sibicky & Dovidio, 1986). Research showed that people who are avoiding help-seeking due to the fear of being stigmatized tend to think their actions cause these difficulties and attribute them to internal causes rather than external ones. (Amato, & Bradshaw, 1985).

Barney et al. (2006) revealed that people's tendency to seek any kind of help is decreased when they have high perceived stigma or self-stigma when they are in need. Because of this stigma, people often experience shame and discomfort when admitting that they have consulted or presently consulting a mental health professional (Fisher & Turner, 1970).

A study exploring the reasons for delaying or avoiding help-seeking found that people who have a fear of stigma, evaluate the helper as unfavorable, and feel independent are not inclined to seeking help either now or in the future. On the other hand, people who are denying and avoiding their problems and attributing the delay of help-seeking to external factors are more prone to seek help in the future (Amato & Bradshaw, 1985).

In a study on stigmatization and seeking psychological help, it was found that individuals are often afraid and hesitant to seek help because of the effect of their social environment (Vogel et al., 2006). The embarrassment of seeking help and hesitation from other people's reactions negatively affect the possibility of seeking help from professional sources (Barney et al., 2006). Sanders and colleagues' (2004) study supported the mentioned findings and contributed to the literature that psychological difficulties can cause exclusion from society.

In many societies, families may restrain the person who is in need from getting professional help due to emotional problems by the fear that it will tarnish the family name of that person (Kılıç, 1996; Özbay, 1996). Family members of the person who is dealing with mental health problems tend to repudiate the difficulty that the person goes through or refuse the diagnosis to avoid labeling. They perceive



and reflect mental health conditions as a socially acceptable physical condition (Sibicky & Dovidio, 1986).

Efforts to seek psychological help increase with decreasing social support (Arslantaş, 2000; Constantine et al., 2003; Goodman et al., 1984; Khoie, 1999; Stiffman, Earls, & Robins 1988). Özbay (1996) stated that individuals with strong social support are more reluctant to use units that provide professional psychological help. On the other hand, it has been revealed that those who lack informal support sources tend to turn to professional aid sources more quickly due to their concerns.

Burke and Weir (1976) presented that women are more prone to satisfy their social relatedness needs than men and are more prone to request social support when they need help. On the other hand, men ask for support more in couple relationships related to their intimacy and dependency needs compared to women. However, they found that the feeling of isolation from the society caused by the need to seek help is associated with expecting more support in couples' relationship is meaningful for both genders. In relation to adult romantic relationships, Vogel and Wei's (2005) study report that people who avoid adult attachment have more psychological problems and intent to seek psychological help. On the other hand, people who are highly anxious about attachment reject their problems and have less intention to seek psychological help.

Individuals who have a relationship with people who receive psychological help are more likely to seek psychological help than the ones individuals who do not have a relationship with people who receive psychological help (Vogel et al., 2007). Yet, encouraging seeking psychological help did not found to be valid on the intention to seek psychological help.

Individuals who have previously received psychological help have more positive attitudes towards seeking help in the future (Cash et al., 1978; Fischer & Turner, 1970; Kahn & Williams, 2003; Kakhnovets, 2011; Solberg et al., 1994; Vogel & Wester, 2003). Two studies conducted with Turkish university students found that students who received psychological help before have a more positive

attitude towards seeking help than the students who did not receive any help before (Türküm, 2000, 2005). Besides, individuals who have a satisfying past psychological help experience have a more positive attitude towards help-seeking. They also have a higher intention of seeking help compared to ones who had a dissatisfied or ineffective psychological help history (Deane et al., 1999) Moreover, people who had a previous good experience of psychological help, particularly psychological counseling, have more positive attitudes toward help-seeking (Kakhnovets, 2011).

People who perceive self-disclosure as risky have more negative help-seeking attitudes (Vogel & Wester, 2003). Anxiety about self-disclosure negatively affects the attitude of seeking psychological help and reduces the intention to seek psychological help. Nadler et al. (1976) investigated the moderator effect of self-esteem on feelings and perceptions regarding help receiving, and they found out that recipients with low self-esteem perceived a self-supporting message while recipients with high self-esteem perceived a self-threatening message from help. In Fisher and Nadler's (1974) study, it is found that if the recipient of the help has characteristics in common with the helper, he or she may experience a decrease in his or her self-esteem as opposed to attraction literature suggests (as cited in Gergen, 1974). When the donor of the help is not in a relatively superior position compared to the recipient of help, the perceived self-threat in help is decreased (Fisher, & Nadler, 1976).

Nadler and Jeffrey (1986) postulated that in a performance condition, if a person who is similar to recipient performs better and suggests help to that individual, the recipient will experience negative affect and self-evaluations as well as adverse social comparison (Nadler et al., 1980; Tesser & Smith, 1980 as cited in Nadler, & Jeffrey, 1986)

Help receiving can be experienced as either self-threatening or self-supportive (Fisher et al., 1982). Recipients may perceive a self-threatening message of inferred inferiority, inadequacy, and dependency. Situational conditions of the help and the donor of help, together with the personality characteristics of the

recipient of help, identify whether the message will be perceived as supportive or threatening (Nadler & Jeffrey, 1986). If the perceived message is supportive, positive reactions towards receiving help occur while if the message is threatening, adverse reactions towards receiving help are observed. Positive attitudes include benign self and external perceptions and non-defensive behavior, whereas the negative ones cover the adverse self and external and defensive behaviors. Just to clarify, affect and self-evaluation can be counted as in in the self-perception cluster; perceptions of the help and the donor of the help can be evaluated in the external perceptions cluster, and elevated efforts of self-help to get through the dependency feeling and opposition to either seek or receive further help are considered in the defensive behavior category.

When seeking help is experienced as an acceptance of inadequacy, people with high levels of self-esteem are more prone to restrain themselves from getting help (Tessler & Schwartz, 1972). In relation to this, inferiority and dependency feelings, which might be induced by the help, are more disturbing for the recipients of help with high self-esteem compared to low ones (Nadler et al., 1979). The reason why low self-esteem recipients' sensitivity to unfavorable content is their limited positive perceptions regarding themselves. People who have high self-esteem are more committed to reciprocating the help they are receiving compared to the ones who have low self-esteem (Nadler & Chemerinski, 1985).

Recipients who feel threatened by help are more prone to reciprocate the help they are getting to ensure self-sufficiency (Fisher, & Nadler, 1976). Gergen (1974) reported that if a recipient of the help cannot reciprocate, his or her negative feelings towards the giver of the help increases, and it also prompts the recipient not to ask for further help from them. Fisher et al. (1982) reported that the recipient's reactions to help are positive and non-defensive if they experience help as supportive before they receive.

If there are similarities between the recipient and the donor of the help, the reciprocation of the help becomes crucial for the recipient. However, if the recipient

perceives himself or herself as distinct from the donor of the help, he or she is more easily receive the help even he or she will not be able to reciprocate (Gergen, 1974).

According to Nadler (2015), two main factors are affecting people's readiness to seek and receive help as the need for independence and the need for belongingness. In a help situation, whether you are the helper or recipient, tension arises because the need for independence and the need for belongingness is contradicting in some way (Nadler, 2015). People who developed a sense of belongingness care more about what other people need and provide them with the help they are needed. However, people may feel dependent when they are receiving help, and this is contrary to the need for independence and self-reliance.

As Melanie Klein supposed, that ability and capacity to experience and express genuine gratitude is a substitute for building intimate relationships with others; therefore, the need for belongingness and gratitude are related (Nadler, 2015). She also presented that the feeling of gratitude is the essence of the capacity to love others (Klein, 1957 as cited in Nadler, 2015). In parallel with that, she suggested that the feeling of genuine gratitude awakes an inclination to reciprocate this feeling, and it is the foundation of the occurrence of generosity (Nadler, 2015).

Starting from this point of view, it can be speculated that people who are not able to experience genuine gratitude and, therefore, probably more envious have difficulty in accepting and receiving help from others. Nadler (2015) mentioned that the gratitude had been an intriguing topic in the social psychology literature, even some researchers are asserting that gratitude happens as a consequence of help receiving and accelerate the reciprocation of help.

In a helping situation, it is found that if the recipient of help perceives the helper's action as a consequence of his or her genuine helpfulness, costly to helper and precious for the recipient, feeling of gratitude is more expected (Nadler, 2015; Tesser et al., 1968; Wood et al., 2008)

Nadler (2015) emphasized that gratitude and the feelings of indebtedness should not be confused. Tsang (2006a) research revealed that recipients who feel

gratitude but not feel in debt to the donor of the help predicted that the recipients attribute the help to the genuine beneficiary intent of the helper.

Regarding the relationship between help-seeking behavior and personality factors, big five personality traits are widely studied and discussed in the help-seeking literature. While men who are high in *neuroticism*, *openness to new experiences*, and *agreeableness* women who are high in *openness to new experiences* and *extraversion* have a more positive attitude towards help-seeking (Kakhnovets, 2011). Research has shown that university students who identify themselves as an extravert, agreeable, and open have a positive help-seeking attitude (Atik, & Yalçın, 2011).

Regarding the relationship between narcissistic personality and help-seeking behavior, it can be mentioned that the effort for repairing is not about the damage that occurred in the relationship but their distorted perfection on their sense of self for people who have narcissistic defense. An apology can translate into a confrontation for someone who believed that she or he is needless and faultless; therefore, it can be considered that narcissistic people cannot show genuine remorse (McWilliams & Lependorf, 1990).

Apologizing or, more precisely, making an effort for repairing a relationship is a manifestation of caring about the object and acceptance of the need for the continuous intimacy of this specific relationship. It is essential because it can lead our ways to help-seeking behavior. Even in the existing and ongoing relationships, embracing their need for intimacy or just an object other than themselves is very hard for narcissistically defended people, especially the ones who have narcissistic personality organization in psychodynamic terms. Therefore, it can be hypothesized that seeking help from someone can be unacceptable for them because it can contaminate their illusion of perfection and denial of interpersonal needs (McWilliams & Lependorf, 1990).

### **1.1.3.3. Cultural Factors**

Culture is a concept that cannot be covered in detail within the scope of the current study. However, culture is still an issue to be addressed regarding help-seeking behavior. While there are numerous researches about the relationship of helping with culture, studies examining the relationship between seeking and receiving help with culture are more limited.

A study conducted with students from different cultures found that students from Western cultures have more positive attitudes towards help-seeking compared to students from Eastern cultures (Dadfar & Friedlander, 1982). Another study postulated that Japanese American students attribute their psychological difficulties to social causes and prefer their friends and family rather than a mental health professional as compared to White students (Narikiyo & Kameoka, 1992).

Individuals who are in a collectivist society sought help for the benefit of group rather than personal issues, while the ones who are in an individualist society showed the otherwise disposition (Fisher et al. 1982; Nadler & Eshet, 1983).

Nadler and Jeffrey (1986) revealed the importance of social norms and values that emerged within the culture concerning help-seeking behavior. They postulated that the degree of the supportiveness of help is increased with the conformity of the social values, positive self-relevant message, and incorporation of the qualities of devices. On the other hand, the degree of the threat is escalated with the conflict of social values, negative self-relevant messages, and lack of instrumental assets (Nadler & Jeffrey, 1986).

Individuals who have grown up in traditional Chinese culture are taught not to show their negative feelings and not to talk about it; therefore, they have difficulty realizing that the origins of their problems are psychological, and they need psychotherapeutic help (Liou, 2004).

In Eastern societies, getting help outside the family is not acceptable for men. Besides, in many societies, people fear that getting psychological help due to

emotional problems from a professional blemish family's reputation, and this causes a negative attitude towards seeking psychological help and a decreased tendency to seek help (Özbay, 1996). Winerman (2005) concluded that men concerned about damaging their masculinity and labeled as "less male" if they seek help, and this anxiety makes men less likely to seek help. Based on this, toxic masculinity can be a relevant discussion topic regarding the effect of gender, culture, and fear of stigmatization on help-seeking behavior.

#### **1.1.4. Psychoanalytic Approach to Help-Seeking**

Although the help-seeking is not directly studied in the psychoanalytic literature, with the social psychology literature's contributions accompanied by clinical observations, some presumptions and concepts are worth mentioning. According to the psychoanalytic perspective, not getting help can be related to a person's difficulty in introjecting what comes from the other, in other words, his or her inability to receive something from the other. One of the possible reasons for that can be paranoid anxiety, which assumes that the external world and others are unreliable. On the other hand, it can also be related to the narcissistic personality traits that cause people to experience as getting something from someone is a personal inadequacy. Therefore, it is unbearable and unacceptable.

Envious people regard getting something from the other as intolerable, especially if the mentioned other is the object of envy. Thus, envy can be another concept related to not seeking and receiving help because of its features. Besides, unconscious operations of defense mechanisms can create difficulty in seeking help. Therefore, particularly the mechanisms of projection, passive aggression, acting out, idealization, and devaluation may contribute to understanding what is happening while avoiding or rejecting help. On the other hand, basic sense of trust might facilitate a positive attitude towards help-seeking and might accelerate the actual behavior of seeking help in times of need. Since the associations between the mentioned psychological concepts with help-seeking are among the interests of this

study, each of them will be further discussed in detail. It should be noted that the mentioned psychoanalytic concepts of narcissism, envy, defense mechanisms, and trust have not been studied in combination with help-seeking attitudes in the existing literature, to the author's knowledge. Thus, those concepts are discussed with their psychoanalytic conceptualizations. Besides, in order to comprehend those concepts' relationship with help-seeking attitude, this study will mainly address the help-seeking behavior as regards seeking psychological help from a professional.

## **1.2. NARCISSISM**

Narcissism is a character organization that is associated by issues of inferiority and grandiosity. There is a widely-used typical diagnostic description of narcissism in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V; American Psychiatric Association, 2013, p. 669). However, this description covers only the grandiose aspects and pathological end of the narcissism (Holdren, 2004; Miller et al., 2013).

On the other hand, psychoanalytical understanding offers a formulation that captures both grandiose and vulnerable sides of the medallion and discusses the issue on a continuum from healthy to pathological. Therefore, this study adopted the psychoanalytic approach to elaborate on narcissism with a broader and more inclusive perspective.

### **1.2.1. The Psychoanalytic Conceptualization of Narcissism**

The term "narcissism" originates from the ancient mythological narrative of *Narcissus*. The well-known myth of Narcissus is that he encounters with his own image on a water surface and falls in love with this reflection. This self-love deemed him unable to love or accept love from anyone (Rubins, 1983).



Havelock Ellis's (1898) paper on auto-eroticism is the first text in which the term narcissism appeared with a psychological connotation. Ellis worked through the myth of Narcissus and drew attention to the male autoeroticism in the story and approach it from a psychological perspective (Akhtar & Thomson, 1982). Ellis (1927) described narcissism as channeling the sexual desires to self and experiencing an intense self-admiration as a result of self-directed sexual wishes (as cited in Millon, 2001).

Following Ellis, Otto Rank discussed narcissism and mentioned vanity and self-admiration in addition to self-love (Akhtar & Thomson, 1982; Pulver, 1970). Freud (1914) is the theorist who drew remarkable attention to the topic with his paper "On Narcissism: An Introduction." Freud (1914) presented primary narcissistic condition and narcissistic self-cathexis as peculiar types of it. The primary narcissistic condition is an anticipated state in early childhood, which is characterized by the infant's libidinal energy being directed to himself or herself. In this condition, infant experiences and discovers the world as if he or she is in the center of it. There are only the infant's needs and wishes. Therefore, the infant cannot differentiate the self from others yet. The others are perceived as extensions of the infant that will satisfy the infant's needs and provide the maintenance of his or her omnipotent phantasies. The perceived omnipotence of the infant will be renounced as the child develops, and the infant eventually directs his or her libidinal energy to the others. Still, the infant needs a smooth transition. Thus, if the child experiences overwhelming frustrations or ruptures in the relationship with others, he or she pulls back his or her investment on others. Narcissistic self-cathexis occurs when the infant withdraws his or her libidinal investment from the object. This constitutes the base of Freud's conceptualization of pathological narcissism.

Heinz Kohut (1966) and Otto F. Kernberg (1967) made the most significant contributions to narcissism literature after Freud. Although Kohut's and Kernberg's conceptualizations of narcissism share some similarities, Kohut (1966, 1968, 1971, 1977) emphasized fragile and vulnerable characteristics of narcissistic patients, while Kernberg (1966, 1968, 1971, 1977) focused on ostentatious and grandiose

features of narcissistic individuals. Since their conceptualization and focus differ, Kohut suggested a more emphatic stance while working with narcissistic patients, whereas Kernberg offered a relatively confrontational style with an emphasis on a firm frame. The contradiction of Kohut's and Kernberg's conceptualizations might be considered as a debate. However, their definitions will be elaborated as complementary approaches in the current study's extent.

Kohut elaborated on the concept of narcissism as an expected state of development that appears in the oral stage (Kohut, 1966). Kohut (1966) asserted that the ego ideal of narcissistic people was constructed by the idealized parent imago. He emphasized the significance of mirroring and idealization needs, especially for the development of pathological narcissism (Kohut, 1971). According to Kohut, if a parent was not accurately mirroring the child and fulfill her or his idealization needs, the child cannot establish a healthy sense of self instead, he or she stuck with the primitive grandiosity and feelings of inferiority and end up with narcissism (Kohut, 1977). Kohut's perspective regarding narcissism will be elaborated further in the forthcoming sections in this chapter.

Similar to Kohut, Kernberg (1975) also pointed out the late oral stage as a starting point of narcissism; however, differently from Kohut, Kernberg stated the end of the Oedipal stage as a specific endpoint for healthy development. According to Kernberg (1975), the successful integration of ideal objects and ideal self-images facilitates the development of a healthy ego ideal for narcissistic people. Kernberg (1970a) emphasized the aggression, envy, and defensive grandiosity of narcissistic personality. Although their approach and treatment techniques are quite different, Kernberg also explained narcissistic personality development with parental unresponsiveness and rejection. Kernberg's conceptualization of narcissism will be further discussed in detail.

### **1.2.2. Types of Narcissism**

In 1991, Wink worked on narcissism via a self-report personality inventory. Wink identified seemingly contradictory dimensions when he completed the analysis of The Minnesota Multiphasic Personality Inventory (MMPI) narcissism scales. Results revealed that one of the dimensions of narcissistic personality reflects the sensitivity and vulnerability of narcissistic individuals. In contrast, the other dimension captures the grandiose and exhibitionistic aspects of the narcissistic individuals (Wink, 1991). The grandiose dimension of narcissistic personality found to be associated with aggression, extraversion, assurance of self-esteem, whereas vulnerable features found to be related to anxiety, introversion, and being defensive. On the basis of these findings, Wink (1991) suggested distinguishing the conceptualizations of grandiose and vulnerable narcissism.

Although there are distinctions between grandiose and vulnerable narcissism, they share some similar aspects: feeling superior to others, feeling privileged, grandiose representation of self, and proneness to boredom (Wink, 1991; Wink & Donahue, 1997). Having a hostile or opponent style is another feature that is shared by the grandiose and vulnerable narcissistic personalities (Miller et al., 2011). Moreover, Masterson (1993) elaborated on the intrapsychic structures of grandiose and vulnerable types of narcissism. According to Masterson (1993), both grandiose and vulnerable narcissists have a grandiose self-image and an all-powerful image of other objects. In addition to these, exploitativeness and sense of being privileged are the most common features that are shared by both types of narcissism based on the findings of comparative studies on different types of narcissism (Bursten, 1973; Cooper & Maxwell, 1995; Etnyre, 2008; Holdren, 2004; Ronningstam, 2010).

### **1.2.2.1. Vulnerable Narcissism**

Masterson (1993) describes vulnerable narcissism as a state of being psychologically more fragile and vulnerable due to an investment in others who are perceived as grandiose ideals (as cited in Holdren, 2004). Gabbard's (1989) definition of vulnerable narcissism includes feelings of insecurity and shame; being anxious, hypersensitivity about self-image, and fear of rejection accompanied by a strained affect.

A variety of studies conducted by different theorists on vulnerable narcissism listed attributes of vulnerable features of narcissism as shyness (Gabbard, 1989), suspicion, inferiority (Rosenfeld, 1987), hypersensitivity (Gabbard, 1989; Kohut, 1971; Wink, 1991), shame (Gabbard, 1989; Rosenfeld, 1987), and inadequate emotional regulation capacity (Zhang et al. 2015).

Pincus and Lukowitsky (2009) studied the publications on narcissism, categorized the grandiose and vulnerable themes, and summarized the arguments and descriptions. Regarding the vulnerable issues of narcissism, Kohut (1971) discussed vertical splitting, Bursten (1973) pointed out craving, Kohut and Wolf (1978) defined ideal-hungry and contact-shunning personalities, Fiscalini (1993) mentioned about the infantilized spoiled child and shamed child, Cooper and Maxwell (1995) emphasized the disempowerment, Millon (1996) explained the compensatory feature of the concept, Akhtar (2003) and Ronnigstam (2005b) remarked shyness, and Pincus and his colleagues (2009) discussed the narcissistic vulnerability (as cited in Pincus, & Lukowitsky, 2009).

Regarding the naming of narcissism with vulnerable features, Akhtar and Thomson (1982), and Cooper (1981) called this constellation of themes as covert, Broucek (1982) as dissociative, Rosenfeld (1987) as thin-skinned, Gabbard (1989, 1998, 2009) as hypervigilant, Wink (1992) as hypersensitive, Masterson (1993) as closet, Dickinson and Pincus (2003) as vulnerable, Russ and his colleagues (2008) as fragile narcissism (as cited in Pincus & Lukowitsky, 2009).

### 1.2.2.1.1. Heinz Kohut's Theory on Narcissism

According to Kohut, narcissistic people are susceptible to failure, disappointment, and despise. The weakened or defected self is the core of narcissistic disturbance, and it reveals itself as a form of aggression (Kohut, 1971). Narcissistic rage occurs as a response of the vulnerable self, being unguarded in the face of injuries. Kohut claimed that lack of parental mirroring and empathy causes pathology. The timing, degree, and pervasiveness of empathic failures experienced in childhood differentiate the levels and types of difficulty that the patient suffers.

Kohut (1971, 1977) introduced the function of significant others as *self-objects* and emphasized the crucial role of them in the development of self and healthy narcissism. He asserted that human beings live their whole life in an environment surrounded by self-objects, and he further said that individuals need self-objects to survive psychologically as much as they need air for their physical survival. Those objects are used as a protection of self and instinctive investments or experienced as parts of the self.

In terms of the development of the self, similar to his contemporaries, Kohut (Kohut, 1971, 1977) draws attention to early childhood relationships. He disputed that the self of a child emerges under the guidance of childhood relationships. For this to happen, the basic needs of the child are mirroring, idealizing, and twinship needs that are expected to be satisfied by the self-objects.

The first need of *mirroring* can be defined as the gratified response of the parents to their child (Kohut, 1971, 1972). This delighted response reflects the child a sense of worth and contributes to the establishment of self-respect. If parents' responses are indifferent, overly critical, or even hostile, it mirrors back a low sense of worth to the child and reduces his or her self-reliance.

The second need mentioned by Kohut (1971, 1984) is *idealizing*. Human beings need to idealize a figure which enables the child to feel safe, calm, and comfortable with her companionship. The infant wishes to merge with this all-

caring and all-powerful self-object. Following this idealization of an object greater than self, the infant can internalize this idealized imago of the parent.

The third need mentioned and differentiated by Kohut (1984) is *twinship*. Twinship refers to humans' need to experience similarity and feel included in a relationship with the ones with whom they are allowed to experience similarly. Children need a parental figure who encourages the child to feel connected to the family as a part of it, which offers protection. If a child's twinship needs are successfully met, he or she can internalize community rules while developing empathy, a sense of relatedness, and social skills.

Kohut (1971) propounded that the disturbances in the processes of mirroring, idealization, twinship, merger, and optimal frustration explains psychopathology. He postulated that inadequacy that experienced one or more of those processes could result in narcissism and/or addiction. It may be noted that Kohut defined an "archaic merger" and regards it as one of the prominent causes of not properly developed self.

As mentioned earlier, the child's sense of self develops along with his or her early relationships with the caregiver (Kohut, 1971). In order to establish a healthy sense of self, the basic needs of mirroring, idealizing, and twinship should be satisfied. The caregiver receives and reflects the child's emotions in mirroring, and as a result of this child can reach self-respect. In the meantime, idealization corresponds to the child's omnipotent fantasies, and the child will be able to internalize the parent figure. This internalization process constitutes a base for further developmental progress. In twinship, a sense of resemblance is created by the child and his or her self-objects. In this way, the child will experience a sense of relatedness.

Accessible and responsive self-objects, consistent benevolent experiences, and developed intrapsychic structures all together lead to the development of a healthy self (Kohut, 1971, 1977). The child initially creates a grandiose and exhibitionistic self. In proper and sufficient development conditions, exhibitionism and grandiosity of archaic grandiose self are gradually tamed. Eventually, archaic

features of self integrate with the adult personality (Kohut, 1971). This integrated structure constitutes an integral part of the instinctive fuel of the goals, passion, joy, and self-respect. The ones who have a healthy self can regulate and modulate their self-esteem so that they need self-objects only in a mature, integrated, and limited way. A child's needs and discoveries can adjust parts of internalized self-objects, and in this way, the child can reach a state that she or he is able to meet her or his psychological needs.

In an unhealthy course of development, the mother cannot satisfy the child's basic psychological needs (Kohut, 1971). In the absence of sufficient and proper mirroring, a child cannot acknowledge his or her sense of self. Besides, if a child did not experience idealization, she or he will not fantasize about omnipotent images and not develop a grandiose self and gradually tame it. A child who has twinship needs remain unsatisfied and will have difficulty building intimate relationships and feeling related to herself or himself and others. After all, a healthy sense of self cannot develop without the fulfillment of those needs. Hence, in the absence of gains that are acquired via the primary needs, the child cannot build his or her internal structures and becomes dependent on self-objects.

In the caregiving process, the mother's inevitable inadequacies may create an imbalance in the primary narcissism (Kohut, 1966). If the child cannot establish a grandiose and exhibitionistic self, he or she transfers the perfection, admirableness, and omnipotence to the idealized parent image. In this way, the child re-attains the prior sense of goodness. In relation to this, an unhealthy self causes a person to depend on the self-objects to function as a cover of their underdeveloped internal structures. The infant uses intrapsychic structures to ensure the maintenance of self-esteem and self-regulation; —this utilization process named *transmuting internalization* (Kohut, 1971).

A child's needs and discoveries can adjust parts of internalized self-objects, and in this way, the child can reach a state that she or he is able to meet her or his psychological needs (Kohut, 1971). If a parent figure was incapable or reluctant to mirror the child appropriately, the child is expected to have difficulty in transmuting

internalization. Thus, a child will have a challenge in meeting his or her psychological needs.

When a child is frustrated by the admired parent, the idealized parent imago remains preserved with its unchanged form (Kohut, 1971). In this way, the self-object remains archaic and transitional as it is necessary to maintain narcissistic balance rather than gain an accessible introjection status or transform it into a psychic structure that regulates tension. In this way, failures and unfulfillments of mentioned needs and process all together create an unhealthy sense of self. Thus, the unhealthy self makes way for the development of pathological narcissism.

Kohut conceptualized psychopathology as disorders of self. According to him, these self-disorders occur as a result of failures and disturbances in early childhood relationship with the self-objects. According to him, inadequacy in the early empathic relationship is the primary determinant of all psychopathologies, but especially for narcissistic pathology (Kohut, 1971).

He categorizes the psychoses, borderline conditions, and narcissistic disorders as essential forms of self-disorders (Kohut, 1977; Kohut & Wolf, 1978). Besides, he diversifies narcissistic disorders as mirror-hungry personalities, ideal-hungry personalities, and alter-ego personalities. He also defined syndromes of self-psychopathologies of the under stimulated self, the fragmenting self, the overstimulated self, and overburdened self. Each of the mentioned conditions will be briefly defined below.

If the self is damaged in a way that is hard to repair and if the person is deprived of a defense mechanism that can compensate for this permanent deficit the accompanying behavioral manifestations are referred to as the *psychoses* (Kohut, 1977; Kohut & Wolf, 1978). In *borderline conditions*, the self is damaged similarly to psychoses; however, borderlines differ from psychotics by not showing behavioral manifestations of defects as a result of the utilization of sophisticated defenses. On the other hand, in *narcissistic disorders*, the self is not permanently damaged, but temporarily fragmented, seriously distorted, or weak. Thus,



individuals with narcissistic disorders are able to renounce their symptomatic behavior and substitute them with their self-esteem.

The *under stimulated self*, which is one of the self-pathologies, occurs in consequence of a prolonged lack of stimulating responsiveness from the self-objects (Kohut, 1977). In this case, individuals experience themselves, and are also experienced by others, as boring and apathetic. The *fragmenting self* arises in consequence of a lack of integrating responsiveness from the self-objects. The *overstimulated self* emerges as a consequence of unemphatically excessive or phase-inappropriate responses from the self-objects. Lastly, the *overburdened self* occurs if a subject is devoid of merger with the serenity of the self-object; thus, they agonize over the injury of unshared emotionality.

Regarding narcissistic disorders, *mirror-hungry personalities* crave for confirmation and admiration of self-objects to cherish their hungering self (Kohut, & Wolf, 1978). *Ideal-hungry personalities* thirst for self-objects who they perceive as powerful, beautiful, prestigious, and intelligent because they relate themselves to those objects and only in this way experience themselves as if they are powerful, beautiful, prestigious, and knowledgeable by idealizing them. *Alter-ego personalities* need a self-object who offers conformity of their self's existence through the self's appearance, opinions, and values. Even the underlying need of relationship is confirmation of the reality of the self, alter-ego-personalities can be able to establish long-lasting relationships.

Kohut and Wolf (1978) discussed merger-hungry personalities and contact-shunning personalities in the spectrum of pathological narcissistic disorders. *Merger-hungry personalities* are characterized by their damaged and weakened self and their search for self-objects in exchange of self-structure. *Contact-shunning personalities* are conceptualized as the reverse of merger-hungry personalities, as they refrain from social connection and isolate themselves due to their intense and intolerable need of others.

The anxiety of self in narcissistic personality disorders depends on the awareness of the vulnerability of the self (Kohut, 1971). This anxiety creates a

threat to the self. This threat may lead to a temporary disintegration of the self or the invasion of the self's space by the narcissistically exaggerated self-object. In line with this, the primary reason for the unease is the soul's inability to organize self-respect and difficulty in keeping it at an average level.

According to Kohut (1966), some of the most intense narcissistic experiences are related to objects. Objects of people with narcissistic personality disorder are archaic, and preconstructed, and the investment to those objects is narcissistic. Therefore, whether those objects threaten the individual with punishment, deprivation of their love, total disappearance, or temporary absence, the consequence will be a deterioration in the narcissistic balance. Up to this point, the narcissistic individual merged with those objects in different ways and managed to keep self as cohesive and maintain self-respect thanks to them. In this way, the individual's ideals are attached to self-objects' approval, acceptance, and enduring narcissistic gratification they provide.

Kohut postulated that the patient with narcissistic disturbances might make an application to analysis or therapy with specific complaints. Those complaints can be pervert fantasies, incuriosity towards sexuality, difficulty in working, building and maintaining meaningful relationships, neglecting duties, and activities can be considered as a crime, hypochondriac occupations about body and mind, and vegetative nervous system problems. In addition to those potential disturbances or pathological symptoms, Kohut (1971) summarized some of the observed personality characteristics of narcissistic patients as lack of sense of humor, inability to understand other's needs and emotions, uncontrolled burst of anger, and pathological lying. However, he added and warned that the most crucial diagnostic cue is hidden within the transference relationship.

Regarding the treatment, Kohut suggested that the analyst handles the analysand's criticisms with empathy and interprets it as a response to the analyst's inadequacy of empathy. The Kohutian analyst abstains from falling or opposing to the analysand's criticisms, and instead tries to understand the rightfulness of them.

Kohut (1971) asserted that the analysand would internalize this genuine and mature stance of the analyst, and it is crucial to repairing the narcissistic injuries.

In the scope of this study, the term vulnerable narcissism will be used based on the Kohut's definition of narcissism because it captures the sensitivity, vulnerability features of the concept while noting the feelings of emptiness and depression as well as lack of empathy (Kohut, 1966, 1971).

#### **1.2.2.2. Grandiose Narcissism**

Gabbard (1989) formulates grandiose narcissism based on selfishness, arrogance, and being reckless to others. Although they make little investment in relationships with others, grandiose narcissists need and seek admiration from others. Masterson (1993) stressed that grandiose narcissists present themselves as steady and powerful in the face of psychological difficulties by investing in their grandiose self. They are very sensitive and defensive about criticism concerning the mentioned features of their character (Gabbard, 1989).

Various studies revealed different aspects and features of grandiose narcissism. The manifestations of grandiose traits can be counted as indifference, being prejudiced, exhibitionism (Masterson, 1993), insensitivity, envy (Rosenfeld, 1987), entitlement, arrogance, exploitative behaviors, aggression, and lack of empathy (Gabbard, 1989).

Regarding the grandiose themes of narcissism, Kohut (1971) mentioned horizontal splitting, Bursten (1973) referred manipulative, phallic, paranoid features, Kohut and Wolf (1978) defined mirror-hungry, and alter-ego personalities, Kernberg (1984) stated pathological and malignant characteristics, Fiscalini (1993) draws attention to themes of an uncivilized spoiled child, and special child, Cooper and Maxwell (1995) indicated the empowered, and manipulative sides, Millon (1996) discussed unprincipled, amorous, elitist, and fanatic aspects, Ronnigstam (2005b) explained the arrogant, and psychopathic

features, and Pincus and his colleagues (2009) mentioned narcissistic grandiosity (as cited in Pincus, & Lukowitsky, 2009).

There is no consensus on the naming of narcissism with grandiose features. Akhtar and Thomson (1982), and Cooper (1981) named such a presentation as overt, Broucek (1982) as egotistical, Rosenfeld (1987) as thick-skinned, Gabbard (1989, 1998, 2009) as oblivious, Wink (1992) as willful, Masterson (1993) as exhibitionistic, Dickinson and Pincus (2003) as grandiose, Russ and his colleagues (2008) as grandiose/malignant narcissism (as cited in Pincus, & Lukowitsky, 2009).

#### **1.2.2.2.1. Otto Kernberg's Theory on Narcissism**

Otto Kernberg (1967) pointed out the envious and greedy features of narcissism. He emphasized the difficulties in self-regard and object relations of narcissistic individuals by following the classical psychoanalytic perspective in combination with object relations theory. Kernberg (1976) approaches the object relations with his stage theory. According to Kernberg's developmental model, there are four stages of development; (1) normal autism which corresponds to the first month of life, (2) normal symbiosis which occurs at the 2 to 6-8 months of life, (3) differentiation of self from object relations corresponding to 6-8 to 18-36 months, and (4) integration of self-representations, object representations, and higher-level intrapsychic object relations that are produced structures that occurs around 36 months and ahead.

Kernberg (1975) tried to clarify the field of psychopathology by distinguishing and classifying a wide range of personality disorders at a level of three essential personality organizations. The three levels are neurotic, borderline, and psychotic personality organizations. Kernberg (1984) offered three necessary criteria as (1) identity integration, (2) defense mechanisms, and (3) reality testing to distinguish those levels.

The first major developmental task of Kernberg's theory is the separation of self-images from object-images. If a child cannot accomplish a psychic clarification of what is self and other, she or he cannot develop a healthy sense of self, distinguishes self and others and relatedly, cannot establish a distinct boundary between the internal and external world (Kernberg, 1966, 1970b, 1975, 1976). Failure in this primary developmental task increases the risk of developing psychotic states.

In early childhood, infants start to form psychic representations to comprehend their interactions with their caregivers. The infant's investment in self is shaped correspondingly to his or her investment in caregivers (i.e., objects) (Kernberg, 1974). Kernberg named those representations as *object representations*. In this state of being, the infant cannot differentiate nuanced feelings; therefore, there are only the *good*, satisfying, and pleasurable experiences versus the *bad*, frustrating, and bitter experiences. The child's internal representations of object relations are identified by the good and the bad object representations (Kernberg, 1975). This internalizing process defined the narcissistic development of the infant. If the baby has more good object representations, it is probable to pass healthy narcissistic development. However, if the infant has more bad object representations, then the more pathological version of narcissism is expected to develop.

The second leading developmental task is to integrate the split good and bad images. Even after the successful fulfillment of the first task, differentiated self-images and object-images remain split as all-good and all-bad. The loving and good self-images are knit together with the gratifying and good object-images, while the bad and hateful self-images are held together with the bad and frustrating object-images; and this splitting is a normal phase in the course of development (Kernberg, 1966, 1970b, 1975, 1976). As the development proceeds, the child is expected to develop a capacity to integrate those split aspect of both self and object. As a result, he or she will experience herself or himself and others with both good and bad

features, in other words as whole objects. According to Kernberg, failure in this developmental task leads to borderline pathology.

The internalization of bad objects and the absence of the internalized good object representations make the person feel a void. The feeling of emptiness brings along the intense feeling of hunger. They feel angry for the hungry aspects of the narcissistic self and project this feeling to the external world, to the others. Kernberg (1967), defined the projection of hunger as oral rage. In this way, the world becomes threatening and unreliable. Kernberg (2004) points out that the oral rage projected on others. The projected rage leads narcissistic individuals to have an exploitative way of relating and consequently, this negatively influence the later life interpersonal relationships of narcissistic people.

Kernberg (1975, 1984, 1998) reviewed the pathological narcissism under the borderline personality organization. Therefore, it may be essential to mention the features of the Borderline Personality Organization in general. In borderline organizations, identity diffusion, utilization of the primitive defense mechanisms, and lack of severe distortion in reality testing are observed. In addition to these three evaluation criteria, uncharacteristic ego weakness and several superego pathologies may also be observed (Kernberg, 1975).

According to Kernberg (1975), splits in early experiences are developmentally appropriate in early childhood. However, the child will modulate and integrate the splits. The integrated sense of self and the integrated sense of significant others constitutes *normal identity*. On the other hand, *identity diffusion* manifests itself by the weak integration of the good and bad segments of the self and of the significant others. Chronic sense of emptiness, perceiving self as inconsistent and incompatible, and inconsistent behaviors are other identifiers of identity diffusion. Kernberg attributes the occurrence of identity diffusion to internally unbalanced, fragmented, and biased early introjections of good and bad object relations. In other words, inner representations of the self and objects formed via the positive and negative motional tone in early childhood years were divided and separated. If the bad experiences are powerful enough to dominate the good

ones, the necessary unification for normal identity cannot be achieved. Afterward, the individual stuck with the separation of these two segments and made an effort to keep them separate to avoid persecutory experiences that contaminate the good. In this way, identity diffusion prevents the person from establishing balanced, warm, and emphatic relationships.

Pathological narcissism is defined by a pathological libidinal investment even though it includes an integrated self-structure of the grandiose self (Kernberg, 1975). The grandiose self develops as a defense against the harsh and devastating frustrations in the mother-child relationship. The grandiose self stems from pathological object relationships and causes the child to develop envy, hatred, and rage towards the doer of the traumatic experiences.

The grandiose self consists of the fusion of the structures of real self, ideal self, and ideal object, or some aspects of them (Kernberg, 1970a). *The real self* represents the significance and uniqueness of the child, strengthened by the early experiences. *The ideal self* involves self-images that are fantasized as all-knowing, and omnipotent (Kernberg, 1974). The ideal self functions as a redemption for the infant's experiences of oral frustrations, envy, and rage. *The ideal object* contains the fantasies of a caregiver who is accepting, ever-giving, forever loving, and affectionate.

As a secondary defense against fragmenting of one's self-concept and the concept of significant others and the struggle between idealized and persecutory segments of the experience, the pathological grandiose self emerges. The pathological grandiose self is constituted by the combination of ideal aspects of the self, ideal aspects of others that have been incorporated as if one possesses them, and the ideal aspirations of the self as if one achieved them. There is an ideal internal world of grandiosity and self-sufficiency, and the rest of the world is constituted as worthless while ones' need of others is denied and devalued. Individuals who develop pathological grandiose self may seem to be integrated and self-sufficient on the surface. However, they experience excessive distress with their self-perception and have a tremendous need to be admired without any mutuality of the

relationships. Abnormal love of the self, accompanied by an incapacity to love others and an internal sense of emptiness, is observed in narcissistic pathology.

Kernberg (1970a) propounded that the grandiose self reflects the establishment of an exaggerated self-concept to disguise the feelings of worthlessness. Besides, the grandiose self works as a defense against envy and rage. In parallel with this process, the unacceptable aspects of the self are projected onto others who are devalued. The combination of the self-inflation and devaluation paves the way for the rejection of feeling or need for dependence

Kernberg (1967) regarded narcissistic individuals as the ones who have difficulties in self-esteem and object relations. Narcissistic people outwardly have social relationships and relatively good at impulse control. Their sense of self is inflated and relies on others to gather admiration, which fosters the inflated and grandiose self-image. Thus, although they seem to be able to establish social relations, the quality of those relationships is far from sincere and somewhat manipulative. For narcissistic individuals, the central purpose and satisfaction of relationships is not the joy of meeting and acknowledging an object which is different and separated from them but the admiration they are getting.

According to Kernberg (2004), there three main features of pathological narcissistic personality disorders: pathological self-love, pathological object-love, and pathological superego.

Pathological self-love is characterized by the manifestations of grandiosity, exhibitionism, irresponsible acts, and excessive ambition. The feelings of grandiosity and inferiority are like the two sides of the same medallion for them. The need for admiration, which is the fuel of grandiose self, makes them dependent on others, and this dependency triggers the underlying feelings of worthlessness without the presence of others (Kernberg, 2004).

Pathological object-love manifests itself via indifference to others' minds and the inner world, followed by the constant attempt to exploit others and envy (Kernberg, 1970b). They idealize individuals who have traits that are wished they



had, but at the same time, they desire to take possession of those features. Thus, they eventually devalue the idealized object, and this devaluation serves protection for their envy. Envy is the most probable reason holding pathologically narcissistic people back to invest in relationships with others genuinely.

Pathological superego can be differentiated by impatience of criticisms and indications of depressive feelings triggered by reflecting on themselves (Kernberg, 2004). If they get criticism but not appreciation regarding their purposes, or they cannot reach their envisaged grandiose and determined aims, they may experience severe depressive feelings hand in hand with the feeling of shame.

Considering Kernberg's borderline personality disorders range, pathological narcissism is a milder version that lies closer to a midpoint on a continuum, whereas malignant narcissism and antisocial personality represent the most severe end of it. Patients who reveal some features of narcissistic and antisocial personality disorder but not diagnosed as either narcissistic or antisocial personality disorder are categorized under malignant narcissism (Kernberg, 1975). Narcissistic personality disorder, antisocial behavior, aggression meshed with ego and sadism that are expressed by a unique feeling of victory, harmful behavior towards self or others, and suicide attempts and strong paranoid orientation create together the malignant narcissism syndrome. Based on this differentiation, Kernberg warned therapists that antisocial personality disorder diagnoses should be evaluated and eliminated in the first place while working with narcissistic patients even though they do not show antisocial behaviors or other kinds of signs or symptoms.

Regarding the treatment of narcissistic patients, Kernberg (1970b, 1974, 2007) believed that the therapeutic frame should be held firm to activate the omnipotent object relations. All aspects of the grandiose self manifest itself in the transference should be systematically interpreted to activate integration of the good and bad splits. Even the patient may be provoked into a rage by avoiding admiration and take out frustration, and the rage burst in therapy must be confronted to the patient.

In the scope of this study, grandiose narcissism will be mentioned as synonymous with Kernberg's conceptualization of narcissism since his description reflects the exhibitionistic, envious, manipulative, and grandiose aspects of the concept accompanied with flat emotionality and lack of empathy (Holdren, 2004).

### **1.3. DEFENSE MECHANISMS**

From a psychoanalytic point of view, avoiding or rejecting seeking help in times of need might be considered as a defensive process. Defense mechanisms operate on an unconscious level. Therefore, it is worthy of exploring help-seeking behavior in order to comprehend the reasons behind resistance to getting help better. In the scope of this study, defense mechanisms are selected due to not only their relation to help-seeking behavior but also their association with narcissistic personality characteristics and envy. Hence, defense mechanisms of projection, acting out, passive aggression, idealization, and devaluation are considered promising focuses of study based on their manifestations in a help-seeking situation. Besides, the mentioned defense mechanisms are essential with their relevance to the development of narcissistic personality and envy.

#### **1.3.1. Historical and Theoretical Background of the Conceptualization of Defense Mechanisms**

The term defense was first used in the "The- Neuro Psychosis of Defense" by Sigmund Freud in 1894. Initially, defense mechanisms are described as unconscious operations against unresolved intrapsychic conflicts. In the first place, Freud used the term repression synonymously with the term defense. However, he points out that there is a variety of defense mechanisms throughout his subsequent studies. He mentioned sublimation and reaction formation defenses in his book named "Three essays on the Theory of Sexuality" (Freud, 1905/1953). The projection is discussed and explained by Freud in 1911, through his Schreber Case

(Freud, 1955). Before 1936, Freud evaluated defenses as an automatic reaction to the repression of impulses. However, in 1936 in the light of his posterior work, he revised his theory and postulated that the underlying trigger of the utilization of defense mechanisms is anxiety.

Subsequent to his earlier work, Freud (1957) tackled the mechanisms of turning against self and reversal in his work of “Instinct and their Vicissitudes.” When he is explaining the psychodynamics of depression in “Mourning and Melancholia,” he refers to internalization and identification as defense mechanisms (Freud, 1957). He studied defense mechanisms in his work of “Inhibition, Symptoms, and Anxiety” widely (Freud, 1959). In this study, Freud still approached the repression as a base defense mechanism, and in addition to that, he mentioned the undoing and isolation defenses (Freud, 1959/ 1926).

After Sigmund Freud, Anna Freud (1946) studied defense mechanisms and explained them in her book named “The Ego and the Mechanisms of Defense.” Anna Freud listed the triggers of defenses and refers to those triggers as superego anxiety, objective anxiety, instinctual anxiety, and conflict anxiety. In addition to this, she attempts to match the specific defenses with specific psychopathologies while matching them with particular triggers. However, this attempt seems not to be utilized in her subsequent studies. She created a systematic and comprehensive formulation regarding the etiology, development, and description of defense mechanisms, and hereby her work made a broadening contribution to literature (Akekmekçi, 2015).

On top of that, Anna Freud redirected the perspective about defense mechanisms. Sigmund Freud focused and emphasized the pathogenic side of the utilization of the defense mechanisms, but Anna Freud traced and offered the adaptive functions of them. She postulated that there are ten defense mechanisms named as repression, regression, reaction formation, isolation, undoing, projection, reversal, turning against self, and sublimation (A. Freud, 1936).

With the contributions of further studies, the list of defenses extended over the years. Melanie Klein (1946) conceptualized and offered splitting, idealization,

projective identification, and manic defenses. After all, Phebe Cramer can be considered the one who made a recent contribution. She postulates that the utilization of defense mechanisms is based on preserving self-esteem and the current structure of the self while buffering the self from pathological anxiety as long as the person does not utilize defense mechanisms extremely (Cramer, 2015).

### **1.3.2. Categorization of the Defense Mechanisms**

So far, different theoreticians proposed both different and similar classifications for defense mechanisms. What is common among existing classifications is that keeping the degree of reality distortion as a basis for categorizations (Akekmekçi, 2015). Laughlin (1970) categorized defense mechanisms as primitive (primary) and defensive (secondary) defense mechanisms. Vaillant (1995) grouped defense mechanisms as mature, neurotic, immature, and psychotic defenses. In Vaillant's categorization each group matched with levels as level I denoting the pathological/psychotic defenses (psychotic denial, delusional projection), level II referring to the immature defenses (fantasy, projection, passive aggression, acting out), level III indicating the neurotic defenses (intellectualization, reaction formation, dissociation, displacement, repression), and level IV referring to the mature defenses (humor, sublimation, suppression, altruism, anticipation). Nancy McWilliams (1994) preferred a similar categorization of Laughlin's as primary defense mechanisms and secondary defense mechanisms.

Another categorization model is proposed to the literature by Bond et al. (1983). They developed the Defense Style Questionnaire (DSQ) and postulated that defense mechanisms utilized by people can be evaluated under the maladaptive, image distorting, self-sacrificing, and adaptive styles. After ten years with the contributions of Andrews et al. (1993), they shifted their direction to a dimension-based classification as mature, neurotic, and immature defenses. In this study, the

assessment of defenses will follow Andrews and colleagues' (1993) conceptualization.

Mature defenses are the ones that are baring the function of adaptation and, therefore, also the most adaptive to the reality of the external world (Akekmekçi, 2015). Sublimation, humor, anticipation, and suppression are mature defense mechanisms (Andrews et al., 1993). Neurotic defenses are the ones that do not directly distort the reality but modifying it. Undoing, pseudo-altruism, idealization, and reaction formation are reviewed in the neurotic defense category. Immature defenses are the ones that create a distortion in reality. Projection, passive aggression, acting out, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, splitting, rationalization, and somatization are evaluated within the immature defenses cluster.

### **1.3.3. Description of the Defense Mechanisms**

Within the scope of this study, Andrews and colleagues' (1993) categorization of defense mechanisms are adopted and projection, acting out, passive aggression, and devaluation mechanisms from immature dimension and idealization mechanism from neurotic dimension will be studied. Because narcissistic people commonly utilize mentioned defense mechanisms, those are the ones that are selected to discuss. (Kernberg, 1975, 1985; Kohut, 1971; McWilliams, 2011; Perry, Presniak, & Olson, 2013). Besides, aggression, idealization, and devaluation are outstanding processes in the development of narcissism (Kernberg, 1970a, 1974, 1975, 2004; Kohut, 1966, 1971, 1972, 1977), and projection is substantial regarding envy (Klein, 1946, 1957).

### **1.3.3.1. Projection**

Projection can be defined as experiencing an affect that contains internal motivations, impulses, or other tensions that comes from the inside as if it comes from the outside because those self-states are unbearable for the individual (Blackman, 2004; Bodur, 1999; McWilliams, 2011; Shapiro, 1965).

The frequency of the utilization of projection and the degree of reality distortion designate the organizational level of the person. Frequent and extreme utilization of projection is a severe threat to the level of insight. The excessive utilization of projection disrupts the relationship between the self and the world significantly and can lead to a leak between the self and the world (McWilliams, 2004). The projection is most commonly seen in paranoid individuals. Yet, in addition to paranoid individuals, the tendency to project intrinsic tensions to the external world in a more general sense is a universal trend (Shapiro, 1965).

It can be said that projection enables us to transform an internal threat arising from an intolerable impulse to a more manageable external threat (Shapiro, 1965). Like all manifestations of reality distortions, cognition is disrupted during projection; however, the degree of the distortion, in reality, may differ. Unlike the other types of reality distortions, a decrease in attention to the outside world is not observed in projection. On the contrary, the projection takes place with a keen attention to the outside world and through a cognitive action. In projection, the internal tension is somehow transformed into a tendency towards the outside world. Externalized tension creates a biased expectation about the outside world. This biased expectation leads a biased and distorted decisions about the outside world.

Besides, it might be important to mention projective identification, which is accepted as an interpersonalized form of projection. Projective identification is introduced by Melanie Klein (1946) as the attribution of the split aspects of self or others to external objects as an unconscious phantasy. Feelings and thoughts that cannot be accessed consciously are defensively projected onto the other person in order to evoke these projected thoughts and feelings. Individual strives to find the

projected part in the other or to induce the other become the embodiment of the projection. In the contemporary psychoanalytic literature, projective identification is conceptualized not only as a defense mechanism, but also as the primary means of primal non-verbal communication (Bion, 1962a, 1962b, 1962c).

Klein's conceptualization of projective identification bears some similarities with what Kohut defines as a process of idealization such that individual first idealizes the self-object and then experiences idealized aspects of the other via merging with the object (Mollon, 1986). Besides, Mollon (1986) also postulated that the escalated struggle to restore the relationship with the self-object after the individual destroyed or injured the relationship between them might coincide with projective identification.

Kernberg (1967, 1987a, 1987b) defined the projective identification as one of the defensive operations that go together with splitting, primitive idealization, and omnipotent control. He portrayed it as a primitive form of projection, referring to a complex mechanism which includes not only projection, but also the empathy with, induction of and efforts to control what is projected. Similar to Klein, Kernberg postulated that projective identification is characterized by the combination of attributing something intolerable to the other, still maintaining connection with it. He agreed with Klein on that in projective identification, the individual tries to induce the projected aspect behaviorally in the other. Then, he or she attempts to control the behaviors and emotions of the other person and seeks clues that can be associated with what he or she projected onto others. In relation to these features, projection and projective identification become essential to understand the narcissistic pathology.

### **1.3.3.2. Acting Out**

Acting out can be defined as extreme or impulsive actions that present a destructive threat to self or others because of the inability to express those thoughts or feelings in an alternative way (Bodur, 1999). Acting out was firstly described as

the analysand's behaviors and feelings related to the analyst without her or his awareness outside of the analysis session (Freud, 1914b, as cited in McWilliams, 2004). As can be guessed from the naming of the defense, acting out is defined as acting on an emotion that is activated but not expressed in words in the therapy relationship (Atkins, 1970).

In contemporary understanding, it can be speculated that the acting out is an earlier or substantial form of enactment (McWilliams, 2004). Besides, the recent approaches evaluate acted unconscious emotions as acting out apart from the therapy setting. Externalizing behaviors of children, addictive behavior, and antisocial behavior is closely related to acting out (Gillet et al., 2001; Johnson & Szurek, 1952; Masterson, 1974; Rickards & Laaser, 1999; Terzian et al., 2011). Individuals who cannot safely express painful or overwhelming emotions and internal conflicts impulsively act on them. Thus, it is more common in children, adolescents, and individuals diagnosed with one of the personality disorders of borderline, antisocial, narcissistic or histrionic (Howard et al., 2014; Kernberg, 1978; Links & Stockwell, 2002; Masterson, 1990; Turner, 1994; Vaillant, 1994; Zannarini et al., 2009).

When the individual does not get the positive attention, he or she needed, he or she attempts to gather negative attention by putting himself or herself in a risky position. This can be considered as an example of acting out. Additionally, making an adverse or dangerous move to distract his or her or others' attention from the other behaviors of the individual that could draw negative attention or criticism can be another incidence of acting out.

### **1.3.3.3. Passive Aggression**

Passive aggression can be described as acting indirectly aggressive rather than showing direct anger or aggression to hide unpleasant feelings, sensations, or thoughts (Blackman, 2004). The individuals who utilize passive aggression avoid owning and sharing their hostile feelings awakened inside. Instead of this, they



either openly or covertly make the other feel bad for what one subjected them to. They do not express their anger, resentment, or offense but expect the other to realize that they are upset, and the other is the reason for it. People who utilize passive aggression may completely cover their hostile feelings and act as if they feel the other way around to manipulatively make you understand they are angry at you later on.

#### **1.3.3.4. Idealization and Devaluation**

Idealization can be defined as glorifying a person's value (Blackman, 2004). Idealization can be originated from getting rid of shame caused by personal inadequacies (Freud 1914a, as cited in Blackman, 2004), feeling oneself overvalued by sublimating the person one has merged (Kohut 1971), escaping from possible disappointments (Blackman, 2004) or overestimated part or image of a parent (Freud, 1914b, as cited in Blackman, 2004). Besides, idealization is a prerequisite step for identification; these two mechanisms play an essential role in the development of superego (Bodur, 1999).

Primitive idealization can be defined as the creation of all good and powerful images to protect oneself from internal and external dangers. So-called greatness and powerfulness of idealized others are shared via idealization, and the self protects itself from disappointment and envy. In real life, sooner or later, the idealization is doomed to be a wreck because of the limitations of being a human. When the idealized object creates disappointment, aggressive impulses are expressed by the devaluation of the idealized one (Bodur, 1999).

Devaluation can be thought of as the opposite of the idealization; in other words, it can be summarized as devaluing someone to conserve one's self-esteem in the simplest terms (Blackman, 2004). Devaluation as a defense mechanism is frequently observed in the therapeutic process, especially while working with people with narcissistic personality (McWilliams, 1994; Blackman, 2004).

Idealization and devaluation can be considered the two sides of the same coin. Typically, almost always, every idealization turns to devaluation and every devaluation turns to idealization at some point in the therapeutic work (Kernberg, 1984). Nancy McWilliams (2004), even claims that the devaluation is an inherent drawback of someone's need for idealization. The longer and the more idealization, the more intense and dramatic devaluation will occur subsequently. Both idealization and devaluation are very familiar with the clinicians who are working with narcissistic patients.

Although they usually exist together, idealization is considered to be developmentally normal and necessary whereas devaluation is usually interpreted on the basis of its defensive function. Similarly, idealization is categorized as a neurotic defense, while devaluation as an immature one.

#### **1.4. ENVY**

As mentioned above, envy is one of the crucial concepts in order to comprehend help-seeking behavior, especially the rejection and avoidance aspects of help. In this section, the description and formation of envy will be introduced with a Kleinian perspective. Besides, the relationship between envy and defense mechanisms will be elaborated on.

##### **1.4.1. Definition of Envy**

Envy is the hostile feeling caused by the belief that something desired belongs to someone else and gives pleasure to them while not giving pleasure to the one who envies. The envious impulse turns towards either wresting the desired thing from the owner or disrupting or spoiling the object of desire (Crusius & Mussweiler, 2012; Klein, 1957). Melanie Klein defined envy as the oral-sadistic and anal-sadistic expression of destructive impulses. She stated that envy has been

manifesting itself since the beginning of life and has an innate foundation (Klein, 1957).

Envy should not be confused with jealousy or greed (Hiles, 2007; Klein, 1957; Krizan, & Johar, 2012). Envy is about the subject's relationship with only one person, and its origins lie in the oldest symbiotic relationship with the mother (Klein, 1957). Different from envy, jealousy concerns at least two other subjects and involves rivalry based on love. Jealousy contains the fear of losing the love object to the rivals (Parrott, & Smith, 1993). Greed, on the other hand, is an impulsive and insistent longing that is independent of one's need and that exceeds and/or ignores what the object is able and/or willing to provide (Salovey & Rodin, 1984). Greed aims to possess all the goodness which will be obtained from the object, notwithstanding consequences, maybe destroys the goodness of the object.

Dave Hiles (2007) summarized the qualities of envy, jealousy, greed, and gratitude in order to clarify the distinction between envy, jealousy, and greed. It was described that envy is about persecution, frustration, guilt, inability to enjoy, destructiveness, self-destructiveness, and sabotaging; while jealousy is about rivalry, rejection, suspicion, exclusivity, possessiveness, tense relationships, immaturity, and hostility; and lastly greed is about craving, selfishness, insensitivity, self-denial, dissatisfaction, being demanding and insistence. Yet, greed and envy inevitably exacerbate each other. Greed and envy are interrelated not only with each other, but also with the anxiety of persecution (Klein, 1957).

If the introjected primary object can take root in the self safely, the foundations of a positive course of development are also already provided (Klein, 1957; Hiles, 2007). If the good object is deeply rooted in the inner world of the person, it may enable the person to withstand temporary tremors, and thus establish the foundation for mental health, personality formation, and successful development of the ego (Schneider, 1988).

The first object to be envied is the feeding breast (Hiles, 2007). Baby is envious of the breast because he or she thinks that the breast has everything he or she desires, and it can give unlimited milk and love, but the mother withholds them

for her satisfaction (Klein, 1957). The feeding breast, being the first object to be envied, triggers the feelings of trust and hatred of the baby, hence distorting the relationship of the baby with his or her mother. As even a favorable and satisfactory nourishing cannot replace the prenatal symbiotic mother-child union, the feelings of frustration and dissatisfaction are inevitable in the child's initial encounter with the breast (Winarick, 2010). Early emotional life is determined by the sense of losing and regaining the good object (Klein, 1957).

The secondary forms of envy appear in the girl's desire to replace the mother herself and in the feminine position of the boy. In the oedipal phase, the envy is not directed towards the breast but to the image of the "mother who has taken the father's penis inside" (Klein, 1957, p.197). If envy is not extreme, jealousy and feelings of hostility towards the Oedipus situation are directed towards the opponents –father and siblings– rather than the primary object, so that a dividing element is involved.

Complete gratification and satisfaction during breastfeeding indicate that the baby has received a unique gift from the mother and wants to protect it; this is the root of gratitude. The intense envy towards the feeding breast damages the baby's ability to enjoy and, thus, restrains the development of a sense of gratitude. The sense of damaging or destroying the primary object undermines the individual's trust in the sincerity of his or her later relationships. It prompts him or her to suspect his or her capacity to love and goodness. Envy, with its disruptive, polluting, and destructive features, intervenes with establishing a safe relationship with the external and internal good object; prevents the feeling of gratitude; and obscures the distinction between good and evil (Klein, 1957).

Klein (1957) claimed that it is impossible to satisfy very envious people because their envy originates from themselves. Therefore, it will always find an object to turn. In order to deal with frustration and disappointment, some babies try not to benefit from the satisfaction that will come from the breast, even when the milk is not withheld but just delayed. The baby is suspicious of the gift he or she desires to get since the object, itself and what it offers, has been contaminated with

envy and hatred from the beginning. The baby also reacts to all kinds of dissatisfaction and frustration with deep resentment and vindication.

One of the consequences of excessive envy is the feeling of guilt that starts in early childhood. According to Klein (1957), one of the deepest sources of guilt is always about the envy towards feeding breast and the intention of destroying its goodness with envious attacks. Klein asserted that the guilt feeling associated with envy and aggression directed at the primary object or its substitutes can be a nurturing factor in the passion of being first, because the guilt caused by stripping the primary object leads to denial, and this denial emerges in the form of a claim of absolute originality (Barrows, 2005). In this way, the person wants to exclude the possibility that he or she has received or accepted anything from the object (Klein, 1957).

In Kleinian thinking, the superego begins to develop in the earliest times of life, contradicting what Freud offered (Klein, 1932). The baby starts to live with a harsh superego; however, in a health course of development, the superego is modified. Yet, pathological development might cause an unmodified superego. In these cases, the superego becomes an internal authority that creates pressure on the self with its' excessive moral pressure, cruel judgments, and rigidity, and induces intense feelings of guilt.

The baby feels that the envious superego is undermining all kinds of repairs or creativity efforts and pushing the ability of gratitude with endless excessive demands (Klein, 1957). Feelings of persecution disrupt the good object from the very beginning. In addition to this, the reason why the feelings of guilt that oppressive inner objects produce are the one's own envious and destructive impulses. The need for punishment arising from this results in a vicious circle while satisfying it by devaluing and degrading the person's self-worth on her or his own.

Exploration of baby's hostile fantasies and Klein's emphasis on Eros and Thanatos lead her way through the positions that she had formulated as the states of the psyche (Dillion, 1978). Melanie Klein's (1946) theory offers positions, not stages, regarding the development. There are two positions in the development as

paranoid-schizoid and depressive positions. The depressive position is considered a relatively sophisticated position compared to the paranoid-schizoid position. However, she postulated that individuals might shift between those positions throughout their life.

The paranoid-schizoid position refers to the early months of the baby. Depending on the course of development of baby, the characteristic of this position may either heighten or lighten. In this position, the baby deals with anxiety to a great extent. The baby experiences the world split as all-good and all-bad. The baby projects his or her these split parts onto the external world to cope with anxiety. In the paranoid-schizoid position, the baby projects his or her life and death instincts to the mother, who is the primary object of the baby in most cases, particularly to her breast. Afterward, the baby introjects the objects with their all-good and all-bad aspects to lessen the experience of external threats. This introjection is facilitated by the idealization of the object.

When the baby reaches the depressive position around three to six months of life and increases his or her power to face his or own inner reality, he or she gets a sense of object's badness. This perceived badness is mainly due to his or her aggressiveness and his or her projections of that aggression. In the depressive position, the feelings of love and hate of the baby gradually integrate, a synthesis is established between the good and bad aspects of the mother. Consequently, diverting the aggression to this now whole object causes the infant to feel mourning based on his or her guilt over harming the object (Klein, 1957). In this position, the baby begins to understand the outside world better and perceives that he or she cannot monopolize his or her mother as it is his or her property. The emotions that a baby feels about the loss of her or his unique object predict his or her other relationships.

### **1.4.2. Envy and Defense Mechanisms**

Melanie Klein (1957) claimed that each anxiety coexists with the defense that develops against it right from the start. According to Klein, self's ability to withstand anxiety –either shortage or abundance of this ability– is an inherent factor and plays a crucial role in the development of defenses. If the ability to deal with anxiety is lacking, the person may regress and return to previous defenses or overuse the defenses that correspond to the current phase of development.

Exposure of severe anxieties suffered by a weak self leads to excessive utilization of defenses such as denial, splitting, and omnipotent control (Klein, 1957). The primary split occurs in the form of the good and bad breast split. While evaluating early splitting processes, it is necessary to separate the good object and the idealized object. According to Klein, the good object will become a whole in an assumed healthy course of development. However, the idealized object does not involve complexity or ambivalence (Skolnick, 2019). The typical identification with a good object develops with the awareness that the person himself or herself is also good. Babies who have a strong loving ability have less need to idealize than infants who have destructive impulses and whose persecution concerns are dominant (Klein, 1957). Idealization is an extension of the anxiety of persecution, a defense against it, and the ideal breast is the counterpart to the devouring breast. Thus, some people take the path to idealize the object to deal with their inability to acquire good objects because of their excessive envy. The initial idealization is very fragile because the envy over the good object will eventually turn towards the idealized side of the object.

Klein (1957) asserted that envy strengthens the defense mechanisms of omnipotence, denial, and splitting. On the other hand, idealization can be utilized as a defense against envy because glorifying the object and its gifts is an effort to reduce envy. In other words, defense against envy often takes the form of an idealization of the object. Disruption, pollution, and devaluation are immanent to

envy; the devaluated object lost its enviable features. It is the intensity of envy that determines how quickly the collapse of idealization will take place.

A defense specific to depressive characters is the devaluation of the self, which might occur in particular situations where competition with a prominent figure is in question (Klein, 1957). By undervaluing their abilities, people with depressive character both deny their envy and punish themselves for their envy at the same time. People who have barely been able to have a good object are concerned that the good object will be destroyed and lost due to competitive and envious feelings. Therefore, they feel compelled to avoid competition and success.

Direct and complete introjection of the good object, i.e., covetous internalization, is also a defense against the envy. To the extent that acting out is utilized to avoid integration, it becomes a defense against concerns raised by acknowledging the envious side of the self. The desire for repairing and the need to help the envied object are also essential tools to resist envy (Klein, 1957).

In addition to these, envy and the defenses that develop against it play an important role in the negative impact of psychotherapy in some cases. One of the problems that make analysis difficult is the maintenance of the patient's positive transference in a very persistent manner. Continuous benevolent transference can be deceiving because it is based on idealization, and it covers the split hatred and envy (Klein, 1957).

## **1.5. TRUST**

Trust is a fundamental component to understanding negative attitudes towards help-seeking and rejection of offered help (Amato, & Bradshaw, 1985; Mackenzie et al., 2006; Gourash, 1978; Gergen, 1974). A sense of trust underlies a variety of factors predicting help-seeking behavior. Fear of stigmatization, presence or absence of relational support, and hesitation to trust a helper are hard to discuss without considering the impression of basic trust. Besides, as mentioned earlier, developing trust in relationships is a substantial difficulty in narcissistic



individuals' life (Kernberg, 1970, 1974; Kohut, 1971, 1977). Therefore, regarding the help-seeking behavior and attitudes towards it, trust becomes vital in the scope of this study.

### **1.5.1. Trust in Eric Erikson's Psychosocial Development Theory**

Eric Erikson reviewed the basic concepts of psychoanalytic development theory and created an eight-stage psycho-social development theory. Erikson agreed with Sigmund Freud regarding developmental periods; nevertheless, he postulated that human development occurs in psychosocial periods rather than psychosexual periods. His theory is based on the gradual formation principle, and he proposed that the human organism develops according to a predetermined step and a precise basic design (Erikson, 1963).

In addition to the gradual formation, he asserts that human beings always come across psychosocial crises. These psychosocial crises are different at each developmental stage. The individual is expected to resolve eight major conflicts designated to eight phases of development. Regarding those crises, there are two opposite ends, one positive and one negative. These poles play a role in determining the adequacy of the self in each conflict. Erickson emphasized that these conflicts never reach a definitive solution. Each stage prepares the step for the following stage, while the influence of the previous stages shapes each stage. The mentioned crises are basically the developmental tasks specific to the related stage (Erikson, 1963).

Erikson's theory proposes that each conflict corresponds to a specific age range constituting a developmental stage. Each developmental stage involves a unique conflict between the needs of the individual and society. Besides, both resolution and failure to resolve the conflict have possible consequences specific to the developmental level, which contributes to the development of identity. According to Erikson (1963), this crisis is not a disaster but a turning point that manifests itself in both the expansion of potential and the increase in vulnerability.

The more successfully an individual solves these crises, the healthier the development he or she will display.

In Erikson's theory, the psychosocial developmental stages are trust versus mistrust, autonomy versus shame and doubt (18 mo. to 3 years), initiative versus guilt (3 to 5 years), industry versus inferiority (5 to 13 years), identity versus confusion (13 to 21 years), intimacy versus isolation (21 to 39 years), generativity versus stagnation (40 to 65 years), integrity versus despair (65 and older) respectively (See Erikson, 1963, s.273). In the scope of this study, only basic trust versus mistrust stage will be further discussed.

According to Erikson (1958, 1963, 1968), the first year of life is characterized by the first psychosocial developmental stage, trust versus mistrust. Following the birth, the baby encounters a brand-new world which is far more dangerous and less safe than the warmth and protection in the womb. The feeling of basic trust is the first positive sense gained in life. The quality of the relationships of the baby with the people around affects the development of the basic trust of the infant.

In the first year of life, the primary needs of the baby, the need for care and love, must be regularly and consistently fulfilled. Thus, the infant can develop the "external world is reliable" feeling. The baby needs to feel safe in a world that she or he cannot control and should create a sense of trust towards people (Erikson, 1963, 1968). Infants depend on their caregivers to meet their basic needs of physical comfort and sensitive care. The satisfaction of those needs is vital in establishing basic trust in infants. The infant would develop a sense of trust if the caregivers were able to ensure reliability, care, and affection while meeting the infant's basic needs. However, the infant will be suspicious and mistrustful to others and develops a sense of insecurity if primary caregivers fail to meet those needs. The child, who cannot develop the necessary sense of trust, believes that people other than himself or herself are unreliable and experiences the outside world as hostile.

The baby's sense of trust is the foundation of attachment and regulates the step that contains the lifetime expectation of the world is a good and pleasant place.

However, trust versus mistrust is not fully resolved immediately during the first year of life. The culmination of the first stage will be seen as an appreciation of interdependence and relatedness. A child who leaves her or his infancy with a sense of confidence may still have a feeling of insecurity activated at a later stage.

### **1.5.2. Trust in Attachment Theory**

The attachment theory is based on the biological need of human babies to be physically close to their caregiver (Bowlby, 1969). Bowlby initially conceptualized the attachment theory such that infants develop particular attachment patterns and those patterns are shaped by actual or perceived danger and threat towards the infant's relationship with his or her caregiver (Bartholomew & Horowitz, 1991; Bowlby, 1951; 1958; 1960; 1962; Chopik & Edelstein, 2016). Bowlby focused on the interruptions in the relationship between mother and child that are created by the separation, deprivation, and loss (Bretherton, 1992). The basis of the establishment of the attachment relationship is directly bound to the primary caregiver, who is the provider of the sense of security and the most probable one to be an attachment figure (Ainsworth et al., 1978).

Bowlby referred to four differentiating features of attachment as maintenance of proximity, haven of safety, secure base, and separation anxiety (Bowlby, 1973, 1977). *Proximity maintenance* is defined as the wish to be near the attached ones. *Safe haven* is described as the availability of the attachment figure on whom the infant can lean in times of threat or fear, with the expectation of safety and comfort. A *secure base* is the base of security provided by the caregiver that can enable the child to explore the world. Finally, *separation distress* is the anxiety raised when the primary caregiver not around.

An attachment figure can serve as a secure base only if she is responsive to the infant's needs and enables the child to rely on her as a safe space when she or he feels upset or anxious (Bowlby, 1988). If the caregiver can provide the child with the availability and reliability of their relationship, then the baby

develops trust. In this way, the child's anxiety is decreased through the basic trust and security of their relationship. That kind of relationship enables the child to discover the world with joy through the awareness that their secure base will be here for them whenever they need, and they can be returned to them with freedom and ease.

Following Bowlby, Ainsworth and her colleagues (1978) made a considerable contribution to the attachment literature by introducing the Strange Situation protocol and identifying the main patterns of reactions when a toddler is faced with separation and experiences union. Mary Ainsworth and her colleagues (1978), based on the infant's reactions to separation and reunion with the caregiver as elicited by the strange situation protocol, disputed that there were three main attachment styles as *secure*, *ambivalent-insecure*, and *avoidant-insecure*. In addition to these, Main and Solomon (1986) defined the fourth style of attachment, which is *disorganized/disoriented-insecure* attachment.

If the mother's responses to her baby's needs are consistent and steady while making the baby feel that she is emotionally available for her or his needs, the baby develops a *secure attachment*. A securely attached infant identifies her or his mother as a reliable figure who can offer emotional regulation and relaxation in times of need (Tan, 2016).

Securely attached babies use caregivers as a safe base to explore the environment. In the presence of the caregiver, securely attached babies investigate the room and examine the toys placed around. When caregivers leave their side, they can exhibit a slight protest. When reunited with the caregivers, they positively communicate with them, possibly laughing at them or climbing on their lap. Often, they resume exploration soon after the reunion (Santrock, 2015). They look for intimacy and protest separation but can easily be soothed upon reunion. Securely attached babies can appreciate the return of the caregiver despite the earlier distress they had experienced (Bartholomew & Horowitz, 1991).

*Insecure-avoidant* babies' responses to adverse feelings are nonreactive. They generally distinguished by their unresponsiveness (Tan, 2016). An avoidantly

attached child in times of need will try to cope with those feeling by himself or herself and will not seek the proximity of their caregiver. Avoidantly attached babies show their insecurity by avoiding caregivers. The avoidant pattern is marked by the babies' little contact with the caregiver and non-reactivity to separation. Upon reunion, they are again unresponsive to the caregivers' return. When the caregiver tries to communicate, the baby usually either withdraws or looks in other directions (Santrock, 2015).

*Resistant (insecure-anxious or ambivalent) babies* often cling to the mother, but then resist this intimacy by struggling with caregivers; they will probably hit or push her away. Resistant babies generally do not try to explore in the first place. When the caregiver leaves the room, they protest violently (Santrock, 2015). However, despite their intense distress upon separation, they cannot experience comfort or joy when reunited. They keep clinging to the caregiver and they also continue the violent protest.

*Disorganized/disoriented insecure babies* demonstrate inconsistent patterns of strong avoidance and resistance patterns, or a very high fear of their environment and caregivers (Santrock, 2015). Thus, it could be said that due to being subject to overwhelmingly fearful and unpredictable caregiving, their insecurity does not constitute a stable pattern.

Early attachment styles can help to predict some of the later life behaviors or patterns like a sense of trust in adulthood and adult relationship quality. Although Bowlby deals with young children, he noted that the basic functions of the attachment system last a lifetime (Bowlby, 1973). In line with Bowlby's perspective, Hazan and Shaver (1994a, 1994b) adapted the attachment theory to adults because the emotional bond continued and represented internally, affecting the dynamics in interpersonal relationships (Lamb, 1980). They focused on the relationship between parents and children to understand the romantic relationship between adults. Feeling lovable and valuable in the eyes of the other adults is possible with feeling securely attached to the caregiver in childhood (Pietromonaco, & Barrett, 2000).

Hazan and Shaver (1987, 1988) postulated that (1) both romantic relationships and early childhood relationships are governed by a universal biological system and include similar dynamics, (2) individual differences in adult romantic relationships are overlaps with differences in attachment styles in childhood, (3) people form expectations and beliefs about themselves based on their early relationships and those developed set of values affects the romantic relationships in adulthood as a reflection of early relationship of mother-infant and finally (4) they pointed out that the interplay of attachment is one of the components of adult intimate relationships. They suggested that there are three adult attachment styles as secure, avoidant, and anxious-ambivalent.

After Hazan and Shaver, Bartholomew and Horowitz (1991) developed another adult attachment model. They established their model based on the classification of the orientation of self and other and reached four types of adult attachment styles, as secure, preoccupied, fearful, and dismissing. They abided Hazan and Shaver's adult attachment categorization but reconsidered avoidant attachment. Dismissing, and fearful attachment styles in Bartholomew and Horowitz's model corresponds to avoidant attachment style in Hazan and Shaver's adult attachment styles. In the scope of this study, adult attachment styles will be mentioned based on the Bartholomew and Horowitz's adult attachment model.

A positive sense of self and positive representations of the environment is a crucial element of *adult secure attachment* (Bartholomew, & Horowitz, 1991). Individuals with secure attachment can trust others, easily connect and communicate with others, and perceive themselves as valuable and lovable.

Adults with *preoccupied attachment style* have positive mental representations of others but have negative representations and sense of self. Because their perception of themselves is predominantly negative, they experience themselves as worthless and unlovable (Bartholomew & Horowitz, 1991). Individuals with *dismissing adult attachment* have a positive sense of self, and negative mental representations of others (Bartholomew & Horowitz, 1991). Therefore, they seem uninterested in intimate relationships and can be defined as

socially withdrawn. They are passive about building close and intimate relationships and consider intimacy as redundant. Individuals with the *fearful type of attachment* see both themselves and their environment as unreliable, worthless, and unlovable individuals (Bartholomew & Horowitz, 1991). Fearfully attached adults have negative representations regarding their self and others.

Trust is a valuable element in any kind of relation (Schoorman et. al., 2007). In relation to the prominence of trust in relationships, secure attachment becomes more meaningful in the scope of this study. The concept of security in the attachment literature suggests that the primary sense of trust provides a basis to relate to others and the world (Mikulincer, 1998). In this way, individuals can explore the world free from the distress caused by the feeling of insecurity. This underlying sense of trust is developed in early relationships and eventually transferred to the relationships in adulthood (Holmes, 2002). This emphasis on basic trust regarding how individuals experience the world and relate to others supports the idea that trust will be deterministic about whether someone will seek help in the external world when the person is confronted with difficulties.

## **1.6. CURRENT STUDY**

In the light of the literature, the current study aims to figure out the relationships of narcissism, envy, basic trust and specific defense mechanisms that might markedly interfere with one's interpersonal relationships with help-seeking attitudes. As will be briefly summarized below, this study expects help-seeking to be negatively associated with narcissism, as possibly mediated by envy, and trust. Additionally, this study will also explore the relationship between help-seeking and selected defense mechanisms. Although the literature review of the study attempted to present issues with a broad perspective based on the existing literature, help-seeking is referred to as psychological help-seeking in the current study.

As mentioned earlier in the literature, help-seeking behavior is mostly studied by social psychologists, mainly in terms of demographic and environmental

factors. The number of studies that explore help-seeking behavior from a psychoanalytic perspective in terms of psychological factors is limited. Hence, the current study aims to contribute to the existing literature in understanding help-seeking behavior based on the concepts of narcissism, defense mechanisms, envy, and trust.

There are many shared features of negative help-seeking attitude and grandiose narcissism. Difficulties of self-disclosure, proneness to shame regarding help-receiving, fear of stigmatization, fear of threat towards self-esteem and independence, and envy are some of the factors negatively affects help-seeking behavior (Amato & Bradshaw, 1985; Barney et al., 2006; Fauteux et al., 2008; Fisher & Turner, 1970; Kakhnovets, 2011; Nadler et al., 1976; Nadler et al., 1979; Nadler, & Chemerinski, 1985; Nadler, 2015; Ryan & Deci, 2000; Topkaya, 2011; Vogel & Wester, 2003; Vogel et al., 2006; Vogel et al., 2007). On the other hand, narcissistic individuals are prone to the feeling of shame and have difficulty establishing close relationships due to the difficulty of disclosing themselves and fear of becoming dependent on others. Besides, a fragile sense of self and hypersensitivity to criticism of narcissistic individuals is closely related to perceived threats to self-esteem, which escalates negative attitudes regarding help-seeking (DeRobertis, 2008; Kernberg, 1967, 1970a, 1991, 2004; Kohut, 1966, 1971). Even though some of the mentioned features of narcissistic character, which can be seen in vulnerable and grandiose narcissism, most of the mentioned characteristics predominantly reflect the grandiose features of the concept. Thus, in light of the literature, a positive help-seeking attitude is expected to be negatively related specifically to grandiose narcissism.

The literature points out the importance of trust in help-seeking behavior; difficulty in trusting others leads a negative attitude towards seeking help, relatedly avoidance of seeking help and increases the risk of help-rejection (Amato, & Bradshaw, 1985; Mackenzie et al., 2006; Gourash, 1978; Gergen, 1974). Since the development of a sense of trust in early childhood and trusting others in later life is challenging for narcissistic individuals, trust becomes more important in the scope



of the current study when it is considered in combination with narcissistic sensitivities (Kernberg, 1970, 1974; Kohut, 1971, 1977). On the other hand, studies supported that sense of trust creates a positive effect on attitude towards help and accelerate to seeking help when the person is in need. Besides, a sense of trust is associated with establishing social and intimate relationships, and literature emphasizes the importance of social support and relatedness regarding seeking help (Arslantaş, 2000; Burke and Weir, 1976; Constantine, Wilton, & Caldwell, 2003; Goodman, Sewell, & Jampol 1984; Khoie, 1999; Kılıç, 1996; Özbay, 1996; Sibicky & Dovidio, 1986; Stiffman, Earls, & Robins 1988). Therefore, a positive help-seeking attitude is expected to be related to higher levels of trust.

Regarding help-seeking behavior, envy is meaningful by nature. People who are envious experience world split as all-good and all-bad (Klein, 1957). They projected the split images to the external world, and the external world becomes unbearably threatening. Hence, it might be postulated that envious people are hesitant to seek help because they either fear from introjecting something bad from outside or disrupting something good with their envy. In addition to this, Nadler (2015), who is one of the most influential names in the helping behavior in social psychology literature, integrated Melanie Klein's thoughts on envy and gratitude in his help-seeking research. He claimed that lack of genuine gratitude expression and generosity may hold envious people back from seeking help or creates distress on reciprocating the help they received. Thus, envy is expected to be negatively associated with help-seeking.

In addition to an expectation that both grandiose narcissism and envy will be negatively associated with help-seeking, this study further expects envy to mediate the relationship between help-seeking and grandiose narcissism. The relationship between narcissism and envy is an intriguing topic in the classical and contemporary psychoanalytic literature (See Kernberg, 1974, 2004). Envy is commonly portrayed as an outstanding and defining feature of grandiose narcissism. As envy and grandiose narcissisms are intertwined constructs, their expected negative associations with help-seeking might also be related.

Specifically, envy might constitute the aspect of grandiose narcissism that explains the difficulty with help-seeking. Thus, this study expects envy to mediate the association of grandiose narcissism with help-seeking.

Finally, the present study aimed to explore the defensive mechanism behind the resistance to seek help and negative attitudes towards receiving help. There are no studies in the literature that directly associate defense mechanisms with help-seeking. However, certain mechanisms by nature were thought to inhibit willingness to seek help. Depending on the help-seeking literature, defense mechanism studies, and also complementary theoretical conceptualizations of narcissism, the defense mechanisms of idealization, devaluation, projection, acting out, and passive aggression are selected as a starting point in this study. As there are no previous studies to guide the expectations, no hypotheses regarding specific mechanisms are specified. To sum up, within the scope of the current study, it is hypothesized that positive help-seeking attitude to be negatively associated with grandiose narcissism and positively related to the basic trust. It is further expected that the association between grandiose narcissism and the help-seeking attitude will be mediated by envy. Although not hypothesized, the association of help-seeking with utilization of idealization, devaluation, projection, acting out, and passive aggression will be explored.

## CHAPTER 2

### METHOD

#### 2.1. PARTICIPANTS

The sample of the study is adults over 18 years of age who volunteered for participation. Since there is no additional restriction for participation, the convenience sampling method was utilized. As calculated by G\*Power, given that alpha is .05 and the power is .95, the F-test for a model fit with tested five predictors, and four controls required a sample of at least 138 participants. A total of 400 participants with valid responses was aimed as exploratory analyses are also planned, and the sample is a convenience sample.

A total number of 752 participants responded to the online survey. Due to missing data, 145 cases were excluded; besides, three cases were excluded since they did not meet the minimum age requirement, and one case was excluded because it is an outlier in data. The final sample of the study consisted of 603 participants.

Out of the 603 participants, 501 individuals identified their gender as female (82.9%), 98 as male (16.2%), and 5 as other (0.8%). The participants' ages ranged from 18 to 76 ( $M = 29.63$ ,  $SD = 11.105$ ). Slightly more than half (57%) of the participants are students. In terms of working status, almost half of the participants disclosed that they are working (49.5%) and the other half as not working (49%). The distribution of the sample as to relationship status, marital status, education, income, and working status is presented in Table 2.1.

**Table 2.1.***Sociodemographic Characteristics of Participants*

		N	%
Relationship Status	In a Relationship	301	49.8
	Not in a Relationship	296	48.9
	Other	7	1.2
Marital Status	Married	173	28.8
	Not Married	405	67.5
	Other	22	3.7
Level of Education	High School Graduate	138	23.2
	University Graduate	330	55.4
	Postgraduate	128	21.5
Income	Low	148	24.9
	Middle	297	50
	High	149	25.1
Working Status	Working	296	49.5
	Not Working	293	49

The relationship status of the sample was almost equally distributed, as 50.4% of participants are in a relationship while 49.6% of them are single. On the other hand, 28.8% reported that they are married, whereas the majority of the participants (67.5%) reported that they are not married. In terms of educational level, the majority of the sample (76.9%) had a BA, MA, or Ph.D. degree. Regarding the income level of participants, 24.9% of participants defined their socio-economic status as low, 50% of participants defined as middle, and 25.1% of the participants defined as upper.

Generally, the sample of the study consisted of mostly highly educated participants, and women were prominently more represented than men in the sample.

The current and past physical and psychological help experiences of the participants are summarized in Table 2.2.

**Table 2.2.**

*Past and Current Experiences of Physical and Psychological Help*

	Freq.	Percent
<b>Current Physical Help</b>		
No issue	596	94.5
Help-Seeking & Cooperative	23	3.8
Help-Rejecting & Uncooperative	10	1.7
<b>Past Physical Help</b>		
No issue	547	91
Help-Seeking & Cooperative	51	8.5
Help-Rejecting & Uncooperative	3	0.5
<b>Current Psychological Help</b>		
No issue	501	83.6
Help-Seeking & Cooperative	59	9.8
Help-Rejecting & Uncooperative	39	6.5
<b>Past Psychological Help</b>		
No issue	444	74.1
Help-Seeking & Cooperative	85	14.2
Help-Rejecting & Uncooperative	70	11.7

Regarding their current physical health and medical help, 94% of the participants reported that they were not experiencing any physical health problems

and 6% had health issues; 4% reported to be seeking and cooperative in getting medical help for their difficulty, while 2% to be rejecting and uncooperative to receiving help. Regarding the past physical health, 91% of the participants reported they did not experience a physical health problem in the past whereas 9% did; 8% sought and cooperated with medical help in the past and only 1% was rejecting or uncooperative (See Table 2.2.). In sum, although represented in very small numbers in this sample, most of those who have health issues seek help and cooperate.

As to the psychological problems and help, 84% of the participants reported that they are not experiencing any psychological health difficulty at the moment and 16% are experiencing; 10% seeking and cooperative in getting psychological help for their difficulty, while 6.5% rejecting and uncooperative towards psychological help. Concerning the past psychological health history and help-seeking, 74% of the participants did not experience any psychological health problems, and 26% did; 14% were seeking and cooperative to get psychological help in the past, while 12% of them were either rejecting or uncooperative (See Table 2.2.).

## **2.2. INSTRUMENTS**

The instruments used in this study were Demographic Information Form, The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S), The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), Benign and Malicious Envy Scale (BeMaS), items from Defense Style Questionnaire (DSQ-40), and Trust in Relation Scale.

### **2.2.1. Demographic Information Form**

The Demographic Information Form contains questions to collect information about age, gender, relationship status, level of education, socioeconomic status, health status, and whether the participant gets any help for their mental health (See Appendix B).

### **2.2.2. The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S.)**

The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S) is a self-report measure developed by Ayşe Sibel Türküm (1997; See Appendix C). The scale consists of 18 items rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree) and the scale is scored between 18 and 90. The higher scores indicate higher positive attitude towards psychological help. The Cronbach's alpha internal consistency coefficient for the full scale is .90. Test-retest reliability of the scale was found .77 (Türküm, 1997)

The scale also offers scores on two dimensions being the positive attitude and negative attitude regarding psychological help-seeking. The internal consistency was measured .92 for the positive attitude dimension and .77 for the negative attitude dimension (Türküm, 1997).

In order to examine the discriminant validity of the scale, the scores of the students with and without psychological help experience were compared with the t-test, and a significant difference was found in favor of those who had help (Türküm, 1997). Similarly, a significant difference was found in favor of those who had help and were satisfied when compared with those who had help and were dissatisfied. These results supported the discriminant validity of the scale.

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

The Five-Factor Narcissism Inventory (FFNI) is developed by Glover et al. (2012). The FFNI is a 148-item self-report scale for assessing personality traits associated with narcissistic personality disorder and also with grandiose and vulnerable narcissism (McCrae & Costa, 2003). Developed by Sherman et al. (2015), FFNI-SF is the shorter form of the Five-Factor Narcissism Inventory (FFNI). FFNI-SF is a 60-item self-report scale rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Glover et al. (2012) validated a model of 15 five-factor traits that fall within the domains of vulnerable narcissism and grandiose 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 scores on these 15 traits enable the implementer to reach scores for both grandiose and vulnerable narcissism (Glover et al., 2012). The reliability of the vulnerable dimension of FFNI-SF was reported as ranging between .81 to .91, while it is ranging between .93 to .96 for grandiose narcissism composites of the scale based on the results of four different samples (Sherman et al., 2015).

Ekşi (2016) conducted the Turkish adaptation study of the FFNI-SF (see Appendix D). The adaptation study reached acceptable internal reliability, as indicated by a Cronbach's alpha of .87 for the total score and ranging between .57 and .79 for the subscales. Its positive correlation with the Narcissistic Personality Inventory (NPI) substantiates the validity of the Turkish version of FFNI-SF  $r = .65, p < .01$  (Ekşi, 2016).

Internal consistency coefficients for the grandiose and narcissism subscales were not available for the Turkish version, thus reliability analyses were conducted with the sample of this study. The Cronbach's alpha value is found as .87 for grandiose narcissism, .84 for vulnerable narcissism, and .81 for full scale.

#### **2.2.4. Benign and Malicious Envy Scale (BeMaS)**

Benign and Malicious Envy Scale was developed by Jens Lange and Jan Crusius (2015). The scale consists of 10 items that are rated on a six-point Likert scale (1 = strongly disagree, 6 = strongly agree). The scale has two dimensions, which are benign envy and malicious envy. The scores of subscales are calculated by means of items. The Cronbach's alpha value was reported as .85 for Benign Envy and .89 for Malicious Envy subscales (Lange & Crusius, 2015).

The Turkish adaptation study of the BeMaS-T was conducted by Çirpan and Özdoğru (2017; see Appendix E). Similar to the original study, the Turkish adaptation study of the scale reveals a Cronbach's alpha value of .86 for Malicious Envy and .78 for Benign Envy. The overall Cronbach's alpha coefficient of the scale is found to be .77 (Çirpan & Özdoğru, 2017).



### **2.2.5. Defense Style Questionnaire (DSQ)**

Defense Style Questionnaire was developed by Bond et al. (1983). The final version of the Defense Style Questionnaire is a 40-item self-report measure. The items are rated on a nine-point Likert scale (1 = Not at All, 9 = To a Great Extent). The questionnaire has three dimensions, namely immature, neurotic, and mature, and 20 sub-dimensions. Each sub-dimension corresponds to one of the 20 distinct defense mechanisms (Andrews et al., 1993). In this study, projection, acting out, passive aggression, and devaluation sub-dimensions from the neurotic dimension and idealization sub-dimension from an immature dimension are used.

Internal consistency values were reported as .68 for Mature, .58 for Neurotic, and .80 for Immature factors. Test-retest reliability values were reported as .72 for idealization, .77 for projection, .72 for acting out, .67 for passive aggression, and .57 for devaluation (Andrews et al., 1993).

The Turkish adaptation study of the DSQ was conducted by Yılmaz et al. (2007; see Appendix F). Internal consistency values of the Turkish version of the questionnaire are found to be similar to the original study: .70 for Mature, .61 for Neurotic, and .83 for Immature factors (Yılmaz et al., 2007).

### **2.2.6. Trust in Relations Scale**

Trust in Relations Scale was developed by Demirci (2017). The scale consists of 10 items rated on a five-point Likert scale (1 = Not true at all, 5 = Completely true; see Appendix G). The scale has a two-dimensional structure: Trust and Reliability. For these two dimensions, higher scores indicate higher trust and reliability respectively, and thereby a higher trust in relationships. The internal consistency coefficients were .88 for Trust subscale, .80 for Reliability subscale, and .75 for the total scale. Test-retest reliability coefficients were reported as .89 for the total scale, .90 for Trust subscale, and .76 for the Reliability subscale. The construct validity of the scale was supported by the factor structure of the scale. (Demirci, 2017).

### **2.3. PROCEDURE**

Before data collection, the ethics approval of the study was taken from the Istanbul Bilgi University Ethics Committee. All data was collected using an online survey tool. The link to the online survey is distributed via e-mail groups and social media channels.

The study started with an Informed Consent Form for participants' consent for participation. In the Informed Consent Form, participants were briefly informed about that the purpose of the study, approximate time to complete the questionnaire, their right to withdraw at any part of the study without stating an explanation since the study is based on voluntary participation, and confidentiality of the data. Following the participant's consent for participation, the participants were required to fill in The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S), the Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), the Benign and Malicious Envy Scale (BeMaS), the selected subscales of Defense Style Questionnaire (DSQ- 40), the Trust in Relation Scale, and the Demographic Information Form, in the given order.

### **2.4. DATA ANALYSIS**

In this study there was one main dependent variable: Help-seeking attitude, as measured by The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S) and four main independent variables: (1) Narcissism, as measured by Turkish version of the Short Form of the Five-Factor Narcissism Inventory (FFNI-SF) scale, (2) Defense Mechanism, as measured by idealization, projection, acting out, passive aggression, and devaluation subscales of the Turkish version of Defense Style Questionnaire (DSQ- 40) and (3) Envy, measured by the Turkish version of Benign and Malicious Envy Scale (BeMaS) and (4) Basic Trust, as measured by Trust in Relation Scale.

Before the analyses, the data checked for missing values. Any participant with missing values of more than %5 excluded. The descriptive statistics were

calculated to check for assumptions and for demographic variables which are potential control variables. For this purpose, the Pearson correlation analysis conducted for the relationship between age and help-seeking attitude. A Univariate Analysis of Variance (ANCOVA) is performed to check for the main effects of gender, relationship status, marital status, level of education, student status, working status, and income. Since marital status, level of education, student status, working status, and income did not show statistically significant results in the univariate analysis of variance (ANCOVA), they are not included in further statistical analyses. Besides, all variables of current and past psychological health and help are compared with t-test. Because there is a very low number of participants who reported current or past medical help experience, further statistical analyses were not conducted. In order to test correlational hypotheses of study variables and explore the relationship between the help-seeking attitude and defense mechanisms, Pearson correlation analyses were conducted.

In order to identify the comparative associations of study variables with help-seeking and to test for mediation, a Stepwise Multiple Regression Analysis is conducted with help-seeking attitude as the dependent variable and narcissism, envy, utilization of specific defense mechanisms, and trust in relations as independent variables and with predictor variables of gender, age, and relationship status and two different interaction terms of envy with grandiose narcissism, and vulnerable narcissism.

## **CHAPTER 3**

### **RESULTS**

The current study's findings will be presented in three sections. In the first section, descriptive statistics of study variables and scales will be reported. In the second section, Pearson correlation analyses that showed the associations between demographic variables and study variables would be presented. Finally, stepwise regression analysis will be reported to show which independent variables predict the help-seeking behavior and to what degree.

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

Prior to analyses, scale and sub-scale scores were calculated, and descriptive statistics of scales were explored. Scale and sub-scale scores of The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S), The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF), Defense Style Questionnaire (DSQ), Trust in Relations Scale, and Benign and Malicious Envy Scale (BeMaS - T) were calculated based on the instructions of the researchers who developed and/or adapted the scale.

The minimum, maximum, mean, and standard deviations of scale and sub-scales scores are given in Table 3.1. The dependent variable of the current study showed a high mean score of 77.37 over 91, which indicates a generally positive attitude towards seeking help.

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

	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>
<b>Attitudes toward Seeking Psychological Help Scale–Shortened (ASPH-S.)</b>				
Help-Seeking	40	91	77.37	8.00
<b>The Short Form of Five-Factor Narcissism Inventory (FFNI-SF)</b>				
Vulnerable Narcissism	15	57	37.62	8.04
Grandiose Narcissism	75	232	129.41	19.19
<b>Benign and Malicious Envy Scale (BeMaS)</b>				
Malicious Envy	5	30	8.73	4.63
Benign Envy	5	30	17.31	6.06
Envy Total	10	60	26.04	8.72
<b>Defense Style Questionnaire (DSQ-40)</b>				
Projection	2	18	7.49	3.93
Idealization	2	18	9.20	4.57
Passive Aggression	2	18	6.72	3.75
Acting Out	2	18	7.67	4.58
Devaluation	2	18	6.47	3.69
<b>Trust in Relations Scale</b>				
Trust Dimension	5	25	21.06	3.68
Reliability Dimension	12	25	22.02	2.65
Trust Total	25	50	43.08	5.44

### 3.2. HELP-SEEKING AND DEMOGRAPHIC CHARACTERISTICS

Although not hypothesized, the demographic variables of age, gender, relationship status, marital status, level of education, education status, working status, income, history of physical health, and history of psychological health that might influence the help-seeking attitude were planned to be checked to identify whether there would be a need to include any variables as controls or covariates for further analyses.

Pearson Correlation Coefficient was computed to see the relationship between age and help-seeking. There is a weak positive correlation between positive help-seeking attitude and age,  $r(603) = .14, p < .001$ . Since age might be related to gender, relationship status, marital status, level of education, student status, working status, and income, univariate analysis of variances controlling for age was performed (ANCOVA). Results revealed a significant relationship for gender and relationship status with help-seeking attitude. It was observed that women ( $M = 76.74, SD = 1.13$ ) have a more positive attitude towards help-seeking compared to men ( $M = 72.97, SD = 1.34$ ),  $F(1,546) = 17.106, p < .001$ . In terms of relationship status, it is found that participants who were in a relationship have more positive attitude towards seeking help ( $M = 75.73, SD = 1.16$ ) than participant who were not ( $M = 73.98, SD = 1.26$ ),  $F(1,546) = 5.776, p < .001$ . Marital status, level of education, student status, working status, and income did not show a statistically significant result.

Because there is a very low number of participants who reported current or past medical help experience, further statistical analyses were not conducted. The number of participants with current ( $N = 98$ ) and past ( $N = 155$ ) psychological help experiences were suitable for further analyses. Thus, Independent Samples t-tests were conducted as it is more robust for low sample sizes. The significance level was corrected with Bonferroni. Only association was observed for past psychological help and help-seeking attitudes. Individuals who sought and cooperated with psychological help in the past ( $M = 80.67, SD = 5.662$ ) have a more positive attitude towards seeking help compared to ones who rejected getting help

or were uncooperative ( $M = 75.43$ ,  $SD = 7.312$ ),  $t(153) = 5.029$ ,  $p < .001$ . This points to the further validity of the help-seeking attitudes measure. As having a past help experience is an outcome, not a predictor of help-seeking, this variable is not included in further analyses.

### **3.3. ASSOCIATIONS OF HELP-SEEKING WITH NARCISSISM, ENBY, TRUST, AND DEFENSES**

In this study it was hypothesized that positive help-seeking attitude would be negatively associated with grandiose narcissism and envy, whereas positively related to the basic trust. It is further expected that the association between grandiose narcissism and the help-seeking attitude will be mediated by envy. Based on these hypotheses, a negative correlation with grandiose narcissism and positive help-seeking attitude, a negative correlation between envy and positive help-seeking attitude and a positive correlation between the trust, and positive help-seeking attitude are expected. In order to test those hypotheses and explore the relationship between the help-seeking attitude and defense mechanisms, Pearson correlation analyses were conducted (See Table 3.2.). Following these initial analyses, the comparative predictive powers of these variables and the mediating role of envy are further analyzed and reported in the next section.

#### **3.3.1. Help-Seeking and Narcissism**

It is hypothesized that a positive help-seeking attitude would have a negative correlation with grandiose narcissism. As hypothesized, there is a weak negative correlation between positive help-seeking attitude and grandiose narcissism at a significant level,  $r(603) = -.17$ ,  $p < .001$ . Besides, although not hypothesized, a statistically significant negative correlation between positive help-seeking attitude and vulnerable narcissism was also observed,  $r(603) = -.16$ ,  $p < .001$ .

**Table 3.2.**

*Correlation of Help-Seeking with Vulnerable Narcissism, Grandiose Narcissism, Malicious Envy, Benign Envy, Envy, Trust, Credibility, Trust-Total, Projection, Idealization, Passive Aggression, Acting Out, and Devaluation*

	Help-Seeking
The Short Form of the Five-Factor Narcissism Inventory (FFNI-SF)	
Vulnerable Narcissism	-.162**
Grandiose Narcissism	-.170**
Benign and Malicious Envy Scale (BeMaS)	-.038
Malicious Envy	-.149**
Benign Envy	.058
Defense Style Questionnaire (DSQ-40)	
Projection	-.160**
Idealization	.026
Passive Aggression	-.192**
Acting Out	-.181**
Devaluation	-.219**
Trust in Relations Scale	.385**
Trust Dimension	.347**
Reliability Dimension	.308**

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

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

### 3.3.2. Help-Seeking and Trust

It is hypothesized that a positive help-seeking attitude would have a positive correlation with trust. As hypothesized, there is a positive correlation between positive help-seeking attitude and trust at a significant level,  $r(603) = .38, p < .001$ . Moreover, the two dimensions of trust also have a significant relationship between help-seeking. A statistically significant positive correlation observed for positive



help-seeking attitude and trust dimension of trust scale,  $r(603) = .34, p < .001$ . Also, the credibility dimension of variable of trust has a significant correlation,  $r(603) = .30, p < .001$ .

### **3.3.3. Help-Seeking and Envy**

It is hypothesized that envy would be negatively associated with help-seeking attitudes and would mediate the association between grandiose narcissism and the help-seeking. Therefore, prior to mediation, the correlation of envy with both help-seeking and narcissism is explored. No association was found between help-seeking attitude and envy.

There was no significant correlation between the total score of envy scale and benign envy dimension of the scale with help-seeking attitude. A weak but statistically significant negative correlation was observed for only malicious envy,  $r(603) = -.14, p < .001$ .

Envy was found to be positively correlated with both grandiose and vulnerable narcissism at a statistically significant level. For vulnerable narcissism, the correlation coefficient is revealed  $r(603) = .36, p < .001$  for envy; and for grandiose narcissism, the correlation coefficient is found  $r(603) = .38, p < .001$  for envy.

### **3.3.4. Help-Seeking and Defense Mechanisms**

Although not hypothesized, the current study aimed at exploring the association of help-seeking attitude with the utilization of several defense mechanisms, namely idealization, projection, acting out, passive aggression, and devaluation.

There are weak negative correlations between positive help-seeking attitude and projection,  $r(603) = -.16, p < .001$ ; passive aggression,  $r(603) = -.19, p < .001$ ; acting out,  $r(603) = -.18, p < .001$ ; and devaluation,  $r(603) = -.21, p < .001$  at a significant level. Idealization is the only defense mechanism that did not show a significant relationship with positive help-seeking attitude.

### 3.4. FACTORS THAT PREDICT HELP-SEEKING

As the preliminary analyses suggest, some hypothesized predictors of help-seeking are interrelated. Also, as in line with the literature, age, gender and relationship status were found to be significantly associated with help-seeking attitudes in this study. Further, a mediational role for envy was hypothesized. Thus, in order to identify the contribution of each variable to help-seeking while controlling for others and demographic characteristics as well as to test possible interactions, a multiple linear regression analysis was conducted

Since the correlation of the total envy score with benign envy ( $r = .753$ ) and malicious envy ( $r = .864$ ) were high, and there is no theoretical aim to evaluate them separately, envy assigned to the regression model as the total score to avoid multicollinearity. Likewise, the scores of trust and reliability dimensions of the trust in relations scale have .90 and .80 correlations respectively, with the total score of the trust scale. Thus, only the total score of trust was analyzed with regression, considering that the total score reflects the variance in both subscales.

As interaction terms for envy and narcissism scores were to be tested, all scores are mean-centered prior to analyses. Then, stepwise regression analysis was conducted with help-seeking as dependent variable and vulnerable narcissism, grandiose narcissism, envy, trust, defense mechanisms of projection, idealization, passive aggression, acting out, and devaluation, age, gender, relationship status are assigned as independent variables. Since the envy was hypothesized as a mediator, the interactions of envy with grandiose narcissism and vulnerable narcissism were also included as interaction terms. A summary of the models for each step is presented in Table 3.3. The final model with 6 predictors -Trust, Gender, Age, Acting Out, Envy, and Grandiose Narcissism- explain 21% of the variance in positive help-seeking attitude.

**Table 3.3.**  
*Summary of Stepwise Regression Analysis for Help-Seeking*

Model	R	R <sup>2</sup>	Adj. R <sup>2</sup>	SE of the Estimate	R <sup>2</sup> Change	F Change	df1	df2
1	.40 <sup>a</sup>	.161	.159	7.38	.161	109.13	1	570
2	.42 <sup>b</sup>	.178	.175	7.31	.018	12.23	1	569
3	.43 <sup>c</sup>	.193	.189	7.25	.015	10.32	1	568
4	.45 <sup>d</sup>	.202	.197	7.21	.009	6.64	1	567
5	.45 <sup>e</sup>	.211	.204	7.18	.008	6.08	1	566
6	.46 <sup>f</sup>	.219	.211	7.15	.008	5.77	1	565

- a. Predictors: (Constant), Trust  
b. Predictors: (Constant), Trust, Gender,  
c. Predictors: (Constant), Trust, Gender, Age,  
d. Predictors: (Constant), Trust, Gender, Age, Acting Out  
e. Predictors: (Constant), Trust, Gender, Age, Acting Out, Envy  
f. Predictors: (Constant), Trust, Gender, Age, Acting Out, Envy, Grandiose Narcissism

At step one, trust contributed significantly to the model and accounted for 16% of variance,  $F(1,570) = 109.136, p < .001$ . After gender was included in addition to trust in the equation at step two, the total variance explained by the model was 18%,  $F(2, 569) = 61.763, p < .001$ . Gender explained an additional unique 2% of the variance, after controlling for trust. At step three, age was entered into the equation in addition to trust and gender and the total variance explained by the model as a whole became 19%,  $F(3, 568) = 45.292, p < .001$ . Age explained an additional unique 1.5% of the variance. At step four, acting out entered into the equation; and accounted for 20% of variance  $F(4, 567) = 35.968, p < .001$  together with trust, gender and age. Acting out had a unique contribution a unique of 1% to the explained variance. At step five, envy entered into the equation and the total variance explained by the model as a whole increased to 21%,  $F(5, 566) = 30.248, p < .001$ ; again, with a 1% additional unique variance. At the final step, grandiose narcissism entered into the regression equation and increased the total variance explained by the model to 22%,  $F(6, 565) = 26.381, p < .001$ . Grandiose narcissism explained an additional unique 1% of the variance.

Vulnerable narcissism, defense mechanisms of projection, idealization, passive aggression, and devaluation, relationship status, the interactions of envy

with grandiose narcissism and vulnerable narcissism were excluded since they did not make a significant contribution to the model. Since the interaction terms were excluded, the current study failed to support that envy mediates the relationship between the help-seeking attitude and narcissism of the individual. Hence, further analysis is not conducted to test the mediation hypothesis.

The regression coefficients and standardized and unstandardized beta values of the significant predictors in the model can be seen in Table 3.4. Results revealed that one unit increase in trust increases positive attitude towards help-seeking by .55; revealing trust as the strongest predictor of help-seeking ( $\beta = .37$ ). Besides, being women positively predicts positive attitude towards help-seeking behavior, increasing positive help-seeking attitude by 3.06 ( $\beta = .14$ ). With less predictive power than gender, one unit increase in age ( $\beta = .08$ ) slightly increases in positive help-seeking attitude by less .06. On the other hand, acting out negatively predicts a positive attitude towards help-seeking behavior ( $\beta = -.12$ ), causing a decrease in positive help-seeking by .21 with one-unit increase. Having the same predictive power with acting out, envy ( $\beta = .12$ ) acts in the opposite direction that one unit increase in envy increases positive help-seeking attitude by .12. Lastly, grandiose narcissism as the weakest predictor ( $\beta = -.09$ ), indicates a quite slight decrease in positive help-seeking by .04.

**Table 3.4.**  
*Results of the Stepwise Regression Analysis for Variables Predicting the Help-Seeking (N=603)*

	B	B SE	Beta	t	Sig.
Constant	74.69	0.76		98.14	.00
Trust	.55	0.05	.37	9.71	.00
Gender	3.06	0.83	.14	3.67	.00
Age	.06	0.02	.08	2.29	.02
Acting Out	-.21	0.07	-.12	-3.01	.00
Envy	.12	0.03	.12	3.07	.00
Grandiose Narcissism	-.04	0.01	-.09	-2.40	.01

Considered in relation to the hypotheses, the controlled contributions of each variable to the variance in help-seeking as assessed by regression analysis further supported the expectations of negative associations of trust and grandiose narcissism with help-seeking. On the other hand, both the negative association and the mediating role of the envy was not supported. Conversely, when centered around the mean, envy appeared as a positive predictor of help-seeking. As to the exploratory aim of the study, all tested mechanisms except idealization were negatively associated with help-seeking attitude and acting-out was the sole significant predictor among them.

## **CHAPTER 4**

### **DISCUSSION**

In the current study, positive help-seeking attitude was hypothesized to be negatively associated with grandiose narcissism and positively associated with trust. As hypothesized, there is a negative association between positive help-seeking attitude and grandiose narcissism, and a negative correlation between positive help-seeking attitude and vulnerable narcissism was found although not hypothesized. As hypothesized, a positive relationship between positive help-seeking attitude and trust is observed. Besides, trust found to be the strongest predictor of help-seeking behavior. As hypothesized, grandiose narcissism contributed as a significant predictor of help-seeking attitude, while vulnerable narcissism did not. It is further expected that the association between grandiose narcissism and the help-seeking attitude will be mediated by envy. A negative relationship is found between positive help-seeking attitude and malicious envy, and also a positive association between envy, and grandiose, and vulnerable narcissism is found. The mediation hypothesis is not supported. However, envy found as one of the statistically significant predictors of help-seeking behavior. The present study is also expected to reveal the utilization of idealization, projection, acting out, passive aggression, and devaluation. A negative correlation between positive help-seeking attitude and projection, passive aggression, acting out, and devaluation is found. The utilization of defense mechanisms hypothesis is not supported for idealization. Moreover, acting out found to be one of the predictors of help-seeking behavior. Finally, the demographic variables that might affect the help-seeking attitude are also controlled and included based on preliminary explorations. A positive association between positive help-seeking attitude and age is found. It is revealed that women have a more positive attitude towards help-seeking than men. Besides, participants in a relationship have a more positive attitude towards seeking help than those who are not. Respectively gender and age are the strongest predictors of help-seeking behavior following trust. In the following section, the study results will be discussed in relation to the literature, and limitations, and future study opinions will be represented. It should be noted

that help-seeking attitudes will be addressed and discussed based on psychological help-seeking behavior.

#### **4.1. HELP-SEEKING AND TRUST**

Trust was found to be positively associated with a positive attitude of help-seeking. Besides, trust was also the strongest significant predictor of a positive attitude towards seeking help.

Perceiving the external world as dangerous is closely related to a sense of basic trust. If one's primary need for care and love is not satisfied consistently by the primary caregiver, the individual will not be able to develop a sense of trust and cannot discover the world relying on the feeling of basic trust (Erikson, 1963; Holmes, 2002; Mikulincer, 1998). The basic sense of trust is essential and a prerequisite to developing self-sufficiency and the basis for the coping mechanism in a lifetime (Erikson, 1963). If the individual is deprived of a sense of basic trust, he or she cannot elaborate on the situations and decides when to ask for help. In this sense, it can be claimed that people who are devoid of trust are more inclined to experience hesitation and distress and so developing a negative attitude towards seeking help.

Apart from the mentioned dimension of the issue, fear of stigmatization, fear of embarrassment, fear of disclosing oneself negatively predict help-seeking behavior and attitudes towards it (Vogel & Wester, 2003). According to Erikson (1963), a basic sense of trust is acquired via the resolution of trust versus mistrust conflict. It can be argued that individuals who are mistrustful on others and the world might experience fear more. Therefore, maybe the mentioned fears of receiving help also be related to a deficiency in basic trust.

Melanie Klein's theory on developing child can be an enlightening starting point to comprehend the mistrust to external world and psychic mechanisms underlying this sense of perceived threat. Klein (1946) offered two developmental positions as paranoid-schizoid and depressive. The infant's experience of both internal and external worlds are initially shaped in the paranoid-schizoid position. There is an overwhelming experience of anxiety in the first months of life. The

infant experiences the world via internal splits of either all-good or all-bad to cope with anxiety of uncertainty. In order to deal with the experience of internal anxiety, the infant projects those split aspects onto external world and soothes his or her internal distress by projecting it. However, then the external world becomes threatening. After the projection, the infant introjects the split objects to reduce his/her distress caused by perceived external threat. When the baby encounters the depressive position, he or she starts to acknowledge the reality of the external world and starts to integrate the split aspects of the self, the introjected inner object representations, and the external world. Klein (1957) mentioned that paranoid-schizoid position is experienced in the early months of life and depressive position comes into picture around three to six months of life. Nevertheless, since she did not discuss the development of human based on the absolute stages, she emphasized that individuals may shift from the depressive position to the paranoid-schizoid position or the other way around throughout life. Hence, people who cannot reach the depressive position, in other words, the ones who experience the world as split, as all-good and all-bad, are more prone to experiencing difficulty in trusting the others, in other words, to the external world. In a helping situation, being a recipient of the help can be thought as an introjection process from a Kleinian point of view. Individuals who live by unintegrated representations of self and others cannot trust in what they might receive from a treatment or any kind of help because of their projected aggressive impulses. Therefore, it may be speculated that those people who are mistrustful of others have a negative attitude towards seeking help due to their fear of getting hurt.

Therefore, in parallel with the literature, it might be asserted that individuals who do not have a rooted sense of trust perceive having a psychological difficulty as unfavorable and develop a negative attitude towards seeking help. Besides, Amato and Bradshaw (1985) documented that one of the reasons for delaying or avoiding help-seeking is considering the helper unreliable or dangerous. Since the findings of the current study offer that having more trust in relationships significantly predict positive help-seeking attitude, the ones who have difficulty with trusting others are more inclined to perceive the situation as well as the helper as unreliable. Kakhnovets (2011) found that when people perceive individuals



diagnosed with a mental illness as dangerous, and this perception leads to a negative attitude towards seeking psychological help.

This finding is compatible with what the attachment literature suggests. Early attachment styles can help to envision a sense of trust in adulthood and enhance adult relationship quality. The therapeutic relationship, especially in psychoanalytic or psychodynamic therapies, can trigger the early relationship patterns (Kernberg, 1970b, 1974, 2007).

Furthermore, studies reported that psychological help-seeking was increasing when the person's available social support system weakened (Arslantaş, 2000; Constantine et al., 2003; Goodman et al., 1984; Khoie, 1999; Stiffman et al., 1988). The concept of security in the attachment literature offers that the basic sense of trust enables individuals to relate to others and the world (Mikulincer, 1998). Hence, people who developed a primary sense of trust can build social relationships and psychologically benefit from those relationships. Although the literature suggests that people who have close relationships need less help, it might be postulated that they also held positive regard on receiving help when considering the other findings in the literature.

#### **4.2. HELP-SEEKING AND NARCISSISM**

Both vulnerable and grandiose narcissism were observed to be negatively related to positive help-seeking attitudes. It should be noted that although both types found as correlated, grandiose narcissism had a stronger association with and contributed as a significant predictor of help-seeking attitude, while vulnerable narcissism did not.

Since both types of narcissism are associated with a negative attitude towards seeking help, it might be meaningful to elaborate on the issue via the shared narcissistic characteristics of both types. Sense of superiority, sense of entitlement, self-indulgence, impulsivity, hostile attitude towards others, being envious to others, difficulty in building genuine relationships, obvious or unseen arrogance, and disregard of others are counted as some of the aspects that are observed in both grandiose and vulnerable narcissists (Cooper & Ronningstam, 1992; Miller et al.,

2011; Masterson, 1993; Wink, 1991). Besides, both of them rely on social feedback (Rohmann et al., 2019). They need affirmation from others to preserve their self-esteem. In relation to this, even though their underlying motivation can differ, grandiose narcissists and vulnerable narcissists make an effort to avoid negative social feedback, in other words, criticism. This brings another shared feature of different types of narcissism that can be discussed, which is fluctuation in self-esteem.

Even though vulnerable narcissists experience more difficulty in regulating their self-regard, both grandiose and vulnerable narcissists experience an instability on their self-esteem (Ronnigstam, 2009; Oltmanns & Widiger 2018). Moreover, Nancy McWilliams (2011) emphasized that every grandiose narcissist hides “shame-faced child,” and every vulnerable narcissist hides “grandiose vision” inside (p. 208). Tessler and Schwartz (1972) found that individuals who do not have persistent self-esteem cannot feel ready to seek help. This finding is related to self-esteem fluctuations of narcissistic people. They might have a negative attitude towards seeking help because they have to acknowledge their instability of self-esteem in a help receiving situation.

Besides, considering a difficulty or problem as non-normative can threaten an individual’s self-esteem (Addis & Mahalik, 2003; Nadler, 1990; Nadler & Mayseless, 1983). Additionally, it is found that self-esteem moderates feelings and perceptions regarding receiving help (Nadler et al., 1976). While individuals with low self-esteem perceive a self-supporting message, those with high self-esteem perceive a threatening message when they receive help. In parallel with that, individuals with high self-esteem are more inclined to restrain themselves from getting help when they perceive seeking help as an inadequacy (Tessler & Schwartz, 1972). Since both grandiose and vulnerable narcissists are highly sensitive about their self-regard, their negative attitude towards seeking help can be related to their wish to preserve self-esteem. Although grandiose narcissists identified with high levels of self-esteem in general, vulnerable narcissists are also hypersensitive about getting confirmation and affirmation (Kohut & Wolf, 1978).

Moreover, individuals who perceive self-disclosure as risky have more negative help-seeking attitudes (Vogel & Wester, 2003). Since the early objects of narcissistic people are predominantly unresponsive and unreachable, revealing or

disclosing oneself to others can be challenging for people with narcissistic personality (Kohut, 1971). Besides, Kernberg (1970a) asserted that narcissists build an omnipotent self-concept to disguise their inner feelings of worthlessness. Thus, especially for grandiose narcissists disclosing oneself may mean confronting vulnerable, defected, or weakened aspects of the self, so they avoid seeking help.

Grandiose narcissism has a stronger relationship with a negative attitude regarding help-seeking and is a significant predictor of attitudes towards help-seeking. Therefore, stating distinct characteristics of grandiose narcissism can be a good starting point to discuss the issue. Conceit, selfishness, lack of empathy, exhibitionism, aggressiveness, exploitativeness, being manipulative, being extremely envious to others, and being explicitly entitled are some of the unique aspects of grandiose narcissists (Gabbard, 1989; Holdren, 2004; Kernberg, 1975; Wink 1991). Moreover, grandiose individuals overtly use self-enhancement tactics, avoid intimate relationships, devalue others when they cannot receive self-assurance (Carr, 2008; Dickinson & Pincus, 2003; Gabbard, 1989; Wink 1991). Those features overlap with some of the factors negatively associated with help-seeking behavior.

Fischer and Turner (1970) revealed that getting psychological help can be considered as a sign of weakness or failure for some people. Thus, seeking help can be regarded as unacceptable for grandiose individuals who perceive themselves as needless and flawless. One of the factors that negatively influence seeking help is the fear of embarrassment (Cohen et al., 1998; Shapiro, 1983; Vogel et al., 2006). Since preserving consistently high self-esteem is crucial for grandiose narcissists, the possibility of embarrassment may hold them back from seeking help. Besides, fear of stigmatization is closely related to having a negative attitude towards help-seeking behavior (Barney et al., 2006; Fauteux et al., 2008; Fisher & Turner, 1970; Kakhnovets, 2011; Vogel et al., 2007; Topkaya, 2011). Individuals who avoid help-seeking because of the fear of stigmatization are inclined to perceive the difficulty they are experiencing as their fault (Amato & Bradshaw, 1985). Hence, fear of stigmatization brings discomfort and shame (Barney et al., 2006; Fisher & Turner, 1970). Feeling embarrassed, faulty, and ashamed are major threats to an unrealistically faultless sense of self, and grandiosity of the individual. Besides, narcissistic individuals, especially the grandiose ones, are highly prone to shame

(DeRobertis, 2008; Kernberg, 2004; Kohut, 1966, 1971). Their proneness to the shame also supports their avoidance of seeking help and negative regard for it.

In addition to these, Amato and Bradshaw's (1985) study found that people who are afraid of being stigmatized perceive the helper as destructive. This finding is compatible with negative attitudes of a grandiose narcissist towards help-seeking when it is considered with the endless effort to maintain their all-powerful image of self and devaluation of others that may constitute a threat to their self-esteem. Lastly, another critical aspect is the representations of others regarding the recipient of help. Studies found that people who fear being isolated from society seek less help and have a negative attitude considering it (Burke & Weir, 1976). Since the grandiose narcissists seek self-assurance and are hypersensitive to criticism, their negative attitude towards seeking help can also be related to fear of losing their conceit representation on other's minds.

### **4.3. HELP-SEEKING AND DEFENSES**

Except for idealization, all the defense mechanisms selected for the study, namely projection, passive aggression, acting out, and devaluation are found to be negatively associated with positive help-seeking attitude. Among them, acting out stands out as a significant predictor of help-seeking behavior.

Acting out can be described as impulsive behaviors that may constitute a threat to the safety of oneself or others (Bodur, 1999). People who are unable to acknowledge and express challenging thoughts, feelings, and internal conflicts utilize the defense mechanism of acting out. Acting out is observed more frequently in children, adolescents, addicts, and individuals are prone to antisocial behavior, marking groups with poor impulse control (Gillet et al., 2001; Johnson & Szurek, 1952; Masterson, 1974; Rickards & Laaser, 1999; Terzian et al., 2011). Regarding help-seeking attitude, findings of the current study suggested that the utilization of acting out predicts negative attitudes towards seeking help. Since the acting out identified with impulsive expressions of emotions rather than verbally expressing them, it could be hardly expected for individuals who act out to seek help. The help-seeking process is started with the acknowledgment of being in need of help.

Because the individuals who utilize acting out already have difficulty in recognizing and verbalizing their feelings and needs, they are less inclined to search for help and so have a more negative attitude towards seeking help.

In addition to the point that acting out is characterized by an inability to acknowledge what one feels, another explanation for the association between acting out and help-seeking might be the perception of the individual regarding the source of the trouble. Especially the studies on child and adolescent psychopathology consider acting out as an externalizing issue. Externalizing psychopathology stands for the reactions that are directed to the external world, rather than to the internal. Thus, the “problem” is perceived to be outside, not inside. Thus, individuals who utilize acting out are not expected to portray seek help for themselves as a solution.

The last noteworthy point about acting out before moving on to the other defense mechanisms is its unique contribution to help-seeking attitude. Although all mechanisms except for idealization were negatively associated with help-seeking, when trust and narcissism as well as demographic characteristics were controlled, only acting out significantly predicted help-seeking narcissism. Thus, while the effect of other defense mechanisms of projection, devaluation, and passive aggression were probably already explained by the dynamics of trust issues and narcissism, the utilization of acting out stands for an effect that is partially and significantly independent from these dynamics. Considering the inability to acknowledge affect and internalize as discussed above, acting-out might be related to the mentalization capacity indicating the ability to attribute mental states to self and others (Holmes, 2006; Rossouw, 2013). Although the information in this study is insufficient to elaborate more on this link, mentalization might be considered as a potential factor in understanding the association of acting out and help-seeking.

Devaluation demonstrated the strongest association regarding negative help-seeking attitude. However, surprisingly idealization did not show any statistically significant relationship with the attitude towards help-seeking behavior. Idealization can be described as regarding someone or some aspects of the person as all good and powerful (Blackman, 2004; Kohut, 1971). On the other hand, devaluation can be considered as the opposite of idealization. It is suggested that idealization and devaluation are interconnected (Kernberg, 1984). Since both idealization and devaluation function to escape from possible frustrations and

disappointments, the object that is either idealized or devalued cannot be perceived as realistically, integrated with good and bad aspects. Therefore, every idealization hides a devaluation that is ready to occur when encountering a minor frustration or imperfection. In contrast, every devaluation covers an idealization that can be shown when the devalued one can be considered as superior (McWilliams, 2004). Although they usually exist together, they manifest themselves at different times. Thus, when the other is consciously devalued, there will be no explicit idealization.

Fisher and Turner (1970) reported that receiving psychological help can lead some individuals to perceive themselves as weak, faulty, and desperate and avoid seeking help and shows a negative attitude towards it. Compatible with Fisher and Turner's, the findings of the current study suggest that individuals who frequently utilize defense mechanism of devaluation have a more negative attitude towards seeking help since they devalue their need for help, and so devalue the help-seeking behavior. Besides, Amato and Bradshaw's (1985) study revealed that people who perceive the helper as unfavorable avoids or delays seeking help. This supports that individuals who devalue others, specifically the helper, also devalue the possible help and receiving it. Thus, their avoidance of seeking help can be explained by their effort to keep themselves away from being devalued, and they have a negative attitude towards help-seeking behavior. Because devaluation and idealization usually exist together but manifest themselves at different times, idealization may not be associated with the presence of devaluation.

In this sense, this study's finding may reflect the more grandiose attitude of idealization of the self and devaluation of the other to be associated with negative attitudes towards help-seeking. Individuals who utilize devaluation most probably perceive needing help as devalued that would contradict with the idealized self-image. Additionally, they would also be devaluing the source of help, as part of the efforts to maintain a positive self-regard, which again ends up in a negative attitude to seek help. As outlined above, this psychic situation of devalued other characterizes grandiose narcissism. This might explain the observation that devaluation, despite its strong association when analyzed alone, does not contribute with a unique variance when grandiose narcissism is controlled.

Another mechanism that was negatively associated with help-seeking was projection. Projection can be simply described as attributing what comes from the

inner world to the external world (Blackman, 2004; Bodur, 1999; McWilliams, 2011; Shapiro, 1965). Hence, it is closely related to attribution theory regarding help-seeking behavior. According to this theory, some individuals perceive difficulties as a failure. If someone decides to get help after a difficulty he or she experiences as a personal failure, he or she is prone to evaluate seeking help as a personal inadequacy. The experience of perceived inadequacy creates a threat to a person's self-esteem. Thus, if a person attributes the distress to internal factors, they are more inclined to have a negative attitude towards seeking help. This might seem contractor to the projection; however, it is related to attributional outcomes of help-seeking. It might be asserted that people who utilize projection as a defense avoid seeking help but project their feelings of being faulty on others, particularly on to helper. Amato and Bradshaw's study exploring the reasons for delaying or avoiding help-seeking can be a good example. They found that individuals avoiding seeking help also have a fear of being stigmatized, being dependent on the helper, and evaluating the helper as unfavorable. Hence, it might support that person who prone to utilize projection more project their hostility towards and expectation of harm from others onto the helper and, in this way, consider the helper as unreliable or dangerous.

Despite its significant negative association, projection did not account for a unique variance when other predictors of help-seeking in this study were controlled. This might be explained by the shared underlying dynamics of projection with trust. From a psychoanalytic perspective, projection is not only considered to be predominant defense but also as the primary means of communication in the very beginning of life. These early years are characterized by issues of trust versus mistrust (Erikson, 1963) and persecutory anxieties (Klein, 1957). Thus, the utilization of projection is an aspect of experiencing and dealing with trust issues.

Lastly, passive aggression was also found as a correlate but not significant predictor of help-seeking. Passive aggression is defined as indirectly aggressive behavior and manner to others (Blackman, 2004). Since passive aggression is negatively related to help-seeking attitude, it might be asserted that people who utilize passive aggression as a defense are more prone to avoid seeking help and having a negative attitude towards getting help in order to hide unpleasant feelings and thoughts. Instead of receiving help when they are needed, they may consider

help-seeking as unfavorable to escape from their anger. Considering the manipulative nature of grandiose narcissism dynamics, passive aggression might stand for one of the many ways of establishing the narcissistic equilibrium of preserving the idealized self-image and still discharging aggression and controlling the other via covert hostility.

In sum, projection, devaluation, and passive aggression seem to be the mechanisms that are engrained in the dynamics of basic trust and narcissism, all associated with attitudes towards help-seeking. On the other hand, acting out and its origins in terms of psychic structures and/or capacities that might be associated with help-seeking warrant further research.

#### **4.4. HELP-SEEKING AND ENVY**

A negative association between positive help-seeking attitude and malicious envy is found. Besides, a positive association between envy and grandiose and vulnerable narcissism is found. However, envy did not mediate the relationship between help-seeking and narcissism. Apart from this, envy was found as a predictor of positive help-seeking behavior contrary to what we expect.

Envy is identified with its' destructive feature and feeling of hostility (Klein, 1957). It is related to frustration, guilt, inability to enjoy, self-destructiveness, and sabotaging (Hiles, 2007). Thus, it is meaningful that malicious envy has a negative association with a positive help-seeking attitude. The therapeutic relationship is nurturing by nature, and the primary target of the envious impulses is the mother's feeding breast. The infant is envious of the breast since he or she assumes that it unlimitedly contains everything the baby desires. However, a mother's milk is limited, and minor frustrations are expected in the breastfeeding process. Since the baby cannot comprehend the mother's external reality yet, any frustration or dissatisfaction triggers feelings of anger and hatred (Winarick, 2010). The intense envy blocks the individual's capacity to enjoy life, trust others, and feel gratitude. Therefore, individuals who have malicious envy have a more negative attitude towards seeking help because they either feel strong adverse feelings towards one who provides help. Other than that, maybe they afraid that they can destroy the



good object, therapist in this sense, as they attack the feeding breast. Since the envious people do not have realistic integrated object images, the probability of feeling dissatisfied might be experienced as unbearable for envious people. So, they avoid seeking help to eliminate the disappointment that can also be experienced in a nurturing relationship.

Besides, envy is found to be positively associated with both grandiose and vulnerable narcissism., as would be expected. Envy is mentioned as one of the main characteristics of narcissistic personality disorder in the Diagnostic and Statistical Manual of Mental Disorders (*DSM-V*; APA, 2013). Envy is also portrayed as one of the predominant affects in the psychodynamic formulation of narcissistic personality organization (McWilliams, 2011). Envy is considered as strongly associated with the inability of narcissists to establish genuine intimacy. As narcissists “paradoxically feel both smugly superior and painfully inferior to others” (Neufeld & Johnson, 2015, p.1), despite the seeming denial of the significance of and need for the other, envy dominates their interpersonal relations.

On the basis of its ties to a narcissistic psychic organization and help-seeking attitudes, envy was expected to mediate the association between narcissism and help-seeking. However, this study failed to support this. It may be postulated that the negative association of narcissism and help-seeking attitudes might be independent from their envy. Since the narcissistic people cannot receive an unconditional positive mirroring, interest, and affection in their early childhood (Kohut, 1971, 1977), they cannot imagine a helping relationship that the helper provides goodness without hidden or manipulative intentions. Also, the reverse of the situation may be possible. Because they are deprived of holding, containing, and nurturing early relationships, being in a helping relationship that the donor of the help provides one or more of the mentioned aspects of the relationship which the caregiver failed to provide might be frightening. These experiences, together with the defense mechanisms of devaluation and projection, might account for the differences in help-seeking attitudes regardless of the level of envy they experience.

On the other hand, the current study’s failure to discover the mediating effect of envy on narcissism as well as the unexpected positive association of the total envy score with help-seeking might be related to the selected measure. The utilized scale mostly captures the benign aspects of envy rather than the malicious

one. Psychoanalytic literature relies on Melanie Klein's theory while defining envy. On the other hand, the conceptualization of benign and malicious envy stems from social comparison literature (Belk, 2011; Lange & Crusius, 2015; Van de Ven, 2016; Van de Ven et al., 2009; Van de Ven & Zeelenberg, 2015). Based on this conceptualization, there should be a social comparison situation in order to mention envy (Van de Ven, 2016). Benign envy is defined as an effort to obtain something desirable with proper behavior (Lange & Crusius, 2015). Nevertheless, Kleinian envy includes the aggressive impulse to take something desirable from another person or destroy what she or he has (Klein, 1957).

Van de Ven (2016) made a distinction between admiration and benign envy. According to him, benign envy is still a disappointing and adverse emotion. However, social comparison literature offers benign envy that enables a person to motivate himself or herself to achieve better (Lange & Crusius, 2015). It is obvious that benign envy does not involve aggressive or hostile will towards the other in contrast to the psychoanalytic definition of the concept. Therefore, it may be suggested that benign envy is more like admiration and is not compatible with the main features of the psychoanalytic description of envy. In relation to mentioned conceptual differences, it might be speculated that the current study's findings indicate intense admiration or longing is a predictor of positive attitude towards help-seeking.

#### **4.5. HELP-SEEKING AND DEMOGRAPHICS**

Although not hypothesized, gender and age were found as predictors of help-seeking attitude in parallel with what the literature. Women have a more positive attitude towards seeking help compared to men as reported by a considerable number of previous studies (e.g. Addis & Mahalik, 2003; Atik & Yalçın, 2011; Atkinson, 2007; Barney et al., 2006; Chang, 2007; Deane & Chamberlain, 1994; Fauteux et al., 2008; Fischer & Turner, 1970; Gloria et al., 2001; Greenley, & Mechanic, 1974; Good et al., 1989; Hamid et al., 2009; Kakhnovets, 2011; Kalkan & Odacı, 2005; Keklik, 2009; Komiya et al., 2000; Leong, & Zachar, 1999; Mackenzie et al., 2006; Oliver et al., 2006; Rickwood &

Braithwaite, 1994; Shek, 1992; Smith, 2004; Solberg et al., 1994; Tishby et al., 2001; Topkaya & Meydan, 2011; Türküm, 2000, 2001, 2005; Winerman, 2005; Wyatt, 2006). Like Fisher and Turner's (1970) study, gender predicts help-seeking attitude; but do not override the rest of the predictors in this study.

Studies exploring the reasons of gender differences generally emphasized that women are more introspective, more prone to acknowledge difficulties they are experiencing and trust mental health professionals more compared to men (Broman, 1987; Fauteux et al., 2008; Leong & Zachar, 1999; Rickwood & Braithwaite, 1994; Tata & Leong, 1994). Rogler and Cortes's (1993) study revealed that men seek help less because they are more inclined to deny their feelings and difficulties. Besides, Winnerman (2005) found that men learn to repress their emotional and vulnerable sides due to the acquisition of traditional gender roles. Additionally, men who internalize gender role stereotypes are more inclined to avoid seeking help (Pearson & Makedzange, 2008). Mahalik et al. (2003) revealed that having traditional values regarding masculinity made it difficult to seek help for men. Thus, men have a negative attitude towards help-seeking in line with the findings of the present study (Good et al., 1989).

Although there is no consensus on the association between age and help-seeking behavior, literature predominantly suggests that help-seeking is increased with age (Barney et al., 2006; Oliver et al., 2005). In parallel with the current study's findings, Mackenzie et al. (2006) found that a positive attitude regarding help-seeking increases with age. It might be related to a rise in trusting mental health professionals as individuals grow older, as Fauteux et al. (2008) suggested. However, Mackenzie and his colleagues postulated that an increase in age provides a positive effect for only the ones who are single (Mackenzie et al., 2006). It should be noted that the current study explored the impact of relationship status controlling for age and found a positive association between having a relationship and a positive attitude towards seeking help independent from age. Still, relationship status was not one of the predictors of attitude towards help-seeking attitude. Although the results of this study also support the positive relationship between a positive attitude towards help-seeking and increase in age, some studies report that younger and highly educated individuals have a more positive attitude (Shin et al., 2000). In relation to that, there are also studies indicating that increase in the level

of education is associated with an increase in a positive attitude towards help-seeking (Arslantaş et al., 2001; Husaini et al., 1994; Komiya et al., 2000; Koydemir-Özden, & Erel, 2010; Shin et al., 2000). Yet, the current study's findings indicate that there is no significant relationship between the level of education and attitude of help-seeking. This finding accompanying other findings of the study paves the way for speculating that maybe help-seeking behavior can be broadly predicted via psychological concepts rather than only relying on the demographic characteristic of it.

#### **4.6. CLINICAL IMPLICATIONS**

Findings of the current study re-stress the significance of trust while building a therapeutic relationship in clinical practice. Trust is found to be the strongest predictor of a positive attitude towards seeking help. This finding offers support to the importance of the therapeutic alliance. However, clinicians work with individuals that are experiencing various kinds of difficulties, including patients who are dealing with trust issues, narcissistic disturbances, and envious of others. Therefore, apart from the therapeutic alliance's importance, considering trust, in general, while working with patients who utilize acting out as a defense more commonly, and patients who predominantly exhibit narcissistic features might contribute to comprehend their resistance, devaluation of therapy, and attacks to the therapeutic relationship.

This study revealed that although most of the participants did not have a psychological help history, they do have attributions of a potential professional and a psychotherapeutic relationship. Thus, it can be beneficial for clinicians to remind themselves to review patients' projections of the therapeutic relationship and their expectations from the process. Besides, since trust predicts positive help-seeking attitude, organizing social campaigns that will inform the public about what psychotherapy is, when they should seek help, how they can reach sources of help, and why they can trust a professional can be beneficial.

#### **4.7. LIMITATIONS AND FUTURE SUGGESTIONS**

There are some inevitable limitations of the current study, and one of them is using self-report measures. Even though scales are selected considering their acceptable reliability and validity, participants may consciously or unconsciously choose to report what they perceive as desirable. Therefore, conducting integrative research using qualitative methods and/or projective techniques may enhance future studies. Considering the significance of trust in combining with the fears of disclosing oneself, fear of embarrassment, and feeling in debt to the helper, applying projective methods to investigate individuals' existing attributions of professional psychological help can be constructive in clinical practice.

It is important to note that participants of the current study were not equally distributed in terms of sex. Since gender is an essential predictor of help-seeking behavior, further studies may explore the issue with a compatible number of male and female participants.

The major limitation of the present study is the utilization of the sub-dimension items of the Defense Style Questionnaire, although the developer of the instrument strongly suggested using the scale as a whole. The length of the study and face validity were the major concerns of the decision. Thus, this study's findings on defense mechanisms should be replicated with the full scale, as it will offer a non-biased and psychometrically more valid method.

The final limitation of the study is the selected measurement tool of envy. The total score of Benign and Malicious Envy Scale reflects benign aspects of envy more than the malicious features. Since the concept of benign envy is contradictory to psychoanalytic literature on envy, further studies that adopt the psychodynamic stance can investigate different measures or attempt at developing an instrument to capture the Kleinian conceptualization of envy.

Apart from the suggestions based on the limitations of the present study, since the trust revealed as the strongest predictor of positive help-seeking behavior, investigating the relationship between attachment styles and help-seeking behavior can be an enriching direction for future studies. Besides, a therapeutic alliance can be an intriguing topic to study regarding help-seeking behavior due to its' significant association with trust. Based on this, including help-receiving to therapeutic process research might contribute to understanding resistance,

premature termination, and negative therapeutic reaction. Besides, conducting a study that evaluates help-seeking from non-professional sources like friends, partners, and families can contribute to help-seeking literature.

Numerous findings indicate that women seek help more than men, and women have a more positive attitude towards seeking help than men. Nevertheless, fewer studies are investigating possible causes or explanations of gender differences regarding help-seeking behavior. Thus, conducting research that aims to reveal a comprehensive background about what is happening in the process of seeking help for different sexes.

Furthermore, since one of the factors inhibiting help-seeking behavior is a shame, narcissism can be studied over shame proneness and its relationship with help-seeking in future studies.

## CONCLUSION

Social psychology literature focuses on the big five personality factors while studying associations of help-seeking attitudes with personality characteristics. Therefore, this study is one of the first studies to directly investigate the relationship between help-seeking attitudes and psychoanalytic personality characteristics, specifically the narcissistic ones. The main purpose of this study was to investigate the association between attitudes towards help-seeking behavior and narcissistic characteristics. The research findings showed that individuals who are higher on grandiose narcissism, men in general, younger people, and individuals who utilize acting out as a defense more frequently have a less positive attitude towards help-seeking. However, as expected, people who trust others in relationships have a more positive attitude than those who are coping with trust issues. Additionally, gender and age found to be significant predictors on the help-seeking attitude. The negative relationship between grandiose narcissism and help-seeking attitude supports the Equity Theory by revealing the difficulty of getting help when the recipient experiences either superior or inferior to the helper. Moreover, as Reactance Theory suggested, avoiding seeking help due to the fear of being dependent on helper can be considered as coherent with the findings of the study, implying a negative relationship between narcissistic sensitivities and help-seeking. Overall, the findings of this study are in line with the expectations of psychoanalytic theory, especially object relational approach; except for the specific case of envy. This study's results contributed to the literature on help-seeking behavior and shed light on the need for further investigation of help-seeking behavior.

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## APPENDICES

### Appendix A: Informed Consent Form

Sayın Katılımcı,

Bu araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi İlayda Mutlu tarafından, Dr. Öğr. Üyesi Alev Çavdar Sideris danışmanlığında, yüksek lisans tezi kapsamında yürütülmektedir.

Bu araştırmanın amacı Türkiye'deki yetişkinlerin; kişilik özelliklerinin yardım alma tercihleri ile ilişkisinin incelenmesidir. Yaklaşık 15 dakika sürecek bu çalışmada sizden doğru ya da yanlış cevapları olmayan kişisel fikir ve görüşlerinize dayalı bazı anketler doldurmanız istenecektir. Çalışmanın amacına ulaşabilmesi için sizden beklenen, bütün soruları eksiksiz ve içtenlikle cevaplamanızdır. Bu araştırmaya katılım tamamen gönüllülük esasına dayalıdır; bu nedenle de araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden anketi doldurmayı bırakabilirsiniz.

Araştırmanın hiçbir bölümünde kimliğinizi ortaya çıkaracak herhangi bir soru bulunmamaktadır ve yanıtlarınız araştırmacılar dışında kimseye paylaşılmayacaktır. Veriler toplu halde değerlendirilecek ve yalnızca bilimsel yayın amacıyla kullanılacaktır.

Eğer araştırmanın amacı ile ilgili belirtilenden daha fazla bilgiye ihtiyaç duyarsanız ilayda.mutlu.1@gmail.com e-posta adresinden dilediğiniz zaman araştırmacıya ulaşabilirsiniz.

Katılımınız ve katkılarınız için şimdiden teşekkürler.

Yukarıda verilen bilgiler doğrultusunda, bu çalışmaya katılmayı ve bu çalışmanın verilerinin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

## Appendix B: Demographic Information Form

Bu bölümde size önce yaş, öğrenim durumu gibi genel demografik bilgiler ve sonra sağlığınıza ilgili sorular sorulacaktır. Belirtmek istemediğiniz soruları boş bırakabilirsiniz.

1) Yaşınız: \_\_\_\_\_

2) Cinsiyetiniz:

Kadın  Erkek  Diğer

3) Romantik bir ilişkiniz var mı?

Evet  Hayır  Diğer

4) Medeni durumunuz:

Evli  Bekâr  Diğer

5) Öğrenim durumunuz (lütfen en son bitirmiş olduğunuz okulu işaretleyin):

- İlköğretim
- Lise
- Üniversite (ön lisans/lisans)
- Lisansüstü (yüksek lisans/doktora)
- Diğer (Lütfen belirtiniz) \_\_\_\_\_

6a) Şu anda öğrenci misiniz?

Evet  Hayır  Diğer

6b) Evet ise, okulunuz: \_\_\_\_\_

7) Şu anda çalışıyor musunuz?

Evet  Hayır  Diğer

7b) Evet ise, mesleğiniz: \_\_\_\_\_

8) Gelir Düzeyiniz:

Düşük     Orta     Yüksek

**9a) Şu anda bir fiziksel sağlık sorununuz var mı?**

Evet (Lütfen belirtiniz: )

Hayır

**9b) Evet ise, şu anda bu konuda tıbbi bir yardım alıyor musunuz?**

Evet, tıbbi yardım alıyorum.

Hayır, tıbbi yardım adım ve tedavi sürecini yarıda bıraktım.

Hayır, tıbbi yardım adım ve tedavi sürecini tamamladım.

Hayır, yardım almam gerektiğini biliyorum ama almıyorum.

Hayır, tıbbi yardım almaya gerek görmüyorum.

Diğer

**9c) Geçmişte bir fiziksel sağlık sorunu yaşadınız mı?**

Evet (Lütfen belirtiniz: )

Hayır

**9d) Evet ise, geçmişte bu konuda tıbbi bir yardım aldınız mı?**

Evet, tıbbi yardım adım ve tedavi sürecini yarıda bıraktım.

Evet, tıbbi yardım adım ve tedavi sürecimi tamamladım.

Hayır, yardım almam gerektiğini biliyordum ama almadım.

Hayır, tıbbi yardım almaya gerek görmedim.

Diğer

**9e) Fiziksel sağlık sorunlarınızla ilgili ilaç kullanıyor musunuz?**

(evet, düzenli / evet, düzensiz / önerildi ama kullanmıyorum / önerilmedi)

**9f) Bir fiziksel sağlık sorununuz için tıbbi yardım almadıysanız bu kararınızda sizce aşağıdakiler ne kadar etkili oldu?**

	1	2	3	4	5
Maddi imkânsızlık					
Uygun yardım kaynağına ulaşamama					
Kişilere / kurumlara güvensizlik					
İşe yarayacağına inanmama					
Teşhis ya da tedavi ile ilgili korkular / kaygılar					
Geçmiş olumsuz deneyimler					
Diğer _____					

**10a) Şu anda herhangi bir ruh sağlığı sorunuz var mı?**

Evet (Lütfen belirtiniz: )

Hayır

**11b) Evet ise, şu anda bu konuda profesyonel bir yardım alıyor musunuz?**

Evet, bir ruh sağlığı uzmanından yardım alıyorum.

Hayır, yardım adım ve süreci yarıda bıraktım.

Hayır, yardım adım ve süreci tamamladım.

Hayır, yardım almam gerektiğini biliyorum ama almıyorum.

Hayır, yardım almaya gerek görmüyorum.

Diğer

**11c) Şu anda bu konuda profesyonel bir yardım alıyorsanız, lütfen aşağıdaki seçeneklerden uygun olanları işaretleyin (ikisini de işaretleyebilirsiniz).**

Bir klinik psikologla görüşüyorum.

Ne zamandır sürüyor? \_\_\_\_ yıl \_\_\_\_ ay

Ne sıklıkta görüşüyorsunuz? (düzensiz / haftada 1 / haftada 2 / haftada 3+)

Bir psikiyatrla görüşüyorum.

Ne zamandır sürüyor? \_\_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüşüyorsunuz? (düzensiz / haftada 1 / haftada 2 / haftada 3+)

İlaç kullanıyor musunuz? (evet, düzenli / evet, düzensiz / önerildi ama kullanmıyorum / önerilmedi)

**11d) Geçmişte bir ruh sağlığı sorunu yaşadınız mı?**

Evet (Lütfen belirtiniz: )

Hayır

**11e) Evet ise, geçmişte bu konuda profesyonel bir yardım almış mıydınız?**

Evet, yardım adım ve sürecim sonlandı.

Evet, yardım adım ve süreci yarıda bıraktım.

Hayır, yardım almam gerektiğini biliyordum ama almadım.

Hayır, yardım almaya gerek görmedim.

Diğer

**11e) Geçmişte bu konuda bir profesyonel yardım aldıysanız lütfen aşağıdaki seçeneklerden uygun olanları işaretleyin.**

Bir klinik psikologla görüştüm.

Ne kadar sürdü? \_\_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüştünüz? (düzensiz / haftada 1 / haftada 2 / haftada 3+)

Bir psikiyatrla görüştüm.

Ne kadar sürdü? \_\_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüştünüz? (düzensiz / haftada 1 / haftada 2 / haftada 3+)

İlaç kullandınız mı? (evet, düzenli / evet, düzensiz / önerildi ama kullanmıyorum / önerilmedi)

**11f) Bir ruh sağlığı sorununuz için profesyonel yardım almadıysanız bu kararınızda sizce aşağıdakiler ne kadar etkili oldu?**

	1	2	3	4	5
Maddi imkânsızlık					
Uygun yardım kaynağına ulaşamama					
Kişilere / kurumlara güvensizlik					
İşe yarayacağına inanmama					
Süreç ile ilgili korkular / kaygılar					
Geçmiş olumsuz deneyimler					
Diğer _____					

**Appendix C: The Scale of Attitudes Toward Seeking Psychological Help – Shortened (ASPH-S.)**

**Açıklama:** Aşağıda psikolojik yardımla ilgili, çeşitli cümleler yazılmıştır. Her bir cümleyi okuyarak, bu fikre ne ölçüde katıldığınızı yan taraftaki ilgili paranteze (X) işareti koyarak belirtiniz. Cümlelerin tek bir doğru veya yanlış cevabı yoktur. Sizden beklenen kendi görüşlerinizi samimiyetle işaretlemenizdir. Bu çalışmanın sonuçları bilimsel bir araştırmada kullanılacaktır. Vakit ayırıp, özen göstererek destek sağladığınız için teşekkür ederim.

	Tamamen Katılıyorum	Oldukça Katılıyorum	Kararsızım	Pek Katılmıyorum	Kesinlikle Katılmıyorum
1. Psikolojik rahatsızlığım kendiliğinden geçmiyorsa, psikolojik yardım almak benim için bir çözümdür.	( )	( )	( )	( )	( )
2. Danışacağım uzmanım benim ruh sağlığı bozuk bir kişi olduğunu düşünmesinden çekinirim.	( )	( )	( )	( )	( )
3. Psikolojik yardım alarak, ruhsal sıkıntılarımın nedenini anlayabilirim.	( )	( )	( )	( )	( )
4. Yakın bir arkadaşım, benden ruhsal problemi ile ilgili olarak fikrimi sorduğunda, psikolojik yardım almasını önerebilirim.	( )	( )	( )	( )	( )
5. Kendimi çok rahatsız hissedersen psikolojik yardım isteyebilirim.	( )	( )	( )	( )	( )



6. Gerektiğinde, duygusal sorunların çözümüne yardımcı olması için, kişisel sınırlarımı bir uzmana açabilirim.	( )	( )	( )	( )	( )
7. Kişi psikolojik yardım alarak, yıpratıcı duygularıyla nasıl baş edebileceğini öğrenebilir.	( )	( )	( )	( )	( )
8. Ruhsal sorunlarımın olduğunun duyulması beni utandırır.	( )	( )	( )	( )	( )
9. Psikolojik yardım, kişinin sorunlarla başa çıkma gücünü yükseltir.	( )	( )	( )	( )	( )
10. Psikolojik yardım alarak, duygularımı gözden geçirebilecek güvenli bir ortam bulabilirim.	( )	( )	( )	( )	( )
11. Psikolojik yardım alan kişinin diğer insanlarla iletişimi kolaylaşır.	( )	( )	( )	( )	( )
12. Hakkımda söyleneceklerden dolayı, psikolojik yardım almaktan çekinirim.	( )	( )	( )	( )	( )
13. Psikolojik yardım, kişinin kendine saygısını azaltır.	( )	( )	( )	( )	( )
14. Bir uzmanla sorunlar hakkında konuşmak, duygusal çatışmalardan kurtulmanın etkili bir yoludur.	( )	( )	( )	( )	( )
15. Yaşamımda karşılaşılabileceğim duygusal bir krizi psikolojik yardımla atlatabileceğime inanıyorum.	( )	( )	( )	( )	( )
16. Kişi, çevresiyle ilişkilerinin zarar görmesini istemiyorsa, ruhsal bir tedavi gördüğünü onlardan saklamalıdır.	( )	( )	( )	( )	( )

17. Ruhsal tedavi gördüğü bilinen kişi, arkadaşlarımı kaybetmeye mahkumdur.	( )	( )	( )	( )	( )
18. Eğer bir ruhsal bozukluğum olduğunu düşünürsem, ilk yapacağım şey, profesyonel yardım almak olacaktır.	( )	( )	( )	( )	( )

## Appendix D: The Short Form of The Five-Factor Narcissism Inventory (FFNI-SF)

Değerli Katılımcı, Bu ölçek 60 maddeden oluşmaktadır. Her bir madde 1 ile 5 arası puanlanmaktadır. Lütfen her bir maddeyi dikkatlice okuyunuz ve sizi en iyi tanımlayan seçeneği işaretleyiniz. Doğru ya da yanlış cevap yoktur. Sizden beklenen içtenlikle cevap vererek bilimsel bir çalışmaya yardımcı olmanızdır. Lütfen bütün sorularla ilgili görüşlerinizi ifade ediniz.

	Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1. Aşırı hırslı biriyimdir.	1	2	3	4	5
2. Başkaları çok övündüğümü söylerler ama söylediğim her şey doğrudur.	1	2	3	4	5
3. Liderlik yapmak benim için kolaydır.	1	2	3	4	5
4. Birileri bana iyilik yaptığında, acaba benden ne istiyorlar diye merak ederim.	1	2	3	4	5
5. Özel muamele görmeyi hak ediyorum.	1	2	3	4	5
6. Başkalarını eğlendirmekten büyük zevk alırım.	1	2	3	4	5
7. İlerlemek için insanlardan yararlanmak iyi bir şeydir.	1	2	3	4	5
8. Sıklıkla ünlü olmak ile ilgili hayaller kurarım.	1	2	3	4	5
9. İnsanlar beni yargıladığında, bunu hiç umursamam.	1	2	3	4	5
10. Başkalarının ihtiyaçlarını konusunda kaygılanmam	1	2	3	4	5

11.İnsanları manipüle etmede /kullanmada oldukça iyiyimdir.	1	2	3	4	5
12.Kendimden emin olmak için sık sık başkalarının iltifatlarına ihtiyacın varmış gibi 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 kendim 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 motivasyonuna sahibim.	1	2	3	4	5
17.Sadece kendi ayarımdaki insanlarla ilişki kurarım.	1	2	3	4	5
18.Otorite pozisyonu alma konusunda kendimi rahat 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 düşündüğü gerçekten umursamam.	1	2	3	4	5
25.Başkalarının dertlerini genelde fazla ilgi göstermem.	1	2	3	4	5
26.İnsanları bir şeyler yaptırmak için yönlendirebilirim.	1	2	3	4	5
27.Benlik duygum istikrarlıdır.	1	2	3	4	5
28.Doğru muamele görmediğimde aşırı öfkelendiğim zamanlar olmuştur.	1	2	3	4	5
29.Başkalarının önünde küçük düşürüldüğümde berbat hissederim.	1	2	3	4	5
30.Gözü pek biriyimdir.	1	2	3	4	5
31.Büyük biri olmayı arzularım.	1	2	3	4	5

32.Benden daha aşağı kişilerle takılarak zamanımı boşa harcamam.	1	2	3	4	5
33.İnsanlar genellikle benim liderliğimi ve otoritemi takip ederler.	1	2	3	4	5
34.İnsanlara güvenme konusunda temkinliyimdir	1	2	3	4	5
35.Adaletsiz gibi gözükebilir ancak ihtimam, imtiyaz ve ödül gibi ayrıcalıkları hak ediyorum.	1	2	3	4	5
36.Bir parti ya da toplantıda en popüler kişi olmaktan hoşlanırım.	1	2	3	4	5
37.Başarıya ulaşmak için bazen diğer insanları kullanmanız gerekir.	1	2	3	4	5
38.Başarıyla tanınmış biri olmayı nadiren hayal ederim.	1	2	3	4	5
39.Başkalarının eleştirilerine karşı oldukça kayıtsızımdır.	1	2	3	4	5
40.Sempati duygum zayıftır.	1	2	3	4	5
41.Eninde sonunda benim dediğim olur.	1	2	3	4	5
42. Hayatta yeterince başarıya ulaşıp ulaşamayacağım hakkında kendimi oldukça güvensiz hissederim.	1	2	3	4	5
43. Hak ettiğim şeyi alamamak beni gerçekten çok öfkeliendirir.	1	2	3	4	5
44. İnsanlar beni yargıladığında utanırım.	1	2	3	4	5
45.Heyecan verici bir şey yapmak için yaralanmayı göze alabilirim.	1	2	3	4	5
46. Başarılı olmaya motiveyimdir.	1	2	3	4	5
47. Üstün bir insanım.	1	2	3	4	5
48. Çoğu durumda sorumluluk almaya eğilimliyimdir.	1	2	3	4	5
49. Sık sık diğerlerinin bana gerçeğin tamamını söylemediğini düşünürüm.	1	2	3	4	5
50. Özel muamele görmeyi hak ettiğime inanırım.	1	2	3	4	5
51. İnsanları eğlendirmeye bayılırım.	1	2	3	4	5
52. Kendi hedeflerime ulaşmada diğerlerini kullanmaya istekliyimdir	1	2	3	4	5
53. Bir gün benim adımla insanların çoğunun bileceğine inanıyorum.	1	2	3	4	5

54. Başkalarının benim hakkımdaki görüşlerini çok az umurumdadır	1	2	3	4	5
55. Başkalarının acıları beni üzmez.	1	2	3	4	5
56. İnsanlara istediklerimi yaptırmam kolaydır.	1	2	3	4	5
57. Keşke başkalarının benim hakkımdaki düşüncelerini bu kadar umurumda olmasaydı	1	2	3	4	5
58. İnsanlar bana saygısızlık ettiğinde tepem atar.	1	2	3	4	5
59. Başkalarının önünde bir hata yaparsam kendimi aptal gibi hissederim.	1	2	3	4	5
60. Riskli ya da tehlikeli şeyler yapmaktan hoşlanırım.	1	2	3	4	5

## Appendix E: Benign and Malicious Envy Scale (BeMas)

Aşağıda, bir başkasının üstün özellik, başarı ve varlığına (mal, çocuk vb.) sahip olmadığınızı düşündüğünüz ve bu üstünlüğü elde etmeyi arzuladığınız ya da diğerinin bu üstünlüğü kaybetmesini istediğiniz durumlarla ilgili maddeler yer almaktadır. Lütfen her maddeye ne derecede katıldığınızı verilen ölçeği kullanarak değerlendiriniz.

Anket sorularının doğru ya da yanlış cevabı yoktur. Aklınıza ilk gelen cevabı tereddüt etmeden işaretleyiniz.

Kesinlikle Katılmıyorum ① ② ③ ④ ⑤ ⑥ Kesinlikle Katılıyorum

Cevabınız

1. Başkalarını kıskandığımda, gelecekte nasıl onlar kadar başarılı olabileceğime odaklanırım.  
① ② ③ ④ ⑤ ⑥
2. Benden üstün olan insanların üstünlüklerini kaybetmelerini isterim.  
① ② ③ ④ ⑤ ⑥
3. Başka birinin benden daha iyi olduğunu fark edersem, kendimi geliştirmeye çalışırım.  
① ② ③ ④ ⑤ ⑥
4. Başkalarını kıskanmak hedeflerimi gerçekleştirme konusunda beni motive eder.  
① ② ③ ④ ⑤ ⑥
5. Kendim için istediğim bir şeye başkaları sahipse, onu ellerinden almak isterim.  
① ② ③ ④ ⑤ ⑥
6. Kıskandığım insanlara kötü duygular beslerim.  
① ② ③ ④ ⑤ ⑥
7. Başkalarının üstün başarılarına ulaşmak için çabalarım.  
① ② ③ ④ ⑤ ⑥
8. Kıskançlık hissi karşımdaki kişiye antipati duymama yol açar.  
① ② ③ ④ ⑤ ⑥

9. Birisi daha üstün özelliklere, başarılarla, ya da varlığa sahipse onları kendim için elde etmeye çalışırım.

① ② ③ ④ ⑤ ⑥

10. Başkalarının başarılarını gördüğümde onlara içerler ve öfkelenirim.

① ② ③ ④ ⑤ ⑥



## Appendix F: Defense Style Questionnaire (DSQ)

**NOTE:** Only item 6, item 10, item 11, item 13, item 20, item 21, item 23, item 24, item 29, and item 36 will be applied in the study.

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi çarpı şeklinde (X) işaretlemek suretiyle gösteriniz.

Örnek:

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

6. İnsanlar bana kötü davranmaya eğilimliler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

10. İnsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yeteneğimle gurur duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

11. Bir şey canımı sıktığında, çoğu kez düşüncesizce ve tepkisel davranırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

13. Çok tutuk bir insanım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

20. Kırıldığımda açıkça saldırgan olurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

21. Her zaman, tanıdığım birinin koruyucu melek gibi olduğunu hissedirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

23. Patronum beni kızdırsa, ondan hıncımı çıkarmak için ya işimde hata yaparım ya da işi yavaşlatırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

24. Her şeyi yapabilecek güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdığım var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

29. Hayatta, haksızlığa uğruyor olduğuma eminim

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

36. Ne kadar yakınırırsam yakınayım, hiçbir zaman tatmin edici bir yanıt alamıyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

## Appendix G: Trust in Relations Scale

Aşağıdaki ifadelerin her birinin size ne derece uyduğunu, yanındaki kutucuklarda yer alan “1= Bana Hiç Uygun Değil” ile “5= Bana Tamamen Uygun” arasındaki rakamlardan yalnızca birinin üstüne (X) işareti koyarak gösteriniz.

(1) *Bana Hiç Uygun Değil* (2) *Bana Uygun Değil* (3) *Bana Biraz Uygun* (4) *Bana Oldukça Uygun* (5) *Bana Tamamen Uygun*

1	Sıkıntılı dönemlerde bana destek olabilecek insanlar	1	2	3	4	5
2	Güvenebileceğim arkadaşlarım var.	1	2	3	4	5
3	Hayatımda değer verdiğim insanlar var.	1	2	3	4	5
4	Sıkıntılı durumlarda derdimi paylaşabileceğim birini	1	2	3	4	5
5	Çevremde beni önemseyen insanlar var.	1	2	3	4	5
6	Çevremdekiler bana sırlarını anlatabileceklerini	1	2	3	4	5
7	Olduğum gibi görünürüm ve olduğum kişi gibi	1	2	3	4	5
8	Dürüst bir insanım.	1	2	3	4	5
9	Çevremdekilere içten ve samimi davranırım.	1	2	3	4	5
10	Çevremdeki insanlar bana güvenir.	1	2	3	4	5

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

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


**Başvuru Sahibi / Applicant:** İlayda Mutlu

**Proje Başlığı / Project Title:** Understanding the Relationship Between Help  
Receiving Attitudes and Personality Characteristics Among Adults in Turkey

**Proje No. / Project Number:** 2020-20024-19

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

Değerlendirme Tarihi / Date of Evaluation: 20 Ocak 2020

  
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