

THE RELATIONSHIP BETWEEN THE TYPES OF NARCISSISM AND
PSYCHOLOGICAL WELL-BEING: THE ROLES OF EMOTIONS AND
DIFFICULTIES IN EMOTION REGULATION

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ABSTRACT

THE RELATIONSHIP BETWEEN THE TYPES OF NARCISSISM AND PSYCHOLOGICAL WELL-BEING: THE ROLES OF EMOTIONS AND DIFFICULTIES IN EMOTION REGULATION

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The aims of this study were (1) to examine the possible effects of age and gender on the subtypes of narcissism, emotions, emotion regulation difficulties, and psychological well-being; (2) to examine the variables associated with emotions, emotion regulation difficulties, and psychological well-being; and (3) to investigate the mediating role of emotions and emotion regulation difficulties between the subtypes of narcissism and psychological well-being. To achieve these aims, 559 participants aged 18 to 75 took part in this study. The results revealed that grandiose narcissism was positively associated with pride, impulsivity and strategies domains of difficulties in emotion regulation. Except pride and anger control, vulnerable narcissism was positively associated with emotions and emotion regulation difficulties. From emotions, shame and anger-in were found to be associated with the difficulties in controlling impulses and finding effective strategies while the feeling of pride was associated with the low levels of emotion regulation difficulties.

Vulnerable narcissism was positively associated with psychopathological symptoms and negatively associated with satisfaction with life. Grandiose narcissism and pride were found to be positively associated with satisfaction with life. Finally, shame, anger, emotion regulation difficulties, and pride had mediator roles in the relationship between vulnerable narcissism and psychopathological symptoms. Anger, difficulties in emotion regulation, and pride also mediated the relationship between grandiose narcissism and psychopathological symptoms. Pride mediated the relationship between both narcissistic subtypes and satisfaction with life. Therefore, these emotions and emotion regulation difficulties seem to have an importance in the understanding of narcissistic subtypes and their relation to psychological health.

Keywords: Narcissistic Subtypes, Emotions, Emotion Regulation Difficulties, Psychological Health

ÖZ

NARSİSİZM TÜRLERİ VE PSİKOLOJİK İYİLİK HALİ ARASINDAKİ İLİŞKİ: DUYGULARIN VE DUYGU DÜZENLEME GÜÇLÜKLERİNİN ROLÜ

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Bu çalışma, (1) yaş ve cinsiyetin narsisizmin alt türleri, duygular, duygu düzenleme güçlükleri ve psikolojik iyilik hali üzerindeki olası etkilerini incelemeyi; (2) duygular, duygu düzenleme güçlükleri ve psikolojik iyilik hali ile ilişkili değişkenleri belirlemeyi ve (3) narsisizmin alt türleri ile psikolojik iyilik hali arasındaki ilişkide duyguların ve duygu düzenleme güçlüklerinin aracı rolünü araştırmayı amaçlamaktadır. Bu amaçla, çalışmaya yaşları 18 ve 75 arasında değişen 559 katılımcı katılmıştır. Araştırmanın bulguları, büyüklenmeci narsisizm ile gurur ve duygu düzenleme güçlüklerinden dürtüsellik ve stratejiler alanlarının alakalı olduğunu göstermiştir. Kırılgan narsisizm ise gurur ve öfke kontrolü dışındaki duygular ve duygu düzenleme güçlükleri ile pozitif yönde bir ilişki göstermiştir. Duygular içinden, utanç ve içe atılan öfkenin dürtüleri kontrol etmede ve etkili duygu düzenleme yöntemleri bulmada güçlüklerle alakalı olduğu gözlenmiştir. Gurur duygusu ise duygu düzenleme güçlükleri ile negatif yönde bir ilişki göstermiştir.

Bunun yanı sıra, sonuçlar kırılğan narsisizmin psikopatolojik belirtiler ile pozitif, yaşam doyumu ile negatif yönde bir ilişki gösterdiğini ortaya çıkarmıştır. Büyüklenmeci narsisizmin ise yüksek yaşam doyumu ile alakalı olduğu bulunmuştur. Son olarak, utancın, öfkenin, gururun ve duygu düzenlemedeki güçlüklerin, kırılğan narsisizm ve psikopatolojik belirtiler arasındaki ilişkide aracı bir role sahip olduğu ortaya çıkarılmıştır. Öfke, gurur ve duygu düzenleme güçlükleri büyüklenmeci narsisizm ile psikopatolojik belirtiler arasındaki ilişkide de aracı bir rol oynamıştır. Gurur duygusu ayrıca hem kırılğan hem büyüklenmeci narsisizmin yaşam doyumu ile olan ilişkisinde aracı bir rol oynamıştır. Sonuç olarak, bu duyguların ve duygu düzenleme güçlüklerinin narsistik alt türleri ve onların psikolojik sağlık ile olan ilişkisini anlamakta önemli bir yere sahip olduğu görülmektedir.

Anahtar Kelimeler: Narsistik Alt Türler, Duygular, Duygu Düzenleme Güçlükleri, Psikolojik Sağlık

To My Dear Family

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CHAPTER 1

INTRODUCTION

The relationship between personality and well-being has long been studied in the literature. The vast majority of research is concerned with how these two constructs relate to each other. Although there is no consensus about this issue, most research highlighted the role of personality in predicting psychological health (DeNeve & Cooper, 1998; Steel, Schmidt, & Shultz, 2008). Personality is defined as the composition of one's enduring traits and special characteristics that make the person different from others in some ways and similar to them in other ways (Feist & Feist, 2008). In other words, it reflects a person's typical way of feeling, thinking, acting, and connecting with others. A complete psychological health is defined as a state of well-being including not only the absence of negative emotional state or lack of extreme distress but also the existence of positive affect and gratification with living (Keyes, 2005). Reizenzein and Weber (2009) stated that particular personality traits make individuals prone to experience specific emotions and influence how individuals deal with these emotions.

In this current study, the association of grandiose and vulnerable narcissistic personality traits with psychological well-being through emotions (i.e., shame, guilt, pride, anger, anger-in, anger-out, and anger control) and emotion regulation difficulties will be investigated. In the first section of introduction, theoretical background of narcissism and divergence of narcissistic subtypes will be reviewed. In the second part, studies indicating the relationship between these subtypes and psychological well-being will be explained. In the third part, the associations of self-conscious emotions and anger with psychological symptoms and subjective well-being will be presented. The fifth part will explain the link between emotion dysregulation and psychological health. In the final part, the role of those emotions and difficulties in emotion regulation will be described.

1.1. The Conceptualization of Narcissism

The meaning of narcissism is historically rooted in one of the well-known myths of Roman poet Ovid, Narcissus and Echo. Narcissus is a fabulous boy who is admired by girls and even nymphs; however, he is so arrogant that he does not like anyone. Echo, on the other hand, is a mountain nymph who is cursed by goddess Hera because of her talkativeness. With the curse upon her, she can only talk by repeating the words of others. When Echo comes across with Narcissus, she desperately falls in love with him; however, Narcissus harshly rejects her. After that, Echo gets deeply in sorrow and fades away deep in forest. Narcissus, on the other hand, is punished as being stuck on his own reflection with admiration by gods because of his cruelty. Inspired from this epic story, narcissism is mostly conceptualized with arrogance, coldness, or selfishness. Although such portrait of narcissism is tentative, it reflects grandiosity as the core feature of the construct. The theoretical perspectives and the growing body of research on this area may contribute to the broader understanding of the meaning and expression of narcissism.

The emergence of narcissism is traced back to late 1800s. Despite its long history, the debates and confusion about the conceptualization of narcissism still continues. In the early writings, narcissism was configured based on the clinical observations and experiences of psychoanalysts. Freud (1914) attracted attention to the concepts of primary and secondary narcissism with his essay "On narcissism: an introduction" (as cited in Crockatt, 2006). Freud (1914) used the term primary narcissism to indicate a developmental process in which the psychic energy is directed to the self; the infant preoccupies with himself and ignores the outside world (as cited in Crockatt, 2006). According to Freud, primary narcissism is a universal state which later on enables bonding with objects outside the self (as cited in Crockatt, 2006). Secondary narcissism, on the other hand, was described as a deviation in which libidinal energy is invested into one's own body despite having capacity for loving others (Freud, 1914; as cited in Crockatt, 2006). Although the work of Freud is influential, his claims about narcissism are vague and do not clearly explain what narcissism is and how it is displayed.

After Freud, two prominent theorists, Heinz Kohut and Otto Kernberg, elaborated the concept and made significant contributions to the understanding of narcissism. Diverged from classical drive theory, Kohut explained narcissism from the perspective of self-psychology. Unlike Freud who comprehended narcissism as being obsessed with the self, Kohut believed that narcissism emerges from the relationship established with an object with whom the infant integrates his/her self (self-object) (Son, 2006). Kohut (1971) stated that during early development infants enter into two narcissistic phase named as "grandiose self" and "idealized parent image" (as cited in Russell, 1985, p. 143). In the first phase, child feels that she/he has unlimited power to achieve everything and expects recognition, adoration, and praise from outside (as cited in Russell, 1985). In the second phase, on the other hand, omnipotence is acquired through the identification with a "perfect" self-object which helps the child tolerate distress (as cited in Russell, 1985, p. 144). According to Kohut (1971) these primitive stages of development are converted into more adaptive and healthy kind of narcissism through sensitive, supportive, and empathic insight of the caregiver. As the child gets older, he/she understands the extension of his/her power and the grandiose self turns into more realistic self-concept (as cited in Russell, 1985). Similarly, the acceptance of the parents' limitations makes the child appreciate others' accomplishments and get pleasure from his/her own performance (as cited in Russell, 1985). Kohut suggested that intolerable failure in parenting may leave child's narcissistic needs unmet and may lead to the development of a narcissistic pathology in which the person alternates between the over-valued and devalued self states, needs self-objects to exert his/her grandiosity, and feels contingent upon others' appraisal to be worthy (as cited in Mclean, 2007). Hotchkiss (2005) described Kohut's narcissistic character as a "pitiful, needy, depressed person with low-self-esteem, a deep sense of uncared-for worthlessness and rejection, and a hunger for response and reassurance" (p. 131). Hence, Kohut's conception about narcissism contributed to the understanding that narcissism is relational in nature, it harbors all of us to some extent; however, the degree of vulnerability depends on the severity of the frustration experienced during childhood.

Kernberg, on the other hand, suggested a different formulation for the narcissistic personality. Instead of putting it into a normal developmental line,

Kernberg (1975) defined it as a pathological character organization centered on a "grandiose self" (p.316) (as cited in Russell, 1985). Kernberg (1975) asserted that grandiose appearance develops as a defense or mask to cover and cope with the tension arising from the mother's and/or caregiver's rejection, indifference, and distance (as cited in Russel, 1985). According to Kernberg (1975), the grandiose self is fueled by an unconscious rage and envy (as cited in Russel, 1985). Hotchkiss (2005) and Goldstein (1985) characterized Kernberg's narcissistic personality as a person showing excessive preoccupation with himself, having a distorted self-image enclosed with grandiosity and entitlement, having problematic relationships, using others for self-aggrandizement, and feeling dissatisfied with life unless glorified by others. Thus, Kernberg draws overtly assertive and domineering but covertly vulnerable portrait of narcissistic pathology.

Although they share common grounds by highlighting the vulnerable and grandiose features of a narcissistic character, Kohut and Kernberg draw rather a different portrait of narcissism in terms of etiology and phenotype. Such controversy between these two theorists encouraged the subsequent clinicians and researchers to elaborate the concept. Bach (1977) argued that people having narcissistic personality experience conflicting self states in which they keep undesirable parts apart from consciousness (cited in Akhtar & Thomson, 1982). For example, a person having overt grandiose traits may inwardly experience a sense of weakness or shyness. From a similar perspective, Bromberg (1983) proposed that for narcissistic individuals the ultimate purpose of life is the continuity of well-being sustained through the grandiose self which mask the angry, hateful, and envious self. Švrakić (1990) also emphasized the weak self-esteem underlying the grandiose character. Švrakić (1990) stated that persistency of the grandiose self later in life interrupts the development of a mature superego and realistic self-esteem hence make the individual dependent upon external approval for boosting his/her self-esteem. In the absence of these external resources, narcissistic person enters into a completely different state marked with inferiority, pessimism, envy, aggression, depressed mood, and emptiness (Švrakić, 1990). Therefore, in clinical theory, theorists and clinicians mostly stressed the duality and the paradoxical nature of narcissism.

The description of narcissistic character stressed by Kohut and Kernberg and the elaboration of the concept by subsequent researchers led the inclusion of narcissistic personality disorder (NPD) in the third revision of Diagnostic and Statistical Manual of Mental Disorders for the first time (DSM-III; American Psychiatric Association [APA], 1980). In this version, the diagnostic criteria for NPD were mostly based on the works of Kohut and Kernberg (Goldstein, 1985); thus, both grandiose and vulnerable aspects of narcissism were emphasized. Diagnosis of NPD in DSM-III encompassed the criteria related to the feelings of specialness, having omnipotent fantasies, attracting others' attention and admiration, feelings of anger, inadequacy, disgrace, boredom in the face of others' attacks or disapproval, and experiencing problems in interpersonal relationships due to the exploitative and entitled acts, lack of empathy or sharp fluctuations between idealization and devaluation of others. In subsequent revisions of DSM, however, grandiose characteristics of the disorder were highlighted while some theoretically relevant criteria were excluded due to their overlap with other personality disorders (Cain, Pincus, & Ansell, 2008). Thus, its accordance with theoretical conceptualization decreased.

Recognition of narcissistic personality as a disorder has also extended the study of narcissism in the area of social and personality psychology. In this field, narcissism has been defined as a dimensional construct in which only its extreme forms are assumed as pathological (Miller & Campbell, 2008) and it has been mostly measured with the help of Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). NPI describes narcissism in terms of grandiose features such as authority, exhibitionism, superiority, vanity, exploitativeness, entitlement, and/or self-sufficiency (Raskin & Terry, 1988). The results of studies conducted with NPI indicated its steady positive association with self-esteem (e.g., Emmons, 1984; Pincus et al. 2009; Sedikides, Rudich, Gereg, Kumashiro, & Rusbult, 2004). Similarly, Campbell, Rudich and Sedikides (2002) showed that high NPI scorers perceived themselves favorably in terms of agency. Moreover, Sedikides et al. (2004) indicated that having high scores from NPI was positively related to the indicators of healthy psychological functioning. Although such findings distinctly contradict with the portrait drawn by clinical theories, there are some other findings

which seem in accordance with the observations of clinicians. Morf and Rhodewalt (2001) proposed a dynamic self-regulatory model to explain the paradoxical nature of narcissism. In this model, they argued that grandiose characteristics of narcissists lean on a fragile self-concept and due to this fragile grounding they seek reassurance from others. To achieve it they reconstruct the internal and interpersonal processes in a way they can bolster their grandiosity. In support of this model, Zeigler-Hill (2006) found that people having narcissistic traits were more likely to experience discrepancy between implicit and explicit self-esteem. That is, they had high explicit but low implicit self-esteem. Bushman and Baumeister (1998) also highlighted the fragile self-esteem underlying grandiose sense of self by indicating the aggressive and hostile responses of narcissists when face with an ego threatening situation. Although, the conflict between clinical and social/personality in the understanding of narcissism still continues, Miller and Campbell (2008) stated that it can be resolved if narcissism is perceived as a dimensional construct and if different expressions and/or types are taken into consideration. In the current study, narcissism was conceptualized as a dimensional trait and both grandiose and vulnerable facets were taken into account.

1.1.2. The Subtypes of Narcissism

The confusion with respect to the conceptualization of narcissism may result from in part the complex nature of the concept. Throughout its long history, different forms of narcissism were described. Kohut and Wolf (1978), for example, introduced five different variants of narcissistic personality namely, mirror-hungry, ideal-hungry, alter-ego, merger-hungry, and contact-shunning personalities. The first three of these personalities represent people who are in search of self-objects satisfying their grandiose, exhibitionistic, and un nourished part of the self. While the last two of these characters portray more pathological variants. From a different point of view, Millon (1996) suggested four narcissistic types labeled as unprincipled, amorous, elitist, and compensatory (as cited in Holdren, 2004). Each of these types represents different characteristics of narcissism while they also encompass attributes of other personality types. For instance, the unprincipled type includes characteristics

of narcissistic and antisocial personality together such as entitlement, grandiosity, and disregard of others. The combination of histrionic and narcissistic personality traits reflects amorous individuals, who sustain their self-esteem through sexually seductive acts and callous way of behaving. The characteristic portrait of narcissism is displayed by the elitist narcissists who have an inflated, egotistic self-image. The compensatory narcissistic type encompasses the features of narcissistic and avoidant personality. It illustrates the individuals who are overly sensitive to the subtle signs of rejection due to their fragile, weak, and low self-esteem and tries to compensate it by acting in a narcissistic manner. Such diverse grouping of the narcissistic personalities supports the idea that narcissistic traits can appear in distinct forms.

Akhtar and Thomson (1982) proposed that individuals with narcissistic personality display some characteristics apparently while experience and sense others in a latent way. Based on readily observable features, subsequent clinicians and researchers highlighted two main forms of narcissistic character namely, grandiose or overt and vulnerable or covert. Gabbard (1989) depicted two subtypes of narcissism, oblivious and hypervigilant. He stated that despite their inherent resemblance, these two subtypes differ from each other in the ways of forming and sustaining relationships with others including therapists. He described oblivious narcissists as self-centered, egotistic, and indifferent to others' opinions, emotions, or responses. Individuals having hypervigilant traits, in contrast, are introvert, modest, fearful, overly sensitive to reactions of others, and vigilantly alert to disapproval of others. Masterson (1993) was also suggested two forms of narcissists namely, exhibitionistic and closet. He explained that both have the same internal representation of grandiose-self and omnipotent-object; however, they prefer different paths to actualize their ideals. Specifically, he proposed that exhibitionistic narcissists spend most of their energy to an inflated self, struggle to be important, respected, admired, appreciated, and to be seen by others in the same way while closet narcissists gain such sense of being by identifying themselves with an idealized object. Masterson (1993) further argued that exhibitionistic narcissists may detach themselves from the underlying aggressive, inferior self by avoiding, ignoring, or devaluing the painful incidents so that they can protect themselves from psychological distress. However, because the whole essence of closet narcissists is grounded to an external object, they

are unguarded and more vulnerable to depression in the face of an attack. Similarly, Shulman (1986) proposed that there can be two different types of narcissistic patients who overtly and covertly experience and express narcissism. In recent studies, however, the terms, grandiose and vulnerable have been preferred to indicate these two subcategories (e.g., Kealy & Rasmussen, 2012; Krizan & Johar, 2012; Pincus et al., 2009). Grandiose narcissistic individuals are described by the overt characteristics of "arrogance, self-absorption, a sense of entitlement, and reactivity to criticism" (Besser & Priel, 2010, p. 875), while their vulnerable counterparts draw a shy, introvert, shame-prone, anxious, and avoidant portrait (Kealy & Rasmussen, 2012).

The existence of these two subtypes of narcissism was also supported by empirical studies. Wink (1991) analyzed six different self-report measures of narcissism and revealed two main factors (i.e., grandiosity-exhibitionism and vulnerability-sensitivity) encompassing these measures. Wink (1991) showed some similarities of these factors such that both of these factors correlate positively with the characteristics of impulsivity, delay of gratification, disobedience, uniqueness, and obtrusiveness. Some noticeable differences between these factors were also revealed in this study such that individuals having prominently vulnerable narcissistic characteristics distinctively rated themselves as self-protective, emotionally unstable, anxious, and socially withdrawn while people who is grandiosity is at the forefront perceived themselves as impressive, overconfident, social, and independent. However, both type were described as being self-centered, domineering, vain, and disagreeable by their significant others. Multidimensional nature of narcissism was also supported by Rathvon and Holmstrom (1996). Similar to Wink (1991), they examined six narcissism measures and found two factors (i.e., depleted and grandiose) based on the correlation of these measures with MMPI-2 scales. Similarly, Dickinson and Pincus (2003) differentiated NPI scorers into vulnerable and grandiose group based on their similarities on exploitativeness and entitlement domains and their differences on favorable NPI traits. They revealed that despite experiencing mutual interpersonal problems related to controlling and authoritativeness, grandiose narcissists reported lower anxiety in their interpersonal relations as compared to vulnerable narcissists. This finding indicated the

indifference of grandiose narcissists toward their environment and their influences on others. In addition, Miller et al. (2011) reviewed and analyzed the recent measures of narcissism and investigated the correlation of them with some outcome variables. They also found two partially distinct dimensions, grandiose and vulnerable. The results indicated that two forms of narcissism resembled each other in terms of relating with others in a hostile and entitled way. However, these two factors diverged in some personality traits. That is, vulnerability factor showed positive correlation with neuroticism and negative correlation with extraversion while grandiose factor correlated negatively with neuroticism and positively with extraversion. Thus, these studies supported two main subtypes of narcissism exhibiting both similarities and differences.

1.2. Narcissism and Psychological Well-Being

The concept of psychological health has been mostly characterized by the lack of psychopathological symptoms. Such an understanding reflects the traditional model of mental health in which psychological health equates with the absence of a psychological disorder (Wang, Zhang, & Wang, 2011). Although psychological symptoms are one of the important indicators of mental health, relying on only that criterion may be misleading. It was argued that the addition of the components of subjective well-being (e.g., life satisfaction) may provide more comprehensive picture of psychological health (e.g., Keyes, 2005; Suldo & Shaffer, 2008). The relationship between narcissism and psychological health is one of the controversial topics in the literature. Some researchers argued that narcissistic traits protected individuals against psychological distress (Sedikides et al., 2004; Taylor et al., 2003). However, how these two constructs relate to each other may be influenced by the different expressions of narcissism (Rose, 2002).

1.2.1. Subtypes of Narcissism and Psychopathological Symptoms

Grandiose and vulnerable narcissism had differential associations with various psychological symptoms in previous studies such that vulnerable narcissistic

traits mostly indicated poor psychological adjustment (e.g., Miller & Campbell, 2008; Miller et al., 2011). In fact, vulnerable form of narcissism was found to be one of the stronger predictors of internalizing problems (e.g., Tritt et al., 2009; Schoenleber, Sadeh, & Verona, 2011). Miller et al. (2011) revealed that people reporting higher vulnerable narcissistic traits were more likely to show the symptoms of depression, anxiety, somatization, obsession-compulsion, and paranoid thinking. Gordon and Dombek (2010) compared vulnerable and grandiose narcissists in terms of propensity for eating disorders and found that vulnerable narcissists were at higher risk of developing eating disorders mostly because they based their self-worth on bodily appearance. Similarly, Maples et al. (2011) indicated that Japanese women having higher vulnerable narcissistic traits were more likely to display bulimic symptoms. In another study, the emotional responses of vulnerable narcissists toward positive, negative, and neutral feedback were investigated (Malkin, Barry, & Zeigler-Hill, 2011). It was found that individuals having higher levels of vulnerable narcissism experienced higher levels of shame after getting positive and negative evaluation than those getting no feedback. In addition to the internalizing difficulties, there are some findings indicating externalizing behaviors of vulnerable narcissists. Pincus et al. (2009) found a positive link between vulnerable narcissistic traits and homicidal thinking and attempts of suicide without the intention of death. Similarly, Miller et al. (2010) pointed out that vulnerable narcissism was associated only with non-suicidal self-injury among other externalizing behaviors. These findings suggest that the self-concept of vulnerably narcissistic individuals may harbor the elements of fragile, unstable, shame-ridden, and aggressive self.

In terms of personality pathology, vulnerable narcissism was found to be associated with the characteristics of several personality disorders. For instance, Miller et al. (2010) showed the similarity of vulnerable narcissism to borderline personality disorder and secondary psychopathy in terms of high levels of emotional instability and disagreeableness. In fact, vulnerable narcissism and borderline personality displayed almost the same pattern of relations with a variety of outcome measures such as psychological symptoms, early childhood experiences, and affect regulation, although vulnerable narcissism had weaker associations. In another study, vulnerable narcissists were assessed based on the criteria for personality disorders in

DSM-IV-TR and they had the strongest congruity with the characteristics of avoidant personality disorder (Dickinson & Pincus, 2003). On the other hand, Tritt et al. (2009) revealed that vulnerable narcissistic traits continued to be associated with depressive disposition even after anxious tendency was controlled. Thus, it seems that vulnerable narcissism contains the features of borderline, avoidant, and depressive personality organizations.

In contrast to vulnerable narcissism, people having higher levels of grandiose narcissism show more adaptive psychological functioning. Specifically, Sedikides et al. (2004) showed that individuals scoring higher on grandiose narcissism were less likely to experience trait depression, anxiety, loneliness, sadness, and neuroticism. In addition, the researchers indicated that self-esteem explained the link between grandiose narcissism and psychopathological symptoms. However, Rhodewalt, Madrian, and Cheney (1998) revealed that high NPI scorers reported more fluctuations in their self-esteem depending on their daily experiences. In fact, Morf and Rhodewalt (2001) stated that grandiose narcissists engage in interpersonal derogation and cognitive distortions at the expense of sustaining high self-esteem. Baumeister and Vohs (2001) compared the relationship between narcissism and self-esteem to a kind of addiction. They proposed that narcissists yearn for appraisal and adoration from others such that they experience all the stages an addict undergoes. In other words, they desire for glory (craving). After eliciting it, they ask for more (tolerance) and in the absence of positive external stimuli or when they face with an opposite situation, they get furious and display aggressive behaviors (withdrawal). For instance, Morf and Rhodewalt (1998) reported that individuals having high narcissistic traits experienced greater anger and anxiety, and low self-esteem after getting negative feedback about their performance as compared to people having low levels of grandiose traits. These findings, therefore, suggest that although grandiose narcissists report themselves as free of psychological distress, more insightful look sees that they engage in deliberate acts to protect this appearance and have difficulties in regulating self-esteem and emotions in this process.

1.2.2. Subtypes of Narcissism and Subjective Well-Being

In terms of subjective well-being, vulnerably narcissist individuals consistently expressed discontentment about their lives, their romantic relationships, and less frequently experienced positive emotions across studies (e.g., Wink, 1991; Rose, 2002, & Sedikides et al., 2004). Findings for grandiose narcissism are not such straightforward. According to the results of Wink (1991), individuals scoring higher on Grandiosity-Exhibitionism construct were not contented with themselves and their emotional functioning. However, more recent findings suggested a positive link between grandiose narcissism and indicators of subjective well-being (i.e., life satisfaction and positive affect) (e.g., Sedikides et al., 2004; Żemojtel-Piotrowska, Clinton, & Piotrowski, 2014). Rose (2002) found that the high levels of self-esteem that grandiose narcissists possess explained this positive association. Zajenkowski and Czarna (2015) revealed that people having grandiose narcissistic features evaluate their intelligence favorably which later positively influence their life satisfaction. This study also showed that having both grandiose narcissistic features and unfavorable view of intelligence was associated with disturbed mood states and discontentment with life. Considering grandiose narcissists' unstable self-esteem and destructive self-enhancement strategies, understanding how they are able to sustain subjective well-being is important.

1.3 Emotions

Emotions are one of the important factors that play crucial role in the psychological functioning of individuals and perceived as an inseparable unit of personality (Revelle & Scherer, 2009). They activate individuals to act in certain ways. Some of them may drive people to act in problematic ways and may contribute to the development of psychopathological symptoms. Abramowitz and Berenbaum (2007) showed that the feeling of anger and shame uniquely predicted the impulsive-compulsive psychopathology such as excessive eating, drinking, or sexual behaviors. While the experience of some other emotions such as joy, love, or pride provides benefits for psychological, social, and physical well-being of individuals

(Fredrickson, 2001). Therefore, identification of these emotions is important to improve individuals' psychological health. In that respect, self-conscious emotions (i.e., shame, guilt, and pride) and anger, which are considered as central emotions in narcissism (Rhodewalt & Morf, 1998), seemed to be closely related to psychological health of individuals (e.g., Căndea & Szentágotai, 2013; Krug et al., 2008).

1.3.1. Self-Conscious Emotions and Psychological Well-Being

Lewis (1995) stated that self-conscious emotions have a more complex nature as compared to basic emotions. They emerged later in the developmental array approximately at three years of age because they require more advanced cognitive facilities (Lewis, 1995). Specifically, individuals can experience self-conscious emotions as long as they are able to be aware of their own self, they have knowledge about standards, rules, and goals mostly ascribed by their society (e.g., family, friends), and they can compare their own self with these standards (Lewis, 1995). Similarly, Tracy and Robins (2004) suggested that when an event attracts one's attention to the self, some scripts about self are activated (e.g., who I am, what I wish to be, what I should be) and then the person makes quick evaluations. Self-conscious emotions emerge if the person evaluates the event as relevant to his/her self descriptions and if he/she takes over responsibility for occurring of this event. The resulting self-conscious emotion would be positive or negative depending on whether the event coincides with the person's standards, rules, and aspirations (Tracy & Robins, 2004). However, in order to understand what kind of self-conscious emotion would arise, one should look at the nature of the attributions made for the determinants of the event.

It is argued that shame comes to light when the cause of one's action, which falls short of one's self-descriptions, is attributed to the whole self (Lewis, 1995) and unchanging, steady aspects of the self (Tracy & Robins, 2004). Early recollections about shame and recurrent exposure to shame may lead individuals to incorporate it as a trait which later make them prone to feel defective and inadequate in every step they take (Harper, 2011). Lewis (1995) described it as an overwhelming emotion which impels individuals to disappear in a way. In fact, Tangney, Burggraf, &

Wagner (1995) indicated that shame-proneness was closely associated with many psychopathological symptoms including depressive symptomatology. Pineles, Street, and Koenen (2006) also found that people who gave shame related responses to negative incidents were more likely to show somatic, post-traumatic, and psychopathological symptoms. With regard to anxiety symptoms, Schoenleber, Chow, and Berenbaum (2014) revealed that individuals who consider shame as a dreadful feeling were more likely to feel worry and symptoms related to generalized anxiety disorder. The researchers interpreted that worry might be a way of escaping from the intense feeling of shame. Thus, shame seems to be associated with a variety of psychopathological symptoms.

Similar to the shame, guilt also includes negativity about self. However, it is related to specific and unstable attributions that one makes about his/her action (Tracy & Robins, 2004). Therefore, as compared to shame, it is a less intense feeling and it mostly encourages individuals to restore the faulty act (Lewis, 1995). In this regard, guilt may be considered as a favorable emotion. Although it has long been argued that guilt is related to psychological symptoms especially depression, the findings related to this issue is controversial. Fedewa et al. (2005) showed that individuals' current state of guilt was positively linked to maladaptive perfectionist style and anxiety. However, Pineles et al. (2006) showed that guilt-proneness did not show associations with psychopathological symptoms when the shared variance between shame and guilt was controlled. Similarly, Fergus et al. (2010) could not find a relationship between guilt proneness and symptoms of anxiety disorders. Sanftner et al., (1995) conducted a study with young adult women and examined the association of guilt and shame with eating problems. They revealed a negative link between guilt-proneness and eating pathology while a positive relationship between shame and eating pathology was observed. Based on these conflicting findings one may suggest that although a state of guilt may arouse some maladjusted feelings or thoughts at initial state, in the long run, as people learn to cope with this feeling by repairing their acts, its influence on psychological functioning may decrease.

Unlike shame and guilt, pride elicits a positive affective state. It mostly appears after the person perceives his/her action as an achievement (Lewis, 1995) which seems complying with his/her self depictions, goals, or social conventions

(Tracy & Robins, 2004). However, people who attribute their success to self or unchanging aspects of self (hubristic pride) differentiate from people those who attach it to behaviors and unsteady parts of self (authentic pride) in many outcome measures (Tracy & Robins, 2007). Carver and Johnson (2010) examined the correlation of authentic and hubristic pride with many psychological factors such as positive and negative affectivity, aspiration motivation, and impulsivity. They found that people who experience authentic pride were more likely to attain goals with intrinsic motivation, regulate their impulses more effectively, establish good relationship with other people while people having higher hubristic pride tended to long for goals that provide higher status or social admiration; have difficulty in controlling impulses; show anger and aggressive acts; and have interpersonal problems. These researchers, however, also showed that both types of pride were resistant to negative emotional state such as anxiety. Stanculescu (2012) estimated a total pride score including both authentic and hubristic pride and revealed that this total score contributed to both self-esteem and positive affect. Therefore, although hubristic pride results in some personal and interpersonal distress, it also generates some positive psychological outcomes.

1.3.2. Anger and Psychological Well-Being

Anger is another critical emotion that connects uniquely with psychological well-being of individuals. It is defined as a negative affective and cognitive state which is displayed mostly through socially appropriate physical and verbal ways (Kassinove & Sukhodolsky, 1995). Although anger is perceived as a temporary feeling, Spielberger (1983) propounded the concept of trait anger which indicates the frequency of anger experiences over time and anger-prone individuals. Riggs et al. (1992) conducted a study with women who were the victims of a sexual offense and revealed that women having higher levels of anger were more likely to show posttraumatic symptoms. In addition to experience of anger, the reactions given to its experience may be related to diverse outcomes. A study conducted with patients having eating psychopathology and healthy controls showed that patients scored higher on both suppressed anger and angry outbursts as compared to control group

(Krug et al., 2008). Moreover, patients having higher suppressed anger level were more likely to use laxative drugs and attend self-harming behaviors while externalized anger was associated with low levels of suicidal thoughts. Abi-Habib and Luyten (2013) revealed that difficulty in anger control contributed to the severity of depressive symptoms in self-critical people. Hence, expressions of anger as important as anger experiences for the indexes of psychological health.

As being one of the basic emotions, anger is generally conceptualized based on its historic role in the survival of humans by giving a threatening message to others. From a different perspective, Emery (2008) highlighted that anger may also be an intuitive reaction given to the deeply-seated, unconscious painful feelings which help the person detach himself/herself from this distressing state. In support of this view, Tangney et al. (1992) asserted that shame as an overwhelming emotion may alert anger. They conducted two subsequent studies to examine the link between these two constructs and revealed that shame was positively associated with accusing of others, trait anger, and antagonism. In addition to this finding, they showed shame-free guilt was negatively related to these concepts. The researchers commented that anger may reduce the intensity of shame by partially shifting the focus from self to others. Based on her clinical work, Lewis (1971) also argued that clients rarely confessed shame in therapy sessions despite its occurrence. Although they did not acknowledge it, they either show antagonistic attitudes toward therapist or dissociate from the environment following shame experiences. She explained that these reactions may be related with the orientation of anger harboring in shame. That is, if the anger targets self, depression may occur but if it targets others, aggressive acts may occur. From a similar point of view, Elison et al. (2006) indicated that people manage their shame experiences through different ways. They revealed two coping types (i.e., attacking self and attacking others) in which anger plays a crucial role. In attacking self, people are aware of their negative state and orient their anger inside, condemn themselves so that they can prevent it from reoccurring. In attacking others, people may not be aware of the shame state and they cope with directing anger toward others. Collectively, all of these empirical and theoretical studies are in agreement that shame is one of the important motivations behind anger. However,

how it directs shame may be related to individual differences in regulation of emotions.

1.4. Difficulties in Emotion Regulation and Psychological Well-Being

In addition to the experiences of the above mentioned emotions, how individuals respond to them is also important for their psychological health. Although previously the inhibition of negative emotional responses were valued (Zeman & Garber, 1996), Gratz and Roemer (2004) highlighted the importance of being aware of and clear about emotions, accepting them as well as controlling impulsive acts, concentrating on desired goals, and attaining effective strategies to regulate them during a negative emotional state. It was found that successful regulation of emotions for the demands of the situations was positively related to psychological and financial well-being (Côté et al., 2010). However, difficulties in regulating emotions in these areas are related to various psychological outcomes, such as increased rates of self-injury and partner abuse (Gratz & Roemer, 2004).

Impairments in regulating emotions result in different psychopathological outcomes. Haynos et al. (2015) conducted a study with patients diagnosed with anorexia nervosa and examined the relationship between emotion dysregulation, anxiety, and eating problems. They revealed that apart from anxiety, difficulties in emotion regulation uniquely contributed to disordered eating behaviors. Similarly, Brockmeyer et al. (2012) investigated the differences between patients having major depressive disorder and anorexia nervosa in terms of emotion regulation difficulties. Although both groups had more difficulty in handling their emotions as compared to healthy control group, these two groups differentiated from each other in adjusting their emotional responses. In other words, patients with depressive disorder had more difficulty in controlling impulses, focusing on goal-directed tasks, and finding effective strategies in regulating their emotions than those who have anorexia nervosa. Therefore, regulatory difficulties in emotions are likely to trigger problematic behaviors but what kinds of problems would emerge seems to be associated with the aspects in which difficulties are experienced.

Research on this area also shows that some psychological variables are more strongly associated with difficulties in emotion regulation. Fanaj et al. (2015) investigated the predictors of emotion regulation difficulties in an adolescent sample. They found that adolescents with low self-esteem and high hopelessness experienced more difficulty in regulating their emotions. The relationship between borderline personality traits and deficiency in emotion regulation were frequently highlighted in literature. Glenn and Klonsky (2009) showed that after ruling out the effect of negative affective states such as depression or anxiety, difficulties in emotion regulation was still associated with borderline personality traits in college students. Similarly, Stepp et al. (2014) conducted a longitudinal study with borderline patients and revealed that increased levels of emotion regulation difficulties promoted sustaining of borderline personality traits. Besides borderline personality features, impairments in emotion regulation, especially difficulties in accepting emotions, were also associates of other deviant personality traits such as passive-aggressiveness, masochism or sadism (Velotti & Garofalo, 2015). Therefore, difficulties in emotion regulation have a critical role in the onset and maintenance of pathological personality characteristics.

1.5. The Roles of Emotions and Difficulties in Emotion Regulation in the Relationship Between Narcissism and Psychological Well-Being

Shame as a powerful emotion, has an important place in the emergence and course of narcissistic personality. Broucek (1982) argued that grandiose self appears against early experiences of shame and how individuals deal with their shame experiences, either by integrating with the grandiose self or keeping it away from the self, gives direction to the formation of different narcissistic subtypes. Empirical studies consistently showed that vulnerable variant of narcissism was positively related with self-reported shame, indicating vulnerably narcissist individuals adopt consciously a negative view of the self (e.g., Hibbard, 1992; Malkin, Barry, & Zeigler-Hill, 2011; Czarna, 2014). In contrast to theoretical and clinical emphasis on shame underlying grandiose traits, empirical studies revealed a negative link between grandiose narcissism, and shame (e.g., Wright et al., 1989; Montebanocci et al.,

2004). Some argued that grandiose narcissism as indexed by NPI reflects healthy narcissistic traits (Watson et al., 1996) while others asserted that the inverse relationship between narcissism and shame indicates grandiosely narcissist individuals' efforts for preventing the forceful effects of shame (Watson et al., 1996). Tracy and Robins (2004) stated that individuals having grandiose narcissistic style escape from shame underlying narcissistic grandiosity by reducing the relevance of failure to the self, attributing the reasons for failure to the objects outside the self, and generalizing and internalizing the positive outcomes. That is, the experience of shame gives the signals of fragmentation to grandiose narcissists which force them to attend defensive self-regulation.

In this defensive self-regulatory process, grandiose narcissists exaggerate their positive feelings, such as pride and attribute it to the global self (Tracy et al., 2009). Tracy et al. (2009) supported this claim with a study and indicated the positive link between grandiose narcissism and hubristic pride. However, although hubristic pride serves to a regulatory system in grandiose narcissism, the relation of hubristic pride with more pathological functioning in contrast to narcissism indicated that grandiose narcissism is not formed by a full-blown hubristic pride. Through this study, the researchers also revealed that real self-esteem is something different from narcissism. Horvath and Morf (2010) also found that people possessing genuine self-esteem differed from people having grandiose narcissism in the ways they used for self-enhancement. They asked participants to describe themselves by rating the adjectives related to grandiosity and worthlessness. According to results, grandiose narcissists described themselves by giving high ratings to the grandiose adjectives while individuals with authentic self-esteem did it at lesser degree and at the same time they did not find worthless adjectives as compatible with the self. Based on this finding, the researchers concluded that for grandiose narcissists, ultimate goal is to exhibit a shining self whatever the expense of it is; however, individuals with high self-esteem prefer to enhance self via socially valued ways. Pride, therefore, might be a critical emotion in this process. Vulnerable narcissists, on the other hand, were not as good as grandiose narcissists in exploiting rewarding stimuli due to their avoidant style (Tritt et al., 2009). In fact, Czarna (2014) showed that vulnerable narcissists mostly focused on negative aspects of self in a state of self-awareness and thus

experienced shame or guilt instead of pride while their grandiose counterparts had the benefits of feeling pride.

Although pride provides a relief by enlarging the positive experiences of grandiose narcissists, it is hard to sustain this state for a long time because life is full of obstacles, difficulties, and threats. At that point, anger becomes the central feeling for grandiose narcissists. For instance, Rhodewalt and Morf (1998) found that individuals scoring higher on grandiose narcissism respond with greater anger to failure feedback. In another study, Bushman and Baumeister (1998) gave participants the opportunity to display their anger after taking feedback about their performance. Participants with high narcissistic scores showed the most aggressive act toward the person providing negative feedback. Considering these findings, Tracy and Robins (2004) stated that the inherent anger harboring grandiose narcissists indicates an underlying, more powerful feeling, specifically shame, and these attempts (i.e., aggressive acts, blaming others) help them keep away from this feeling. With regard to vulnerable narcissism, the experience, and expression of anger may vary. Okada (2010) indicated that vulnerable narcissists scored high on anger and hostility measures; however, they did report aggression only when their memories were revived via an experimental manipulation and they displayed it covertly by hindering a hypothetical person to achieve his/her goals. Thus, vulnerable narcissists could not allow themselves to explicitly express anger which may damage their psychological health in the long run.

All of the above mentioned emotions seem critical to the narcissistic functioning and may have a key role in the relationship between narcissism and psychological health. For instance, Ghim et al. (2015) conducted a study with adolescents to investigate the role of shame and anger in the relationship between vulnerable narcissism and indirect aggression. They revealed that covert narcissists incorporated shame within themselves. Such an experience of shame led them to cognitively preoccupy with anger which later increased their intention to harm others through indirect ways. Another study carried out with people having psychological disorders showed that shame-proneness inherent in vulnerable narcissists make them prone to suicidal thoughts while it did not have an effect on grandiose narcissists (Jaksic et al., 2015). Although these preliminary findings indicate the mediator roles

of emotions in narcissistic personality, there is not a comprehensive study encompassing all of these emotions and narcissistic subtypes.

Effective emotion regulation gains importance for people having a narcissistic personality structure because the emotions they experience may be a driving force for pathological behaviors. Given-Wilson et al. (2011) found that vulnerable narcissism rather than grandiose narcissism was associated with emotion regulation difficulties and it led vulnerable narcissists to experience problems in their social interactions. Given-Wilson et al. (2011) also showed that grandiose narcissists were eager to seek confirmation from external environment which may indicate a kind of difficulty in modulating their emotions. Similarly, Zhang et al. (2015) reported that vulnerable narcissists had difficulty in regulating emotions while grandiose narcissists were likely to be aware of and clear about their emotions. However, there is not enough research to be conclusive about emotion regulation difficulties of vulnerable and grandiose narcissists and what kind of psychological problems they relate.

1.6. The Aims of the Study

This detailed examination of the literature showed that narcissism is associated with psychological functioning of individuals. However, different subtypes of narcissism produce differential relationships with psychopathological symptoms and subjective well-being. There is limited research about through which ways these constructs associate with each other. Some specific emotions such as shame, pride, or anger, and emotion regulation difficulties distinctively relate to narcissism and psychological health. They may help us explain the relationship between the subtypes of narcissism and psychological health. Therefore, this current study aims;

1. To examine age and gender differences with regard to the measures of the study (i.e., types of narcissism, emotions, emotion regulation difficulties, psychological well-being),
2. To examine the correlations among the measures of the study,

3. As can be seen from Figure 1.1., to investigate the variables associated with;
 - a) Emotions (i.e., shame, guilt, pride, anger, anger-in, anger-out, anger-control)
 - b) Emotion regulation difficulties (i.e., awareness, acceptance, clarity, impulsivity, goals, and strategies)
 - c) Psychological well-being (i.e., psychopathological symptoms and satisfaction with life)
4. To examine the mediator role of emotions and emotion regulation difficulties between the types of narcissism and psychological health.

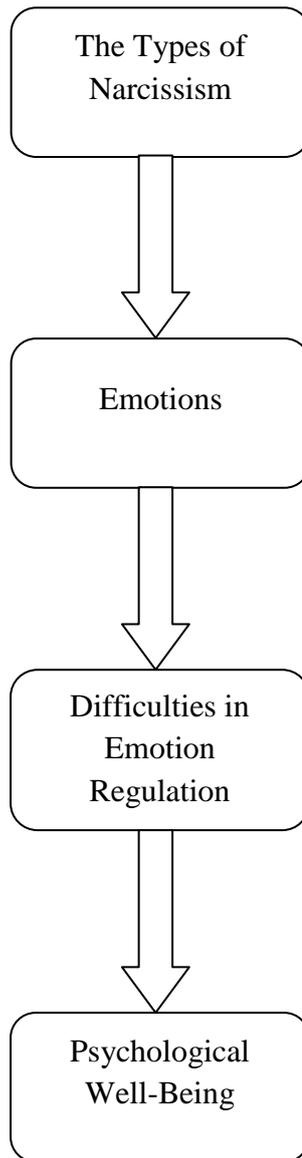


Figure 1.1. The Aims of the Study

CHAPTER 2

METHOD

2.1. Participants

The sample of the current study consisted of 559 people, 341 (61 %) of whom were female and 218 (39 %) were male. The ages of the participants varied between 18 and 75 ($M = 33.46$, $SD = 12.35$). The majority of the sample composed of university students and graduates (61.7 %). Most of the participants were employed (66.5 %) and had middle income level (78.0 %). In terms of marital status, participants were predominantly single (56.2 %) or married (38.8 %). Considering current psychological health, 50 (8.9 %) participants have had psychological problems and 23 (4.1 %) of them received psychological and/or psychiatric help. As for the previous psychological health, 89 (15.9 %) participants experienced psychological problems in the past and 78 (14.0 %) of them got psychological and/or psychiatric treatment (for detailed information about the nature of participants see Table 2.1.).

2.2. Measures

The measures of the study composed of two main sections. The first section included a socio-demographic sheet in which the information about participants' age, gender, education level, working status, occupation, marital status, monthly income, past and current psychological health was gathered (see Appendix A for socio-demographic information form). In the second section, a package of self-report measures was given to the participants including Narcissistic Personality Inventory (NPI) to measure grandiose narcissism, Hypersensitive Narcissism Scale (HSNS) to evaluate vulnerable narcissism, Trait Shame and Guilt Scale (TSGS) to assess shame

guilt, and pride at trait level, State-Trait Anger and Anger Expressions Inventory (STAXI) to measure trait anger and the types of anger expressions, Difficulties in Emotion Regulation Scale (DERS) to determine the aspects of difficulties in emotion regulation, and Brief Symptom Inventory (BSI) and Satisfaction with Life Scale (SWLS) to assess the psychopathological symptoms and life satisfaction, respectively.

2.2.1. Narcissistic Personality Inventory (NPI)

NPI was developed by Raskin and Hall (1979) as a self-report measure in order to assess the degree of narcissistic personality traits among individuals. The items of the scale are two-sided such that one is congruent with narcissism and the other is incongruent with it so that individuals can choose the one that applies to them. The scale initially consisted of 220 items. However, it was reduced to 40 items through factor analysis and seven factors were addressed namely, authority, self-sufficiency, superiority, exhibitionism, exploitativeness, vanity, and entitlement (Raskin & Terry, 1988).

Ames, Rose, and Anderson (2006) transformed the 40-item NPI into the 16-item NPI. The aim of this revision was to widen the usage of NPI across different fields and populations. The short form of the NPI assessed different characteristics of narcissism under a unified dimension. The internal consistency coefficient of the scale was estimated in the subsequent studies and it ranged between .65 and .72. The test-retest reliability coefficient estimated with 5-week interval was found to be .85. The convergent, divergent, and predictive validity of this inventory were also tested and found satisfactory (Ames, Rose, & Anderson, 2006)

NPI-16 was adapted to Turkish by Atay (2009). The Turkish version of the scale was first tested in a pilot study and the internal consistency coefficient estimated through Cronbach's alpha was found to be .57. The four items which did not correlate with the total scale were revised at the second study. The Cronbach's alpha coefficient of the scale with these revised items was found to be .62 indicating an adequate internal consistency. The factorial structure of the Turkish NPI-16 was found to be compatible with the original scale (For NPI, see Appendix B).

Table 2.1.

Demographic Characteristics of Participants

Variables	N (559)	%	M	SD
Gender				
Female	341	61.0		
Male	218	39.0		
Age			33.46	12.35
Education				
Literate	5	0.9		
Graduate of primary school	3	0.5		
Graduates of secondary school	9	1.6		
Graduate of high school	48	8.6		
University students/graduates	345	61.7		
Graduate student/degree	149	26.7		
Income Level				
Low	64	11.4		
Middle	436	78.0		
High	59	10.6		
Working Status				
Yes	372	66.5		
No	187	33.5		
Marital Status				
Single	314	56.2		
Married	217	38.8		
Cohabiting	3	0.5		
Divorced	23	4.1		
Widowed	2	0.4		
Current Psychological Problems				
Yes	50	8.9		
No	509	91.1		
Current Psychological Treatments (N = 50)				
Yes	23	4.1		
No	27	4.8		
Previous Psychological Problems				
Yes	89	15.9		
No	470	84.1		
Previous Psychological Treatment (N = 89)				
Yes	78	14.0		
No	11	2.0		

2.2.2. Hypersensitive Narcissism Scale (HSNS)

HSNS was developed by Hendin and Cheek (1997) to assess the vulnerable and hypersensitive characteristics of narcissism. Ten items which were derived from the Murray's Narcissism Scale (1938) based on their correlations with the other measures of covert narcissism constituted the scale. Items are scored on a 5-point Likert scale ranging from 1 (not at all) to 5 (very much). Higher scores obtained from this scale are associated with higher levels of vulnerable narcissistic characteristics. The scale had an adequate internal consistency with Cronbach's alphas ranging from .62 to .75. For the validity of the scale, the correlation between HSNS and extraversion ($r = -.28$), agreeableness ($r = -.44$), openness to experience ($r = -.18$), and neuroticism ($r = -.51$) domains of Big Five Inventory (BFI) was found to be significant.

The scale was adapted to Turkish by Şengül et. al (in press). As a result of factor analysis two items with low loadings (item 1 and item 4) were discarded from the Turkish version of HSNS. Cronbach's alpha coefficient of the Turkish form was found to be .66 indicating an adequate internal consistency. The correlations between the Turkish version of HSNS and Basic Personality Traits were similar to the ones obtained in the original study. In the current study, Turkish expressions of some of the items were reevaluated and revised by the researcher and thesis supervisor. The discarded two items were retained with their revised versions (see Appendix C) and the internal reliability coefficient of the scale was found to be .63 in the present study.

2.2.3. Trait Shame and Guilt Scale (TSGS)

Rohleder, Chen, Wolf, and Miller (2008) adapted the State Shame and Guilt Scale of Marschall, Saftner, and Tangney (1994) into the Trait Shame and Guilt Scale to assess enduring feelings of shame, guilt, and pride. In TSGS, participants report to what extent they felt shame, guilt, and pride during the past few months. It consists of 15 items scored on a 5-point Likert-type scale (1 = *not feeling this way at all* and 5 = *feeling this way very strongly*). Higher scores indicate a higher level of

related feeling. The scale includes 3 factors namely, Shame, Guilt, and Pride and each factor includes 5 items. The internal consistency coefficient was found to be .74 for shame, .76 for guilt, and .74 for pride subscale indicating satisfactory internal reliability. The test re-test reliability with a six-month interval was found to be .49.

The scale was adapted to Turkish by Bugay and Demir (2011). The factor structure of the Turkish version was found the same with the original scale. The internal consistency coefficient was found to be .83 for shame, .81 for guilt, and .87 for pride subscale. For the criterion validity of the scale, the correlation between Satisfaction with Life Scale and shame ($r = -.48$), guilt ($r = -.46$), and pride ($r = .39$) subscales of TSGS was found significant (For TSGS, see Appendix D).

2.2.4. State Trait Anger and Anger Expression Inventory (STAXI)

The State Trait Anger Inventory was developed by Spielberger, Jacobs, Russel, and Carne (1983) in order to measure state and trait anger separately. This inventory was later on combined with Anger Expression Inventory and took the name of STAXI (Spielberger, 1988). The inventory consists of 44 items rated on a 4-point Likert-type scale ranging from 1 (not at all) to 4 (very much so). It includes five subscales namely, State Anger, Trait Anger, Anger Control, Anger-In, and Anger-Out. Higher scores obtained from the subscales indicate higher intensity of anger in the related domain. The internal consistency coefficients of the subscales ranged between .73 and .84 indicating satisfactory internal consistency. Furthermore, the inventory had strong construct and criterion related validities (Spielberger et al. 1983; Spielberger, 1988).

Özer (1994) adapted the trait anger and anger expressions subscales into Turkish and tested its validity. Cronbach's alpha value was found to be .79 for trait anger, .84 for anger control, .62 for anger-in, and .78 for anger-out. The factorial structure of the Turkish form was found comparable with the original inventory. As for the criterion related validity, the correlations between the subscales of STAXI and Anger Inventory, Trait Anxiety, and Depressive Adjectives Check List were found significant (For STAXI, see Appendix E).

2.2.5. Difficulties in Emotion Regulation Scale (DERS)

DERS was developed by Gratz and Roemer (2004) to assess the aspects of affect regulation that individuals have difficulties. It consists of 36 items which are rated on a 5-point Likert type scale ranging from 1 (almost never) to 5 (almost always). As the scores increase, the difficulties in emotion regulation process increase. The researchers identified six areas in which individuals have difficulties namely, non-acceptance of emotional responses (Acceptance), difficulties in engaging goal directed behavior (Goals), impulse control difficulties (Impulse), lack of emotional awareness (Awareness), limited access to emotion regulation strategies (Strategies), lack of emotional clarity (Clarity). The internal consistency reliability coefficient was found to be .93 for the total scale and ranged between .80 and .89 for the subscales. The test-retest reliability of the scale assessed with 4 to 8 weeks intervals was estimated .88. As evidence for its construct validity, DERS correlated positively with the measures of emotional avoidance ($r = .60$) and negatively with the measure of emotion regulation ($r = -.69$) and emotional expressions ($r = -.23$).

DERS was initially adapted to Turkish by Rugancı and Gençöz (2010). The Turkish version of the scale had almost the same factor structure with the original one. The Cronbach's alpha was calculated .94 for the whole scale and it ranged between .75 and .90 for the subscales. The split-half reliability coefficient was found to be .95 and test-retest reliability was found to be .83. A significant positive correlation between DERS and psychological distress was revealed as evidence for the concurrent validity. Kavcıoğlu and Gençöz (2011) corrected Turkish wordings of some of the items and revealed satisfactory reliability and validity coefficients for this revised version. In this study, this revised version was used (see Appendix.D).

2.2.6. Brief Symptom Inventory (BSI)

The BSI was developed by Derogatis (1992) to assess general psychopathological symptoms of individuals. The scale is the short form of the Symptom Check List-90. It consists of 53 items including 9 domains (i.e., Somatization , Obsessive-Compulsive, Interpersonal Sensitivity, Depression,

Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) and 3 global indices. Items are rated on a 5-point Likert-type scale ranging from 0 (not at all) to 4 (extremely) such that higher scores indicate higher levels of psychopathological symptoms. The internal consistency coefficients of the subscales ranged between .71 and .85 in a clinical sample (Derogatis, 1992). The test re-test reliabilities of the subscales were tested with two-week intervals and ranged between .68 and .91. The validity coefficients were found to be satisfactory.

The BSI was adapted to Turkish by Şahin and Durak (1994). In the Turkish form, five domains were found namely, Depression, Anxiety, Negative Self, Somatization, and Hostility. The Cronbach's alpha values of the domains ranged from .71 to .85 indicating satisfactory internal consistency. As for validity, the Turkish BSI showed high correlations with the other indicators of psychopathology (For BSI, see Appendix G).

2.2.7. Satisfaction with Life Scale (SWLS)

The SWLS was developed by Diener et al. (1985) in order to measure individuals' level of life satisfaction. It consists of 5 items rated on 7-point Likert-type scales ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores obtained from this scale indicate higher levels of life satisfaction. Cronbach's alpha value was .87 and the two-month test re-test reliability was found as .82. The strong correlations between SWLS and other indices of well-being supported the validity of the scale.

Durak, Şenol-Durak, and Gençöz (2011) adapted SWLS to Turkish. Cronbach's alpha was found to be .81 in a Turkish sample which indicates strong internal consistency. As for validity, the correlations of Turkish SWLS with the measures of self-esteem, depression, positive and negative affect were found significant and in the expected direction. Thus, with its strong psychometric qualities SWLS can be used as a reliable and valid instrument to assess subjective well-being in the Turkish culture (For SWLS, see Appendix H).

2.3. Procedure

The data gathering process was initiated after the permission was taken from Middle East Technical University Human Subjects Ethics Committee. A package of questionnaires was applied through paper-pencil method and online survey software program Qualtrics. The informed consent of participants was taken before the application process (see Appendix I). Time spent by participants for these questionnaires was approximately 40 minutes.

2.4 Statistical Analysis

The obtained data was analyzed by means of Statistical Package for Social Sciences (SPSS), version 20 for Windows. The differences for the levels of demographic variables on the variables of the study were tested through separate Analysis of Variance (ANOVA) and Multivariate Analysis of Variance (MANOVA). Secondly, the associations of variables with each other were examined through zero-order correlations. Furthermore, multiple hierarchical regression analyses were conducted to analyze the associations between the main variables of the study. As a last step, the mediator roles of emotions and emotion regulation difficulties in the relationship between the types of narcissism and psychological well-being were tested via indirect macro suggested by Hayes and Preacher (2008).

CHAPTER 3

RESULTS

3.1. Descriptive Analyses for the Measures of the Study

Means, standard deviations, minimum-maximum scores, and internal consistency coefficients (Cronbach's alpha) regarding Narcissistic Personality Inventory, Hypersensitive Narcissism Scale, Trait Shame and Guilt Scale, State-Trait Anger and Anger Expressions Inventory, Difficulties in Emotion Regulation Scale, Brief Symptom Inventory with their subscales, and Satisfaction with Life Scale were examined to illustrate the descriptive features of the measures and the results were presented in Table 3.1..

3.2. The Differences of Age and Gender on the Measures of the Study

In order to test the differences of gender, age, and their interaction on the measures of the study separate Analyses of Variance (ANOVA) were conducted for the total scores and separate Multivariate Analyses of Variances (MANOVA) were conducted for the subscales. Before the analyses, the ages of the participants were meaningfully sorted into four different categories. The age categories roughly corresponded to the periods of emerging, early, middle, and established and late adulthood (see Table 3.2.).

3.2.1. Grandiose Narcissism

2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial Analysis of Variance (ANOVA) was conducted in order to examine the differences of age, gender, and

Table 3.1.

Descriptive Characteristics of the Measures

Measures	N	Mean	SD	Min-Max	Cronbach's alpha
NPI	559	5.02	3.00	0-15	.69
HSNS	559	29.57	6.11	10-50	.63
TSGS					
TSGS-S	559	9.21	4.80	5-25	.88
TSGS-G	559	11.24	4.59	5-25	.83
TSGS-P	559	16.62	4.77	5-25	.88
STAXI					
TA	559	20.82	5.99	10-40	.88
AI	559	17.67	4.27	8-32	.76
AO	559	15.72	4.10	8-32	.82
AC	559	21.80	4.62	8-32	.85
DERS	559	82.38	21.63	36-157	.93
Clarity	559	11.21	4.02	5-24	.83
Awareness	559	15.11	4.27	6-30	.73
Impulsivity	559	12.54	4.86	6-27	.83
Acceptance	559	12.07	5.18	6-30	.87
Lack of goals	559	14.11	4.62	5-25	.85
Lack of strategies	559	17.34	6.85	8-38	.88
SWLS	559	15.12	4.65	5-25	.88
BSI	559	97.62	35.55	53-237	.97
Anxiety	559	22.53	9.03	13-65	.90
Depression	559	25.33	10.45	12-60	.91
Negative Self	559	21.76	8.90	12-54	.89
Somatization	559	13.98	5.59	9-41	.84
Hostility	559	14.04	5.38	7-35	.80

Note. NPI = Narcissistic Personality Inventory, HSNS = Hypersensitive Narcissism Scale, TSGS = Trait Shame Guilt Scale, TSGS-S = Trait Shame Guilt Scale – Shame, TSGS-G = Trait Shame Guilt Scale – Guilt, TSGS-P = Trait Shame Guilt Scale – Pride, STAXI = State Trait Anger and Anger Expressions Inventory, TA = Trait Anger, AI = Anger In, AO = Anger Out, AC = Anger Control, DERS = Difficulties in Emotion Regulation Scale, SWLS = Satisfaction with Life Scale, BSI = Brief Symptom Inventory.

Table 3.2.

The Categorization of the Demographic Characteristics

Variables	n	%	M	SD
Gender				
Female	341	61.0		
Male	218	39.0		
Age				
Emerging Adulthood (18-24)	164	29.3	22.27	1.83
Early Adulthood (25-28)	118	21.1	25.94	1.15
Middle Adulthood (29-41)	135	24.2	34.31	3.85
Established and Late Adulthood (42-75)	142	25.4	51.83	7.15

their interaction on grandiose narcissism as indexed by NPI. The main effect of gender was not significant, $F(1, 551) = 0.52, p = .471, \eta_p^2 = .001$. That is, grandiose narcissism scores of male participants did not significantly differ from those of female participants. The main effect of age was found significant, $F(3, 551) = 8.323, p < .001, \eta_p^2 = .043$. Post-hoc comparisons were examined through Bonferroni analysis (see Figure 3.1.) and showed that participants in emerging adulthood ($M = 5.84, SE = .25$) got significantly higher narcissism scores than participants in middle ($M = 4.86, SE = .26$) and established and late adulthood ($M = 4.11, SE = .25$). In addition, participants in early adulthood ($M = 5.14, SE = .27$) scored significantly higher than participants in established and late adulthood. Participants in the emerging and early; early and middle; middle and established and late adulthood did not significantly differ from each other. Moreover, there was no significant Gender \times Age interaction for NPI, $F(3, 551) = 1.923, p = .125, \eta_p^2 = .010$.

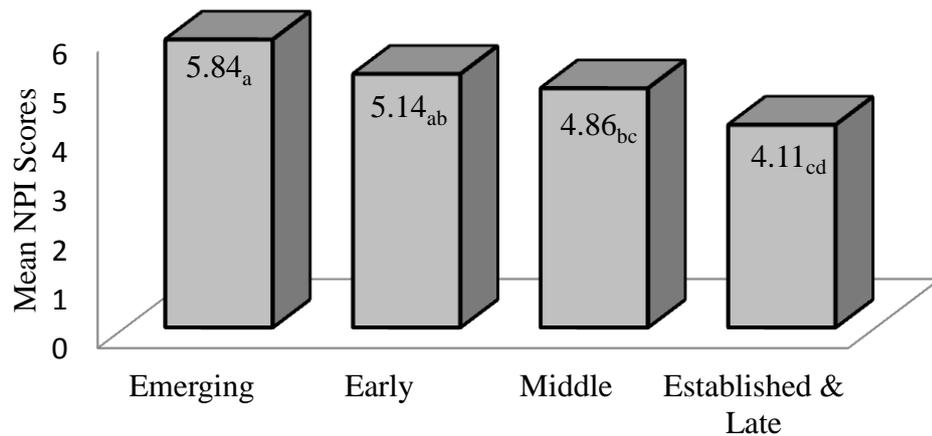


Figure 3.1. Main Effect of Age on Grandiose Narcissism.

Note. The mean scores that do not share the same subscript are significantly different from each other.

3.2.2. Vulnerable Narcissism

2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial Analysis of Variance (ANOVA) was conducted in order to examine the differences of age, gender, and their interaction on vulnerable narcissism measured through HSNS. According to the results, there was no main effect of gender, $F(1, 551) = 0.258, p = .612, \eta_p^2 = .001$. In other words, female and male participants did not differ from each other in terms of vulnerable narcissism. However, a significant Age main effect was found, $F(3, 551) = 5.482, p < .001, \eta_p^2 = .029$. Post-hoc comparisons were conducted with Bonferroni analysis (see Figure 3.2) and it indicated that established and late adults ($M = 27.80, SE = .52$) got significantly lower scores on vulnerable narcissism as compared to emerging ($M = 30.44, SE = .50$), early ($M = 30.16, SE = .56$), and middle adults ($M = 29.87, SE = .53$). However, these three groups (i.e., emerging, early, middle) did not differ from each other. In addition, there was no interaction between age and gender in terms of vulnerable narcissism, $F(3, 551) = 1.408, p = .240, \eta_p^2 = .008$.

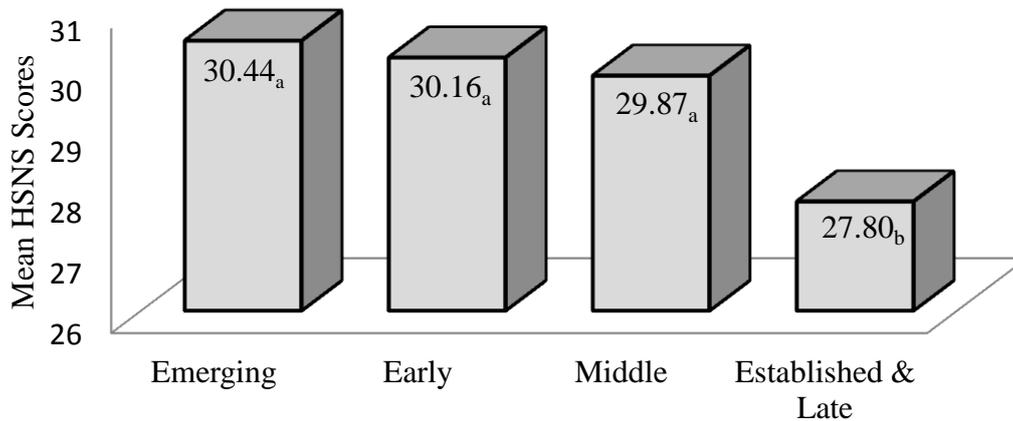


Figure 3.2. Main Effect of Age on Vulnerable Narcissism.

Note. The mean scores that do not share the same subscript are significantly different from each other.

3.2.3. Trait Shame, Guilt, and Pride

2 (Gender [male, female]) × 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial MANOVA was conducted in order to find out the differences of gender, age and their interaction on the trait shame, guilt, and pride subscales of TSGS. According to the findings, there was no significant Gender main effect [*Multivariate F* (3, 549) = 1.811, $p = .144$; Wilks' Lambda = .99, $\eta_p^2 = .010$] and Gender x Age [*Multivariate F* (9, 1336) = 1.047, $p = .400$; Wilks' Lambda = .983, $\eta_p^2 = .006$] interaction for the domains of TSGS. However, a significant Age main effect was revealed [*Multivariate F* (9, 1336) = 7.446, $p < .001$; Wilks' Lambda = .888, $\eta_p^2 = .039$]. A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .016 was accepted as significant. Based on this correction age showed significant differences on the trait shame [F (3, 551) = 22.932, $p < .001$, $\eta_p^2 = .111$] and guilt domains [F (3, 551) = 13.558, $p < .001$, $\eta_p^2 = .069$] of TSGS. As can be

seen from Figure 3.3., emerging ($M = 10.93$, $SE = .38$), early ($M = 10.16$, $SE = .42$), and middle ($M = 9.38$, $SE = .40$) adults got significantly higher scores on trait shame as compared to established and late adults ($M = 6.68$, $SE = .39$). Emerging adults had also significantly higher levels of trait shame than middle adults. In terms of trait guilt, emerging ($M = 12.55$, $SE = .37$), early ($M = 11.84$, $SE = .41$), and middle ($M = 11.32$, $SE = .39$) adults scored significantly higher than established and late ($M = 9.30$, $SE = .38$) adults.

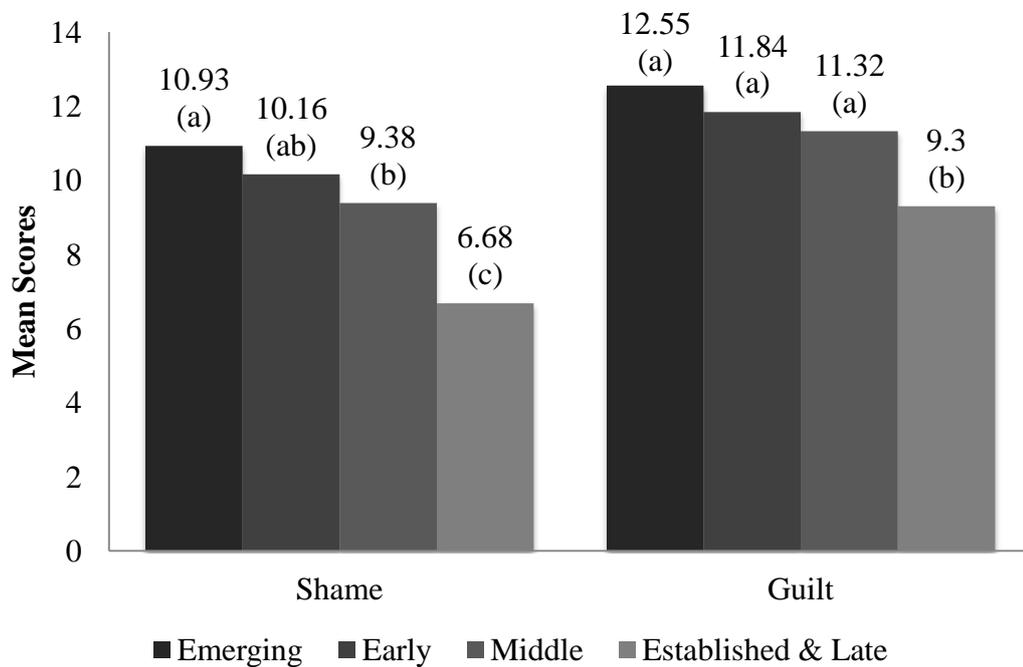


Figure 3.3. Age Differences on the Subscales of TSGS.

Note. The mean scores that do not share the same letter are significantly different from each other, for each subscale.

3.2.4. Trait Anger and Anger Expressions

In order to see the differences of gender, age, and their interaction on dispositional anger and anger expressions, 2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial MANOVA was examined with the four domains of STAXI (i.e., Trait Anger, Anger-In, Anger-Out, and Anger Control) as the dependent variables. The results of the multivariate analyses revealed no significant Gender \times Age interaction [*Multivariate F* (12, 1456) = 0.831, $p = .618$; Wilks' Lambda = .982, $\eta_p^2 = .006$] for the domains of STAXI. However, there was a significant Gender [*Multivariate F* (4, 548) = 3.929, $p = .004$; Wilks' Lambda = .972, $\eta_p^2 = .028$] and Age main effect [*Multivariate F* (12, 1450) = 3.803, $p < .001$; Wilks' Lambda = .921, $\eta_p^2 = .027$]. A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .012 was accepted as significant. According to this correction, there was no gender difference on the domains of STAXI but a significant difference of age was found on Trait Anger [F (3, 551) = 9.315, $p < .001$, $\eta_p^2 = .048$], Anger-In [F (3, 551) = 7.483, $p < .001$, $\eta_p^2 = .039$], and Anger-Out [F (3, 551) = 10.004, $p < .001$, $\eta_p^2 = .052$] subscales of STAXI. As can be seen from Figure 3.4., emerging adults ($M = 22.93$, $SE = .49$) had significantly higher levels of trait anger than early ($M = 20.68$, $SE = .54$) middle ($M = 20.52$, $SE = .51$) and established and late ($M = 19.33$, $SE = .50$) adults. Moreover, emerging adults ($M = 18.83$, $SE = .49$) suppressed their anger more than established and late adults ($M = 16.47$, $SE = .36$). Similarly, emerging adults ($M = 17.17$, $SE = .33$) got significantly higher anger-out scores than early ($M = 15.67$, $SE = .37$), middle ($M = 15.48$, $SE = .35$), and established and late ($M = 14.60$, $SE = .34$) adults.

3.2.5. Difficulties in Emotion Regulation

2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial Analysis of Variance (ANOVA) was conducted in order to examine the differences of age, gender, and their interaction on difficulties in emotion regulation as indexed by DERS.

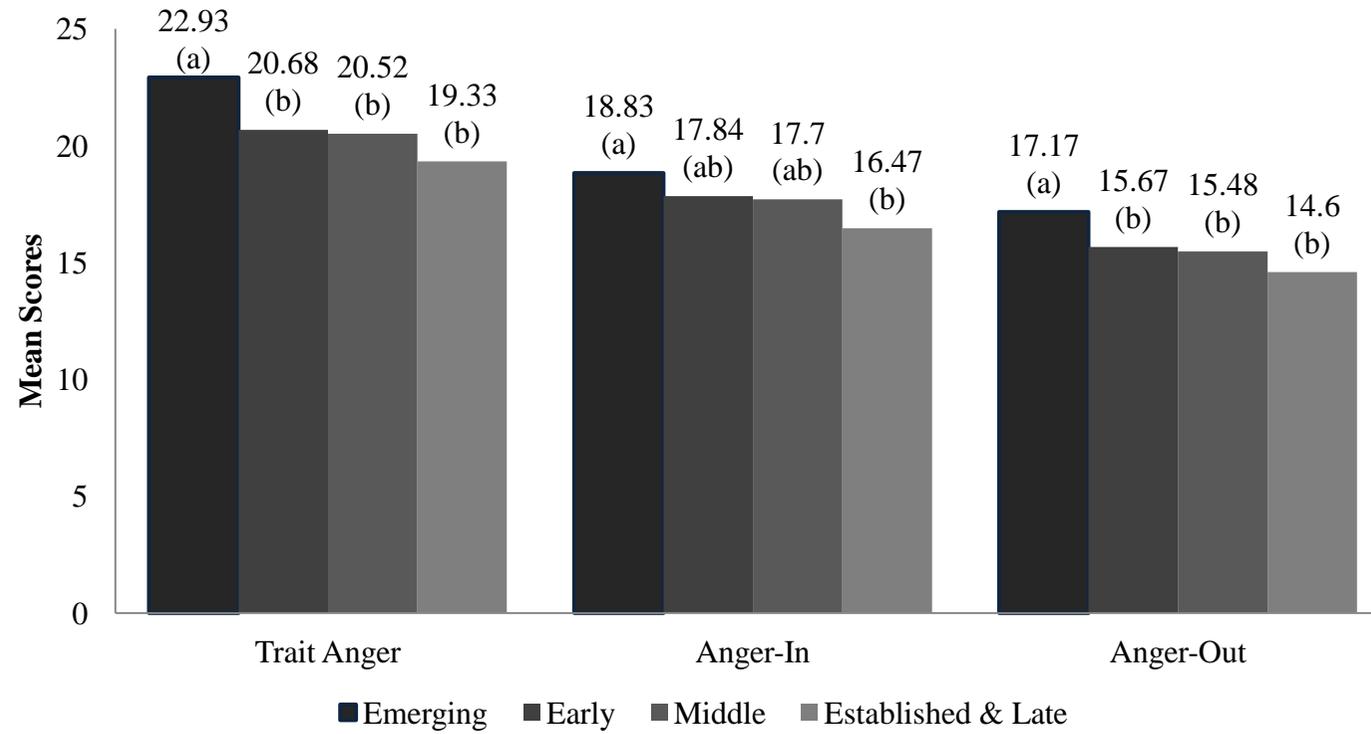


Figure 3.4. Age Differences on the Subscales of STAXI.

Note. The mean scores that do not share the same letter are significantly different from each other, for each subscale

According to the results, there was no main effect of gender, $F(1, 551) = 0.001, p = .991, \eta_p^2 = .001$. In other words, male and female participants' difficulty levels in emotion regulation did not differ from each other. However, a significant Age main effect was found, $F(3, 551) = 16.73, p < .001, \eta_p^2 = .083$. Post-hoc comparisons were conducted with Bonferroni analysis (see Figure 3.5.) and it indicated that emerging ($M = 89.34, SE = 1.73$), early ($M = 85.88, SE = 1.93$), and middle adults ($M = 81.45, SE = 1.82$) had significantly more difficulty in emotion regulation than established and late adults ($M = 72.59, SE = 1.77$). A significant difference was also found between participants in emerging and middle adulthood. In addition, Gender x Age interaction was not found significant for DERS, $F(3, 551) = 0.327, p = .806, \eta_p^2 = .0082$.

In order to see the differences of gender, age, and their interaction on different domains of emotion regulation difficulties, 2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial MANOVA was examined with the six domains of DERS (i.e., Clarity, Awareness, Non-Acceptance, Impulse Control, Goals, Strategies) as the dependent variables. The results of the multivariate analyses revealed no significant Gender main effect [*Multivariate F* (6, 546) = 1.874, $p = .083$; Wilks' Lambda = .980, $\eta_p^2 = .020$] and Gender x Age interaction [*Multivariate F* (18, 1544) = .717, $p = .796$; Wilks' Lambda = .977, $\eta_p^2 = .008$] for the domains of difficulties in emotion regulation. However, there was a significant Age main effect [*Multivariate F* (18, 1544) = 4.562, $p < .001$; Wilks' Lambda = .864, $\eta_p^2 = .048$]. A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .008 was accepted as significant. Following this correction, a significant main effect of age was found on Clarity [$F(3, 551) = 16.963, p < .001, \eta_p^2 = .085$], Acceptance [$F(3, 551) = 4.283, p = .005, \eta_p^2 = .023$], Impulse Control [$F(3, 551) = 10.628, p < .001, \eta_p^2 = .055$], Goals [$F(3, 551) = 11.133, p < .001, \eta_p^2 = .057$], and Strategies [$F(3, 551) = 14.673, p < .001, \eta_p^2 = .074$] subscales of DERS. As can be seen from Figure 3.6., participants in emerging ($M = 12.44, SE = .32$) and early ($M = 12.17, SE = .36$) adulthood had more difficulty in emotional clarity compared to participants in middle ($M = 10.57, SE = .34$) and established and late ($M = 9.55, SE = .33$) adulthood. Moreover, participants in emerging adulthood ($M = 13.06, SE = .43$)

had more difficulty in accepting their emotions than those in established and late adulthood ($M = 10.87, SE = .44$). In terms of impulse control, participants in emerging adulthood ($M = 14.02, SE = .40$) had more difficulty than participants in middle ($M = 12.49, SE = .42$) and established and late ($M = 10.86, SE = .41$) adulthood, and participants in early ($M = 12.90, SE = .44$) and middle adulthood had more difficulty than those in established and late adulthood. Furthermore, participants in emerging ($M = 15.24, SE = .37$), early ($M = 14.69, SE = .41$), and middle ($M = 13.80, SE = .39$) adulthood had more difficulty in engaging goal directed behavior than those in established and late ($M = 12.32, SE = .38$) adulthood. In this domain, emerging adults also reported more difficulty than middle adults. Finally, participants in emerging ($M = 19.14, SE = .55$), early ($M = 18.72, SE = .61$), and middle ($M = 17.02, SE = .58$) adulthood had more difficulty in finding effective strategies than those in established and late ($M = 14.36, SE = .56$) adulthood. In Strategies domain, participants in emerging adulthood also reported more difficulty than those in middle adulthood.

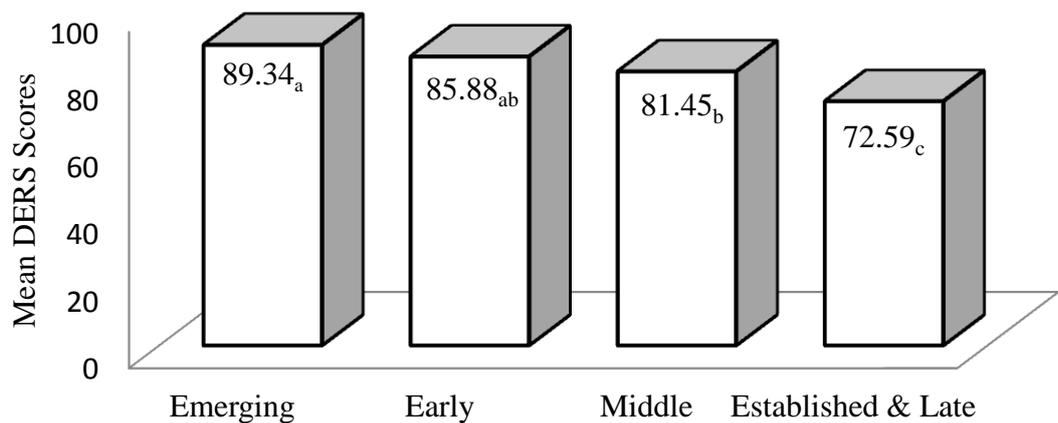


Figure 3.5. Main Effect of Age on DERS.

Note. The mean scores that do not share the same subscript are significantly different from each other.

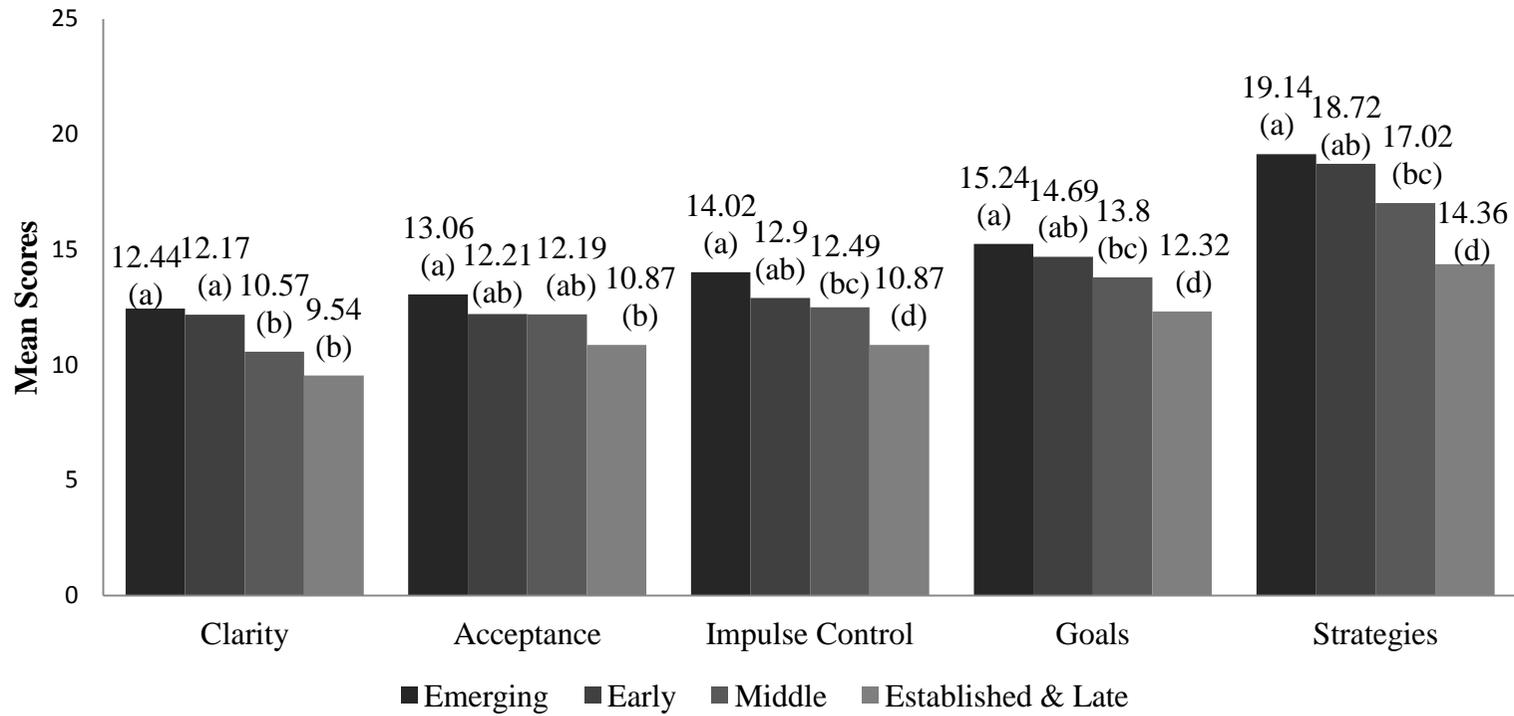


Figure 3.6. Age Differences on the Subscales of DERS.

Note. The mean scores that do not share the same letter are significantly different from each other, for each subscale

3.2.6. Brief Symptom Inventory

2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial ANOVA was examined to see the differences of age, gender, and their interaction on psychopathological symptoms as indexed by BSI. According to the results, there was no main effect of gender, $F(1, 551) = 0.158, p = .691, \eta_p^2 = .001$. However, a significant Age main effect was found, $F(3, 551) = 14.349, p < .001, \eta_p^2 = .072$. Post-hoc comparisons were conducted with Bonferroni analysis (see Figure 3.7.) and it indicated that emerging ($M = 109.00, SE = 2.85$), early ($M = 101.11, SE = 3.16$), and middle adults ($M = 96.09, SE = 2.98$) reported more psychological problems than established and late ($M = 82.88, SE = 2.91$) adults. A significant difference was also found between participants in emerging and middle adulthood. In addition, Gender \times Age interaction was not found significant for BSI, $F(3, 551) = 1.30, p = .274, \eta_p^2 = .007$.

In order to examine the differences of gender, age, and their interaction on the subscales of BSI 2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late adulthood]) between subjects factorial MANOVA was run. The results revealed significant Gender [*Multivariate F* (5, 547) = 7.034, $p < .001$; Wilks' Lambda = .940, $\eta_p^2 = .060$] and Age [*Multivariate F* (15, 510) = 4.632, $p < .001$; Wilks' Lambda = .0883, $\eta_p^2 = .041$] main effects. However, Gender \times Age interaction was not found significant for the subscales of BSI [*Multivariate F* (15, 1510) = 0.865, $p = .604$; Wilks' Lambda = .977, $\eta_p^2 = .008$]. A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .01 was accepted as significant. According to this correction, male participants differentiated from female participants in terms of hostility, $F(1, 551) = 7.062, p = .008, \eta_p^2 = .013$ indicating that males ($M = 14.70, SE = .35$) reported significantly higher levels of hostility as compared to females ($M = 13.49, SE = .29$). Moreover, based on this correction, significant age differences were found in Anxiety $F(3, 551) = 14.805, p < .001, \eta_p^2 = .075$, Depression $F(3, 551) = 13.706, p < .001, \eta_p^2 = .069$, Negative Self $F(3, 551) = 12.470, p < .001, \eta_p^2 = .064$, Somatization $F(3, 551) = 5.756, p = .001, \eta_p^2 = .030$, and Hostility $F(3, 551) = 11.198, p < .001, \eta_p^2 = .057$ domains of BSI. As can be seen from Figure 3.8., emerging ($M = 25.36,$

$SE = .72$), early ($M = 23.57, SE = .80$), and middle ($M = 22.17, SE = .76$) adults got higher anxiety scores than established and late ($M = 18.68, SE = .74$) adults. Emerging adults also reported more anxiety symptoms than middle adults. In terms of depression, emerging ($M = 28.27, SE = .84$) and early ($M = 26.94, SE = .93$) adults scored higher than established and late ($M = 21.13, SE = .85$) adults. Emerging adults also had higher depression scores than middle ($M = 24.14, SE = .88$) adults. Moreover, emerging ($M = 24.16, SE = .72$), early ($M = 22.64, SE = .80$), and middle ($M = 22.11, SE = .75$) adults perceived themselves more negatively than established and late ($M = 18.12, SE = .73$) adults. Furthermore, emerging ($M = 15.39, SE = .46$) adults showed more somatic symptoms than middle ($M = 13.62, SE = .48$) and established and late ($M = 12.72, SE = .47$) adults. Finally, emerging ($M = 15.83, SE = .43$), early ($M = 14.27, SE = .48$), and middle ($M = 14.06, SE = .46$) adults reported higher hostility than established and late ($M = 12.23, SE = .44$) adults. Emerging adults also scored higher on hostility than middle adults.

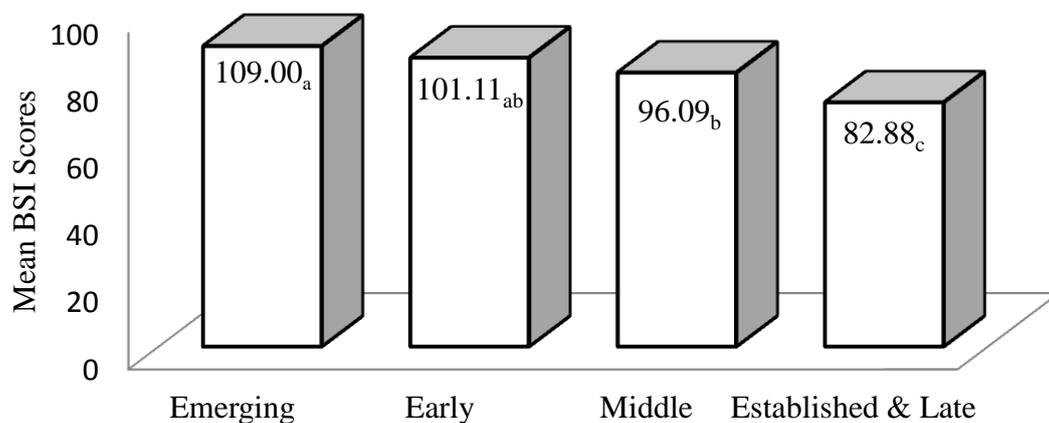


Figure 3.7. Main Effect of Age on BSI.

Note. The mean scores that do not share the same subscript are significantly different from each other.

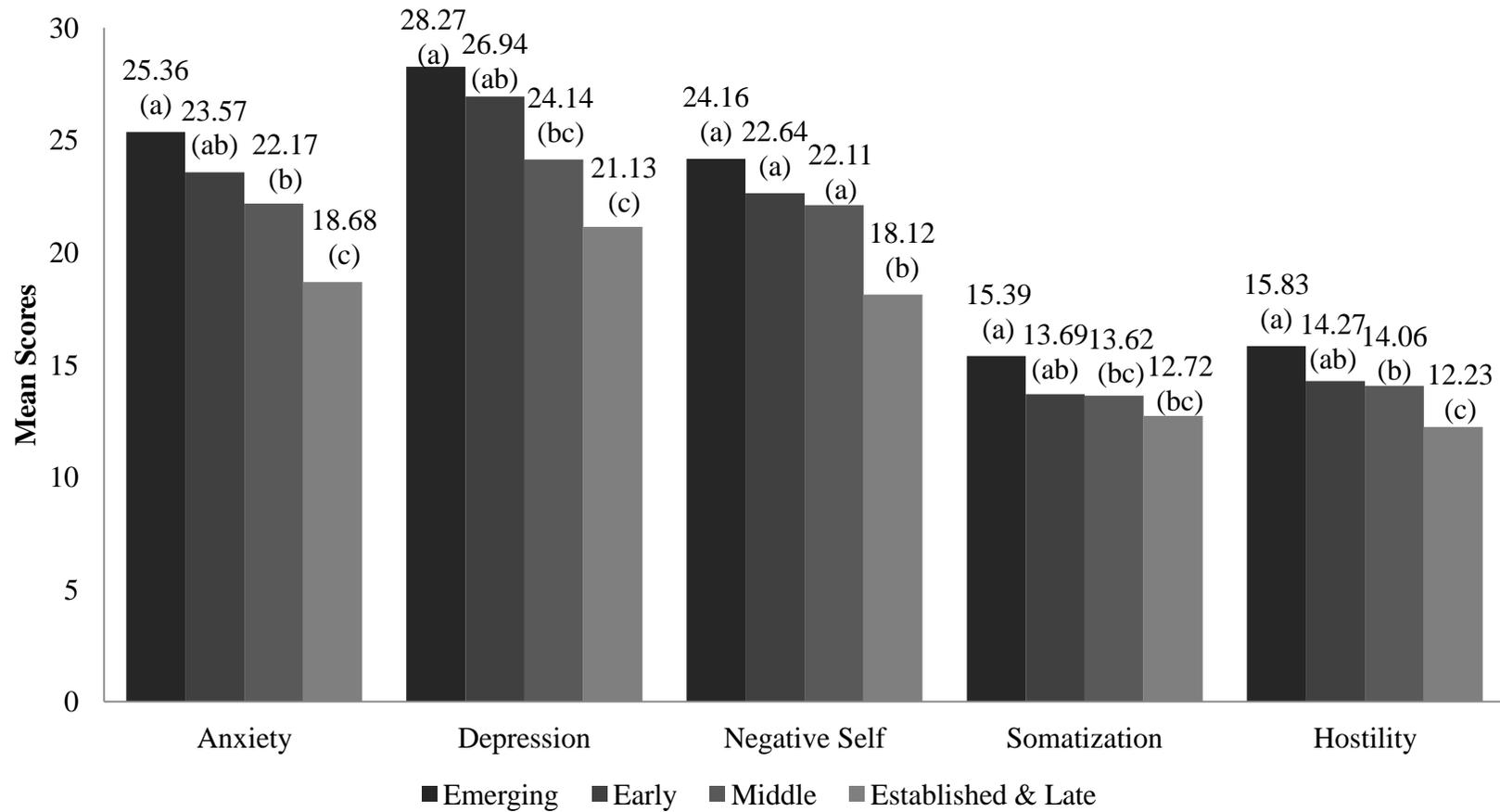


Figure 3.8. Age Differences on the Subscales of BSI

Note. The mean scores that do not share the same letter are significantly different from each other, for each subscale.

3.2.7. Satisfaction with Life

2 (Gender [male, female]) \times 4 (Age Group [emerging, early, middle, established and late]) between subjects factorial Analysis of Variance (ANOVA) was conducted in order to examine the differences of age, gender, and their interaction on participants' life satisfaction as indexed by SWLS.

The results indicated significant Gender $F(1, 551) = 7.095, p = .008, \eta_p^2 = .013$ and Age $F(3, 551) = 5.932, p < .001, \eta_p^2 = .031$ main effects. Females ($M = 15.53, SE = .25$) were found to be more satisfied with their life as compared to males ($M = 14.47, SE = .31$). Post-hoc comparisons were conducted with Bonferroni analysis (Figure 3.9.) and indicated that emerging ($M = 14.33, SE = .38$), early ($M = 14.43, SE = .42$), and middle ($M = 14.85, SE = .40$) adults were found to be less satisfied with their life as compared to established and late ($M = 16.39, SE = .39$) adults. Moreover, there was no significant Gender \times Age interaction on SWLS $F(3, 551) = 1.147, p = .330, \eta_p^2 = .006$.

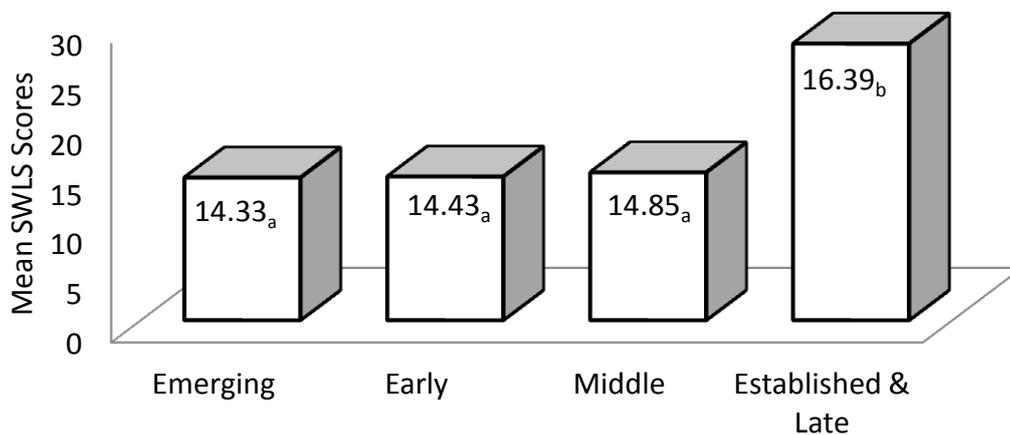


Figure 3.9. Main Effect of Age on Life Satisfaction.

Note. The mean scores that do not share the same subscript are significantly different from each other.

3.3. Inter-correlations among the Measures of the Study

Pearson's correlation coefficients were calculated to examine the correlations among all measures of the study. Analyses were conducted with age, gender, and scales and subscales used to assess grandiose narcissism, vulnerable narcissism, trait shame, guilt, and pride, trait anger, anger-in, anger-out, anger control, difficulties in emotion regulation (i.e., clarity, awareness, acceptance, impulsivity, goals, and strategies), psychopathological symptoms (i.e., anxiety, depression, negative self, somatization, hostility), and satisfaction with life. The results were presented in Table 3.3. and the correlation coefficients higher than .30 were reported.

According to results, a positive correlation was found between vulnerable narcissism and trait anger ($r = .38, p < .001$) and between vulnerable narcissism and internalized anger ($r = .31, p < .001$) indicating that the more participants had vulnerable narcissistic traits, the more they felt dispositional and suppressed anger. Vulnerable narcissism was also positively correlated with difficulties in emotion regulation ($r = .41, p < .001$), specifically with clarity ($r = .32, p < .001$), impulsivity ($r = .35, p < .001$), goals ($r = .37, p < .001$), and strategies ($r = .35, p < .001$) domains of emotion regulation difficulties. That is, higher levels of vulnerable narcissism were related to higher levels of difficulty in emotion regulation in general and specifically in emotional clarity, controlling impulses, focusing on goals, and finding effective strategies. Moreover, vulnerable narcissism was found to be positively correlated with psychopathological symptoms ($r = .41, p < .001$), particularly with anxiety ($r = .36, p < .001$), depression ($r = .41, p < .001$), negative self ($r = .42, p < .001$), and hostility ($r = .38, p < .001$) which indicates that as participants had more vulnerable narcissistic traits, they experienced more psychological problems.

The results related to trait shame revealed that it had a negative correlation with age ($r = -.34, p < .001$) which means that the older the participants were, the less they felt shame. It showed a positive correlation with guilt ($r = .79, p < .001$), anger ($r = .39, p < .001$), internalized ($r = .39, p < .001$) and externalized anger ($r = .36, p < .001$) showing that higher levels of shame was associated with increased guilt, anger, and problematic anger expressions. Moreover, shame was positively

correlated with difficulties in emotion regulation ($r = .55, p < .001$) and its subscales of clarity ($r = .37, p < .001$), acceptance ($r = .43, p < .001$), impulsivity ($r = .48, p < .001$), goals ($r = .37, p < .001$), and strategies ($r = .54, p < .001$). Therefore, the more participants felt trait shame, the more they had difficulty in emotion regulation and its specific domains. There was also a positive correlation between trait shame and psychopathological symptoms ($r = .59, p < .001$), specifically anxiety ($r = .55, p < .001$), depression ($r = .53, p < .001$), negative self ($r = .61, p < .001$), somatization ($r = .39, p < .001$), and hostility ($r = .49, p < .001$) which means that having higher trait shame was related to higher levels of psychological problems in different domains. The findings also indicated that there was a strong negative correlation between trait shame and life satisfaction ($r = -.33, p < .01$). That is, higher levels of shame were associated with decreased level of life satisfaction.

The results also showed that trait guilt was positively correlated with anger ($r = .39, p < .001$), anger-in ($r = .36, p < .001$), and anger-out ($r = .33, p < .001$) which indicates that as participants experienced more trait guilt, they also reported more trait anger, internalized, and externalized anger. Moreover, trait guilt was positively correlated with difficulties in emotion regulation ($r = .47, p < .001$) and its subscales of clarity ($r = .34, p < .001$), acceptance ($r = .37, p < .001$), impulsivity ($r = .42, p < .001$), goals ($r = .37, p < .001$), and strategies ($r = .45, p < .001$). Therefore, the more participants felt trait guilt, the more they had difficulty in emotion regulation, especially finding effective emotion regulation strategies, controlling impulses, focusing on their goals, accepting their emotions, and having emotional clarity. Furthermore, guilt was found to be positively correlated with psychopathological symptoms ($r = .52, p < .001$), particularly with anxiety ($r = .48, p < .001$), depression ($r = .48, p < .001$), negative self ($r = .54, p < .001$), somatization ($r = .36, p < .001$), and hostility ($r = .44, p < .001$) which indicates that as participants felt more trait guilt, they experienced more psychological problems.

As for pride, it was negatively correlated with difficulties in emotion regulation ($r = -.34, p < .001$) and its clarity subscale ($r = -.34, p < .001$). That is, as participants' pride level increased, their level of emotion regulation difficulties, especially the level of difficulty in emotional clarity decreased. Moreover, there were negative correlations between trait pride and psychopathological symptoms ($r = -.31,$

$p < .001$), specifically depression ($r = -.33, p < .001$) which indicates that the higher participants felt pride, the lower they experienced psychological difficulties, especially depression. In addition, a positive correlation was observed between pride and satisfaction with life ($r = .42, p < .001$) indicating that participants having more pride felt more satisfied with their lives.

Trait anger was positively correlated with anger-in ($r = .49, p < .001$) and anger-out ($r = .72, p < .001$) and it showed a negative correlation with anger-control ($r = -.37, p < .001$). That is, the more participants had trait anger, the more they showed internalized and externalized anger, and the less they had anger-control. Trait anger was also positively correlated with difficulties in emotion regulation ($r = .49, p < .001$), specifically with acceptance ($r = .36, p < .001$), impulsivity ($r = .53, p < .001$), goals ($r = .42, p < .001$), and strategies ($r = .48, p < .001$) domains of emotion regulation difficulties. That is, higher levels of trait anger was related to higher levels of difficulty in emotion regulation, specifically in emotional acceptance, controlling impulses, focusing on goals, and finding effective strategies. Moreover, positive correlations were found between anger and psychopathological symptoms ($r = .50, p < .001$), specifically anxiety ($r = .49, p < .001$), depression ($r = .41, p < .001$), negative self ($r = .49, p < .001$), somatization ($r = .34, p < .001$), and hostility ($r = .55, p < .001$) which means that higher levels of anger were associated with higher levels of psychological problems.

The results for anger-in revealed that it had a positive correlation with anger-out ($r = .40, p < .001$). It was also positively correlated with difficulties in emotion regulation ($r = .47, p < .001$) and its subscales namely acceptance ($r = .36, p < .001$), impulsivity ($r = .40, p < .001$), goals ($r = .44, p < .001$), strategies ($r = .48, p < .001$). Therefore, the more participants expressed their anger in, the more they had difficulty in emotion regulation, especially finding effective emotion regulation strategies, focusing on their goals, controlling impulses, and accepting their emotions. Moreover, positive correlations were found between anger-in and psychopathological symptoms ($r = .48, p < .001$), specifically anxiety ($r = .47, p < .001$), depression ($r = .42, p < .001$), negative self ($r = .48, p < .001$), somatization ($r = .34, p < .001$), and hostility ($r = .43, p < .001$) which means that higher levels of anger-in were associated with higher levels of psychological problems.

The results for anger-out showed that it had a negative correlation with anger control ($r = -.33, p < .001$) which means that higher levels of externalized anger were associated with decreased anger control. It was positively correlated with difficulties in emotion regulation ($r = .39, p < .001$) and its subscales namely impulsivity ($r = .49, p < .001$), goals ($r = .35, p < .001$), strategies ($r = .42, p < .001$). Therefore, the more participants expressed their anger out, the more they had difficulty in emotion regulation, especially controlling impulses, finding effective emotion regulation strategies, and focusing on their goals. Moreover, positive correlations were found between anger-out and psychopathological symptoms ($r = .45, p < .001$), specifically anxiety ($r = .44, p < .001$), depression ($r = .37, p < .001$), negative self ($r = .40, p < .001$), somatization ($r = .35, p < .001$), and hostility ($r = .49, p < .001$) which means that higher levels of anger-out were associated with higher levels of psychological problems.

The results for anger-control showed that it was negatively correlated with difficulties in emotion regulation ($r = -.32, p < .001$) and its impulsivity subscale ($r = -.32, p < .001$). Therefore, the more participants controlled their anger, the less difficulty they had in emotion regulation, especially difficulty related to controlling impulses.

The total score of emotion regulation difficulties was positively correlated with its factors namely, clarity ($r = .70, p < .001$), awareness ($r = .31, p < .001$), acceptance ($r = .75, p < .001$), impulsivity ($r = .85, p < .001$), goals ($r = .75, p < .001$), and strategies ($r = .88, p < .001$). Moreover, it was positively correlated with psychopathological symptoms ($r = .63, p < .001$), specifically, anxiety ($r = .64, p < .001$), depression ($r = .56, p < .001$), negative self ($r = .62, p < .001$), somatization ($r = .48, p < .001$), and hostility ($r = .49, p < .001$), and a negative correlation was observed between difficulties in emotion regulation and satisfaction with life ($r = -.32, p < .001$).

The subscales of emotion regulation difficulties were correlated with each other and other measures. Firstly, emotional clarity showed positive correlations with awareness ($r = .44, p < .001$), acceptance ($r = .37, p < .001$), impulsivity ($r = .46, p < .001$), goals ($r = .40, p < .001$), and strategies ($r = .48, p < .001$) domains of emotion regulation. That is, the more participants had difficulty in emotional clarity, the more

they are likely to experience difficulties in other domains of emotion regulation. Difficulty in emotional clarity was also positively correlated with psychopathological symptoms ($r = .43, p < .001$), specifically anxiety ($r = .44, p < .001$), depression ($r = .40, p < .001$), negative self ($r = .41, p < .001$), somatization ($r = .32, p < .001$), and hostility ($r = .30, p < .001$) which means that the more participants experienced difficulty in emotional clarity, the more they had psychological problems. Moreover, difficulty in emotional clarity was negatively correlated with life satisfaction. Secondly, the correlations of emotional acceptance were examined. Positive correlations were found between difficulty in emotional acceptance and difficulty in impulse control ($r = .62, p < .001$), focusing on goals ($r = .44, p < .001$), finding effective strategies ($r = .66, p < .001$). It was also positively correlated with psychopathological symptoms ($r = .46, p < .001$), namely anxiety ($r = .47, p < .001$), depression ($r = .37, p < .001$), negative self ($r = .48, p < .001$), somatization ($r = .36, p < .001$), and hostility ($r = .36, p < .001$). That is, as difficulty in accepting emotions increased, emotional and psychological difficulties also increased. Thirdly, difficulty in impulse control was correlated positively with goals ($r = .65, p < .001$) and strategies ($r = .75, p < .001$) domains of emotion regulation. Therefore, participants reporting difficulty in impulse control also experienced problems in focusing on their goals and finding effective emotion regulation strategies. Difficulty in impulse control was also related to psychopathological problems ($r = .54, p < .001$), specifically anxiety ($r = .54, p < .001$), depression ($r = .45, p < .001$), negative self ($r = .55, p < .001$), somatization ($r = .42, p < .001$), and hostility ($r = .46, p < .001$). Fourthly, difficulty in occupying goal related behaviors were positively correlated with difficulty in finding effective strategies and psychopathological symptoms ($r = .48, p < .001$), namely anxiety ($r = .49, p < .001$), depression ($r = .46, p < .001$), negative self ($r = .45, p < .001$), somatization ($r = .34, p < .001$), and hostility ($r = .36, p < .001$). Therefore, participants reporting difficulty in orienting their goals also experienced difficulties in finding effective emotion regulation strategies and psychological problems. Finally, difficulty in finding effective emotion regulation strategies was positively correlated with psychological symptoms ($r = .63, p < .001$), specifically anxiety ($r = .63, p < .001$), depression ($r = .59, p < .001$), negative self ($r = .61, p < .001$), somatization ($r = .46, p < .001$), and hostility ($r = .49, p < .001$).

Therefore, higher levels of difficulty in finding strategies were associated with higher levels of psychopathological symptomatology.

The inter-correlations among the psychopathological symptoms and satisfaction with life were examined. Firstly, it was found that the total score of psychopathological symptoms was strongly correlated with its factors, namely anxiety ($r = .95, p < .001$), depression ($r = .94, p < .001$), negative self ($r = .92, p < .001$), somatization ($r = .80, p < .001$), and hostility ($r = .84, p < .001$). A negative correlation was observed between the total score of psychopathological symptoms and satisfaction with life ($r = -.39, p < .001$). Moreover, the symptoms related to anxiety showed positive correlations with depression ($r = .85, p < .001$), negative self ($r = .85, p < .001$), somatization ($r = .75, p < .001$), and hostility ($r = .77, p < .001$). It was negatively correlated with life satisfaction ($r = -.35, p < .001$). Similarly, depressive symptoms had positive and strong correlations with negative self ($r = .83, p < .001$), somatization ($r = .67, p < .001$), hostility ($r = .74, p < .001$) and a negative correlation with satisfaction with life ($r = -.43, p < .001$). Somatization was also positively correlated with hostility ($r = .56, p < .001$) and hostility was negatively correlated with satisfaction with life ($r = -.33, p < .001$). Therefore, participants having psychological problems in one domain were likely to express problems in other psychological domains and report lower levels of life satisfaction.

3.4. Regression Analyses

Three separate sets of hierarchical regression analyses were conducted in order to find out the factors associated with emotions, difficulties in emotion regulation, and the indexes of psychological health (i.e., psychological symptoms and life satisfaction).

3.4.1. Variables Associated with Emotions (The first set of regression analyses)

A two-step hierarchical multiple regression analyses were conducted separately with trait shame, trait guilt, trait pride, trait anger, internalized anger, externalized anger, and anger control as dependent variables. In each regression

Table 3.3

Pearson Correlations between the Measures

Variables	NPI	HSNS	S	GU	P	AN	AI	AO	AC	DERS	CL	AW	AP	IM	GL	ST	BSI	AX	DP	NS	SM	HS	SWLS
G	.01	.01	.05	.01	-.06	.08	.06	.05	.10	-.01	-.04	.05	.01	.03	-.07	-.03	-.01	.01	-.06	.04	-.04	.10	-.11
A	-.20**	-.19**	-.34**	-.26**	.07	-.20**	-.19**	-.23**	.12*	-.28**	-.26**	-.06	-.13*	-.22**	-.25**	-.28**	-.28**	-.28**	-.28**	-.26**	-.15**	-.24**	.18**
NPI	1	.16**	.08	.09	.16**	.28**	.09	.27**	-.06	.11	-.05	-.08	.08	.19**	.09	.17**	.13*	.11	.10	.12*	.12*	.14*	.05
HSNS		1	.27**	.27**	-.17**	.38**	.31**	.21**	-.25**	.41**	.32**	.13*	.23**	.35**	.37**	.35**	.41**	.36**	.41**	.42**	.26**	.38**	-.29**
S			1	.79**	-.24**	.39**	.39**	.36**	-.16**	.55**	.37**	.10	.43**	.48**	.37**	.54**	.58**	.55**	.53**	.61**	.39**	.48**	-.33**
GU				1	-.14*	.39**	.36**	.33**	-.15**	.47**	.34**	.03	.37**	.42**	.37**	.45**	.52**	.48**	.48**	.54**	.36**	.44**	-.29**
P					1	-.09	-.14*	-.04	.22**	-.34**	-.34**	-.28**	-.15*	-.20**	-.22**	-.29	-.31	-.29**	-.33**	-.29**	-.19**	-.23**	.42**
AN						1	.49**	.72**	-.37**	.49**	.23**	-.02	.36**	.53**	.42**	.48**	.50**	.49**	.41**	.49**	.34**	.55**	-.20**
AI							1	.40**	.01	.47**	.25**	.01	.36**	.40**	.44**	.47**	.48**	.47**	.42**	.48**	.34**	.43**	-.16**
AO								1	-.33**	.39**	.15**	-.11*	.28**	.49**	.35**	.42**	.45**	.44**	.37**	.40**	.35**	.49**	-.14*
AC									1	-.32**	-.29**	-.26**	-.05	-.32**	-.23**	-.25**	-.22**	-.22**	-.20**	-.17**	-.15**	-.28**	.26**
DERS										1	.70**	.31**	.75**	.85**	.75**	.88**	.63**	.64**	.56**	.62**	.48**	.49**	-.32**
CL											1	.44**	.37**	.46**	.40**	.48**	.43**	.44**	.39**	.41**	.32**	.30**	-.35**
AW												1	-.02	.06	.02	.05	.10	.09	.09	.10	.09	.08	-.21**
AP													1	.62**	.44**	.66**	.46**	.47**	.37**	.48**	.36**	.36**	-.13*
IM														1	.65**	.75**	.54**	.54**	.45**	.53**	.42**	.46**	-.20**
GL															1	.66**	.48**	.49**	.46**	.45**	.34**	.36**	-.23**
ST																1	.63**	.63**	.58**	.61**	.45**	.49**	-.29**
BSI																	1	.95**	.93**	.92**	.80**	.84**	-.39**
AX																		1	.84**	.85**	.75**	.76**	-.35**
DP																			1	.83**	.69**	.74**	-.43**
NS																				1	.66**	.73**	-.35**
SM																					1	.59**	-.25**
HS																						1	-.33**
SWLS																							1

* $p < .01$, ** $p < .001$.

Note. G = Gender, A = Age, NPI = Narcissistic Personality Inventory, HSNS = Hypersensitive Narcissism Scale, S = Shame, GU = Guilt, P = Pride, AN = Anger, AI = Anger-In, AO = Anger-Out, AC = Anger Control, DERS = Difficulties in Emotion Regulation, CL = Clarity, AW = Awareness, AP = Acceptance, IM = Impulsivity, GL = Goals, ST = Strategies, BSI = Brief Symptom Inventory, AX = Anxiety, DP = Depression, NS = Negative Self, SM = Somatization, HS = Hostility, SWLS = Satisfaction with Life Scale.

analysis, age and gender were entered in the first step, and grandiose and vulnerable narcissism were entered in the second step.

3.4.1.1. Variables Associated with Trait Shame

In order to figure out the variables associated with trait shame a two step hierarchical multiple regression analysis was conducted. At first step, age and gender were entered into the analysis. These two variables accounted for 12 % of the variation in trait shame ($F [2, 556] = 38.38, p < .001$) and only age was found to be significantly associated with trait shame ($\beta = -.35, t [556] = -8.66, p < .001$). After controlling for the demographic variables, grandiose and vulnerable narcissism were entered into the analysis. These variables increased explained variance up to 16 % ($F_{change} [2, 554] = 13.98, p < .001$), and only vulnerable narcissism was found to be significantly associated with trait shame ($\beta = .21, t [554] = 5.29, p < .001$) (see Table 3.4.). Specifically, younger participants and participants having more vulnerable narcissistic traits were more likely to experience trait shame as compared to their counterparts.

Table 3.4.

Summary of Regression Analyses for Variables Associated with Trait Shame

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	38.38	2, 556			.12
Age		556	-8.66*	-.35	
Gender		556	1.79	.07	
Step 2: Types of Narcissism	13.98	2, 554			.16
Grandiose		554	-0.53	-.02	
Vulnerable		554	5.29*	.21	

* $p < .001$

3.4.1.2. Variables Associated with Trait Guilt

A two step hierarchical multiple regression analysis was run in order to find out variables associated with trait guilt. At first step, age and gender were entered into the analysis. These two variables together explained 7 % of the variance in trait guilt ($F [2, 556] = 20.60, p < .001$). However, only age was found to be significantly associated with trait guilt ($\beta = -.26, t [556] = -6.42, p < .001$). At the second step, grandiose and vulnerable narcissism were entered into the analysis and these two variables increased explained variance up to 12% ($F_{change} [2, 554] = 16.36, p < .001$). From these narcissism types, only vulnerable narcissism was found to be significantly associated with trait guilt ($\beta = .23, t [554] = 5.66, p < .001$) (see Table 3.5.). That is, younger participants and participants having more vulnerable narcissistic traits were more likely to experience trait guilt as compared to their counterparts.

Table 3.5.

Summary of Regression Analyses for Variables Associated with Trait Guilt

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	20.60	2, 556			.07
Age		556	-6.42*	-.26	
Gender		556	0.51	.02	
Step 2: Types of Narcissism	16.36	2, 554			.12
Grandiose		554	0.14	.01	
Vulnerable		554	5.66*	.23	

* $p < .001$

3.4.1.3. Variables Associated with Trait Pride

A two step hierarchical multiple regression analysis was utilized in order to see variables associated with trait pride. At the first step, age and gender were entered into the analysis but these variables did not significantly contribute to the regression model. After that, grandiose and vulnerable narcissism were entered into the analysis. These variables together explained 8 % of the changes in trait pride ($F_{change} [2, 554] = 19.77, p < .001$). Grandiose ($\beta = .21, t [554] = 4.99, p < .001$) and vulnerable narcissism ($\beta = -.19, t [554] = -4.42, p < .001$) were both found to be significantly associated with trait pride (see Table 3.6.). In other words, participants having more grandiose narcissistic features were more likely to feel trait pride while participants having more vulnerable narcissistic traits were less likely to feel in that way.

Table 3.6.

Summary of Regression Analyses for Variables Associated with Trait Pride

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	2.83	2, 556			.01
Age		556	1.82	.08	
Gender		556	-1.62	-.07	
Step 2: Types of Narcissism	19.77	2, 554			.08
Grandiose		554	4.99*	.21	
Vulnerable		554	-4.42*	-.19	

* $p < .001$

3.4.1.4 Variables Associated with Trait Anger

In order to figure out the variables associated with trait anger, a two step hierarchical multiple regression analyses were conducted. At the first step, age and

gender were entered into the analysis. These two variables accounted for 5 % of the variation in trait anger ($F [2, 556] = 13.95, p < .001$). Both age ($\beta = -.21, t [556] = -4.96, p < .001$) and gender ($\beta = .09, t [556] = 2.06, p = .04$) were found to be significantly associated with trait anger. That is, younger participants and male participants were more likely to experience trait anger as compared to their counterparts. After controlling for these demographic variables, grandiose and vulnerable narcissism was entered into the analysis. These variables increased explained variance up to 21 % ($F_{change} [2, 554] = 56.42, p < .001$). Grandiose ($\beta = .21, t [554] = 5.34, p < .001$) and vulnerable narcissism ($\beta = .33, t [554] = 8.45, p < .001$) were both significantly associated with trait anger (see Table 3.7.). Specifically, participants who scored higher on grandiose and vulnerable narcissism tended to express higher levels of trait anger.

Table 3.7.

Summary of Regression Analyses for Variables Associated with Trait Anger

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	13.95	2, 556			.04
Age		556	-4.96**	-.21	
Gender		556	2.06*	.09	
Step 2: Types of Narcissism	56.42	2, 554			.21
Grandiose		554	5.34**	.21	
Vulnerable		554	8.45**	.33	

* $p < .05$, ** $p < .001$.

3.4.1.5. Variables Associated with Anger-In

A two step hierarchical multiple regression analysis was run to see variables associated with internalized anger. At the first step, age and gender were entered into

the analysis. These variables together explained 4 % of the variance in anger-in ($F [2, 556] = 12.47, p < .001$) and only age was significantly associated with internalized anger ($\beta = -.20, t [556] = -4.77, p < .001$). That is, older participants were less likely to experience internalized anger as compared to younger participants. After controlling for these demographic variables, grandiose and vulnerable narcissism were entered into the analysis. With the addition of these variable, explained variance increased up to 12 % ($F [2, 554] = 24.74, p < .001$) and only vulnerable narcissism was found to be significantly associated with internalized anger ($\beta = .28, t [554] = 6.91, p < .001$) (see Table 3.8.). In other words, participants having more vulnerable narcissistic traits tended to experience higher internalized anger.

Table 3.8.

Summary of Regression Analyses for Variables Associated with Anger-In

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	12.47	2, 556			.04
Age		556	-4.77*	-.20	
Gender		556	1.72	.07	
Step 2: Types of Narcissism	24.74	2, 554			.12
Grandiose		554	0.47	.02	
Vulnerable		554	6.91*	.28	

* $p < .001$

3.4.1.6. Variables Associated with Anger-Out

In order to determine the variables associated with anger-out, a two step hierarchical multiple regression analysis was conducted. Gender and age were entered into the analysis at the first step. These control variables accounted for 6 %

of the variance in anger-out ($F [2, 556] = 16.42, p < .001$). However, only age was found to be significantly associated with anger-out ($\beta = -.23, t [556] = -5.59, p < .001$). That is, the level of externalized anger decreased as participants got older. At the second step, variables of grandiose and vulnerable narcissism were entered into the analysis. The addition of these variables increased explained variance to 13 % ($F [2, 554] = 22.83, p < .001$). Grandiose ($\beta = .22, t [554] = 5.28, p < .001$) and vulnerable ($\beta = .14, t [554] = 3.52, p < .001$) narcissism were both significantly associated with externalized anger (see Table 3.9.). In other words, participants having more characteristics related to grandiose and vulnerable narcissism tended to express their anger out as compared to their counterparts.

Table 3.9.

Summary of Regression Analysis for Variables Associated with Anger-Out

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	16.42	2, 556			.06
Age		556	-5.59*	-.23	
Gender		556	1.54	.06	
Step 2: Types of Narcissism	22.83	2, 554			.13
Grandiose		554	5.28*	.22	
Vulnerable		554	3.52*	.14	

* $p < .001$

3.4.1.7 Variables Associated with Anger Control

A two step hierarchical regression analysis was run in order to figure out the variables associated with anger control. Firstly, age and gender were entered into the analysis. These two variables together explained 2 % of the variance in anger control ($F [2, 556] = 6.59, p < .01$). Age ($\beta = .12, t [556] = 2.78, p = .006$) and gender ($\beta =$

.09, $t [556] = 2.19, p = .029$) were both found to be significantly associated with anger control. Specifically, older participants and male participants were more likely to control their anger than younger participants and female participants. After controlling these demographic variables, grandiose and vulnerable narcissism were entered into the analysis. These two variables increased the amount of the explained variance to 8 % ($F [2, 554] = 16.21, p < .001$) and only vulnerable narcissism was found to be significantly associated with anger control ($\beta = -.24, t [554] = -5.62, p < .001$) (see Table 3.10.). That is, as participants' vulnerable narcissistic traits increased, their tendency to control anger decreased.

Table 3.10.

Summary of Hierarchical Regression Analysis for Variables Associated with Anger Control

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	6.59	2, 556			.02
Age		556	2.78**	.12	
Gender		556	2.19*	.09	
Step 2: Types of Narcissism	16.21	2, 554			.08
Grandiose		554	2.39	-.01	
Vulnerable		554	-5.62***	-2.24	

* $p < .05$, ** $p < .01$, *** $p < .001$

3.4.2. Variables Associated with the Difficulties in Emotion Regulation (The Second Set of Regression Analyses)

The second set of regression analyses was conducted with the domains of emotion regulation difficulties as dependent variables (i.e., Clarity, Awareness, Non-Acceptance, Impulse Control, Goals, and Strategies). In each regression analysis,

demographic variables, namely age and gender were entered into the regression model at first step. Then in the second step, subtypes of narcissism (vulnerable and grandiose) were entered to the analysis. In the final step, emotions (i.e., shame, guilt, pride, anger, anger-in, anger out, anger control) were entered to the analysis.

3.4.2.1. Variables Associated with Emotional Clarity

A three- step hierarchical multiple regression analysis was conducted. At the first step, age and gender were entered into the analysis. These variables explained 7 % of the variation in difficulties in emotional clarity ($F [2, 556] = 21.12, p < .001$) and only age ($\beta = -.26, t [556] = -6.43, p < .001$) was found significant. That is, older participants were less likely to have difficulty in emotional clarity. After controlling for demographics, the subtypes of narcissism were entered to the analysis. These variables together increased the explained variance to 17 % ($F_{change} [2, 554] = 31.40, p < .001$). Grandiose ($\beta = -.15, t [554] = -3.68, p < .001$) and vulnerable ($\beta = .30, t [554] = 7.42, p < .001$) narcissism were both significantly associated with difficulty in emotional clarity. Specifically, high scorers of grandiose narcissism were less likely to have problems about clarity of their emotions while high scorers of vulnerable narcissism were more likely to have difficulty in this domain. Finally, emotions were entered to the regression equation and they increased the explained variance to 30 % ($F_{change} [7, 547] = 15.34, p < .001$). From emotions, trait pride ($\beta = -.19, t [547] = -4.95, p < .001$), internalized ($\beta = .11, t [547] = -3.68, p = .011$) and controlled ($\beta = -.18, t [547] = -4.30, p < .001$) anger were found to be significantly associated with difficulty in emotional clarity (see Table 3.11.). In other words, participants having higher levels of pride grasped their emotions more easily. Similarly, the more participants controlled their emotions, the less they had difficulty about the clarity of their emotions. However, participants with high suppressed anger were more likely to experience difficulty in emotional clarity.

Table 3.11.

Summary of Regression Analyses for Variables Associated with DERS Clarity

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	21.12	2, 556			.07
Age		556	-6.44**	-.26	
Gender		556	-0.56	-.02	
Step 2: Types of Narcissism	31.40	2, 554			.17
Grandiose		554	-3.68**	-.15	
Vulnerable		554	7.42**	.29	
Step 3: Emotions	15.34	7,547			.30
Shame		547	1.81	.11	
Guilt		547	1.74	.08	
Pride		547	-4.95**	-.19	
Anger		547	-0.23	.82	
Anger-in		547	2.54*	.11	
Anger-out		547	-1.15	-.06	
Anger Control		547	-4.30**	-.18	

* $p < .05$, ** $p < .001$ **3.4.2.2. Variables Associated with Emotional Awareness**

In the first step, age and gender were not significantly associated with the awareness domain. In the second step, grandiose and vulnerable narcissism were entered to the regression equation and they increased explained variance to 3 % ($F_{change} [2, 554] = 7.75, p < .001$). Grandiose ($\beta = -.12, t [554] = -2.69, p = .007$) and vulnerable ($\beta = .14, t [554] = 3.19, p = .002$) narcissism were both significantly associated with the difficulty in emotional awareness. It indicates that as participants' grandiose narcissistic traits increased, their level of difficulty in awareness of emotions decreased. However, as participants' vulnerable narcissistic traits increased their tendency to have difficulty in emotional awareness increased. In the last step, emotions were entered to the analysis and they increased the amount of the explained variance to 18 % ($F_{change} [7, 547] = 14.31, p < .001$). Pride ($\beta = -.17, t [547] = -4.09,$

$p < .001$), externalized ($\beta = -.25$, $t [547] = -4.28$, $p < .001$) and controlled anger ($\beta = -.31$, $t [547] = -6.73$, $p < .001$) were found to be significantly associated with difficulty in emotion awareness (see Table 3.12.). That is, participants with high pride level were less likely to have difficulty in emotional awareness. Similarly, participants expressing their anger out more and using more anger control tended to have less difficulty in emotional awareness.

Table 3.12.

Summary of Regression Analyses for Variables Associated with DERS Awareness

Variables	F _{change}	df	t	β	R ²
Step 1: Control Variables	1.97	2, 556			.01
Age		556	-1.55	-.07	
Gender		556	1.32	.06	
Step 2: Types of Narcissism	7.75	2, 554			.03
Grandiose		554	-2.69*	-.12	
Vulnerable		554	3.19*	.14	
Step 3: Emotions	14.31	7,547			.18
Shame		547	1.98	.13	
Guilt		547	-1.43	-.09	
Pride		547	-4.09**	-.17	
Anger		547	-0.73	-.05	
Anger-in		547	1.23	.06	
Anger-out		547	-4.28**	-.25	
Anger Control		547	-6.73**	-.31	

* $p < .01$, ** $p < .001$

3.4.2.3. Variables Associated with Acceptance of Emotions

A three-step hierarchical multiple regression analysis was run. At first step age and gender were entered to the analysis. These variables accounted for 2 % of

the variance in difficulty in accepting emotions ($F [2, 556] = 4.82, p = .008$) and only age showed a significant association with it ($\beta = -.13, t [556] = -3.09, p = .002$). In other words, older participants had lower difficulty in accepting their emotions as compared to younger participants. After controlling age and gender, grandiose and vulnerable narcissism were entered to the regression model. They increased the explained variance to 6 % ($F_{change} [2, 554] = 13.46, p < .001$) and only vulnerable narcissism were significantly associated with difficulty in acceptance of emotions ($\beta = .21, t [554] = 5.01, p < .001$). That is, participants having higher vulnerable narcissism were more likely to experience difficulty in this domain. Lastly, emotions were entered and they increased the explained variance to 25 % ($F_{change} [7, 547] = 21.07, p < .001$). From emotions, shame ($\beta = .30, t [547] = 4.70, p < .001$), anger ($\beta = .20, t [547] = 3.33, p = .001$), internalized ($\beta = .13, t [547] = 2.71, p = .007$) and controlled ($\beta = .09, t [547] = 2.16, p = .032$) anger were found to be significantly associated with difficulty in acceptance of emotions (see Table 3.13.). Specifically, higher levels of shame, anger, suppressed and controlled anger increased the tendency to have difficulty in accepting emotions.

3.4.2.4. Variables Associated with Impulse Control

A three-step hierarchical multiple regression analysis was run to see variables associated with difficulty in impulse control. At the first step, age and gender were entered into the analysis. These variables together explained 5 % of the variance in impulse control ($F [2, 556] = 14.40, p < .001$) and only age was significantly associated with difficulty in impulse control ($\beta = -.22, t [556] = -5.33, p < .001$). That is, older participants were less likely to experience difficulty in this domain. After controlling for demographic variables, grandiose and vulnerable narcissism were entered into the analysis and these variables increased the explained variance up to 16 % ($F_{change}[2, 554] = 35.01, p < .001$). Grandiose ($\beta = .11, t [554] = 2.71, p = .007$) and vulnerable narcissism ($\beta = .30, t [554] = 7.52, p < .001$) were both found to be significantly associated with difficulty in controlling impulses. In other words, higher levels of grandiose and vulnerable narcissism indicated more difficulty in impulse control. Finally, emotions were entered to the analysis and they increased

Table 3.13.

Summary of Regression Analyses for Variables Associated with DERS Acceptance

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	4.82	2, 556			.02
Age		556	-3.09**	-.13	
Gender		556	0.46	.02	
Step 2: Types of Narcissism	13.46	2, 554			.06
Grandiose		554	0.71	.03	
Vulnerable		554	5.01***	.21	
Step 3: Emotions	21.07	7,547			.26
Shame		547	4.70***	.30	
Guilt		547	0.14	.01	
Pride		547	-1.36	-.06	
Anger		547	3.33**	.20	
Anger-in		547	2.71**	.13	
Anger-out		547	-0.06	-.01	
Anger Control		547	2.16*	.09	

* $p < .05$, ** $p < .01$, *** $p < .001$

the explained variance to 41 % ($F_{\text{change}}[7, 547] = 36.70, p < .001$). From emotions, shame ($\beta = .24, t [547] = 4.25, p < .001$), anger ($\beta = .16, t [547] = 2.91, p = .004$), internalized ($\beta = .12, t [547] = 2.93, p = .004$), externalized ($\beta = .16, t [547] = 3.32, p = .001$), and controlled ($\beta = -.13, t [547] = -3.33, p = .001$) anger were significantly associated with difficulty in controlling impulse (see Table 3.14.). That is, higher levels of shame, anger, suppressed, and expressed anger increased the tendency to have difficulty in controlling impulses while higher controlled anger decreased the level of difficulty.

3.4.2.5. Variables Associated with Goals

In order to figure out the variables associated with difficulty in engaging goal-oriented behaviors, a three-step hierarchical regression analysis was run.

Table 3.14.

Summary of Regression Analyses for Variables Associated with DERS Impulsivity

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	14.40	2, 556			.05
Age		556	-5.33**	-.22	
Gender		556	0.90	.04	
Step 2: Types of Narcissism	35.01	2, 554			.16
Grandiose		554	2.71*	.11	
Vulnerable		554	7.52**	.30	
Step 3: Emotions	36.70	7,547			.43
Shame		547	4.25**	.24	
Guilt		547	0.16	.01	
Pride		547	-1.96	-.07	
Anger		547	2.91*	.16	
Anger-in		547	2.93*	.12	
Anger-out		547	3.32*	.16	
Anger Control		547	-3.33*	-.13	

* $p < .01$, ** $p < .001$

At the first step, age and gender were entered into the analysis. These two variables accounted for 7 % of the variation in difficulty in performing goals ($F [2, 556] = 19.90, p < .001$) and only age was found to be significantly associated with this domain ($\beta = -.25, t [556] = -6.07, p < .001$). That is, older participants tended to have less difficulty in occupying with their goals while feeling negative emotions. After controlling for these demographic variables, grandiose and vulnerable narcissism were entered into the analysis and these variables increased explained variance up to 17 % ($F_{change} [2, 554] = 35.75, p < .001$), and only vulnerable narcissism was found to be significantly associated with this domain ($\beta = .33, t [554] = 8.39, p < .001$). In other words, participants having more vulnerable narcissistic traits were more likely to experience difficulty in orienting their goals when they feel negatively. In the final step, emotions were entered and they increased explained variance to 35 % ($F_{change} [7,547] = 20.63, p < .001$). From emotions, guilt ($\beta = .13, t [547] = 2.21, p = .027$),

pride ($\beta = -.11$, $t [547] = -2.96$, $p = .003$), and internalized anger ($\beta = .24$, $t [547] = 5.51$, $p < .001$) were significantly associated with difficulty in engaging goals (see Table 3.15.). Specifically, participants experiencing more guilt and anger were more likely to distract from their goals when they feel negative emotions. However, participants having high levels of pride were more easily focus on their goals when they feel negatively.

Table 3.15.

Summary of Regression Analyses for Variables Associated with DERS Goals

Variables	F _{change}	df	t	β	R ²
Step 1: Control Variables	19.90	2, 556			.07
Age		556	-6.07***	-.25	
Gender		556	-1.41	-.06	
Step 2: Types of Narcissism	35.75	2, 554			.17
Grandiose		554	-0.01	.00	
Vulnerable		554	8.39***	.33	
Step 3: Emotions	20.63	7, 547			.35
Shame		547	0.06	.01	
Guilt		547	2.21*	.13	
Pride		547	-2.96**	-.11	
Anger		547	1.90	.11	
Anger-in		547	5.51***	.24	
Anger-out		547	1.29	.07	
Anger Control		547	-1.57	-.06	

* $p < .05$, ** $p < .01$, *** $p < .001$

3.4.2.6. Variables Associated with Strategies

In order to determine the variables associated with difficulty in emotion regulation strategies, a three-step hierarchical regression analysis was conducted.

Gender and age were entered into the analysis at the first step. These control variables accounted for 8 % of the variance in this domain ($F [2, 556] = 24.01, p < .001$). However, only age was found to be significantly associated with difficulty in finding strategies ($\beta = -.28, t [556] = -6.90, p < .001$). That is, older participants more easily find strategies to regulate their emotions effectively than younger participants. At second step, variables of grandiose and vulnerable narcissism were entered into the analysis. The addition of these variables increased explained variance to 18 % ($F_{\text{change}} [2, 554] = 32.17, p < .001$). Grandiose ($\beta = .08, t [554] = 1.92, p = .056$) narcissism was found to be marginally associated with this domain and when it was entered separately to the analysis, it showed a stronger association ($\beta = .11, t [555] = 2.74, p = .006$). Vulnerable ($\beta = .30, t [554] = 7.49, p < .001$) narcissism was also significantly associated with difficulty in finding strategies. Therefore, high levels of grandiose and vulnerable narcissism were associated with high levels of difficulty in finding effective strategies to regulate emotions. Finally, emotions were entered to the analysis and they increased explain variance to 46 % ($F_{\text{change}} [7, 547] = 41.57, p < .001$). From emotions, shame ($\beta = .30, t [574] = 5.42, p < .001$), pride ($\beta = -.16, t [547] = -4.62, p < .001$), and internalized anger ($\beta = .22, t [547] = 5.60, p < .001$) were found to be significantly associated with strategies domain of emotion regulation difficulties (see Table 3.16.). That is, participants experiencing more shame and suppressed anger were more likely to have difficulty in finding effective strategies to regulate their emotions. However, participants with high levels of pride more easily regulated their emotions via effective strategies.

3.4.3. Variables Associated with Psychological Well-Being (The Third Set of Regression Analyses)

Two separate hierarchical multiple regression analyses were conducted with psychopathological symptoms and satisfaction with life as dependent variables. In each regression analysis, demographic variables, namely age and gender were entered to the model at the first step. Then in the second step, subtypes of narcissism (i.e., vulnerable and grandiose) were entered to the regression model. In the third step, emotions and lastly emotion regulation difficulties were entered to the analysis.

Table 3.16.

Summary of Regression Analyses for Variables Associated with DERS Strategies

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	24.01	2, 556			.08
Age		556	-6.90*	-.28	
Gender		556	-0.31	-.01	
Step 2: Types of Narcissism	32.17	2, 554			.18
Grandiose		554	1.92	.08	
Vulnerable		554	7.49*	.30	
Step 3: Emotions	41.57	7,547			.46
Shame		547	5.42**	.30	
Guilt		547	-0.14	-.01	
Pride		547	-4.62*	-.16	
Anger		547	1.99	.10	
Anger-in		547	5.96*	.22	
Anger-out		547	1.67	.08	
Anger Control		547	-1.83	-.07	

* $p < .001$ **3.4.3.1. Variables Associated with Psychopathological Symptoms**

In order to figure out the variables associated with psychopathological symptoms, a four-step hierarchical multiple regression analysis was conducted. At the first step, age and gender were entered into the analysis. These two variables accounted for 8 % of the psychopathological symptoms ($F [2, 556] = 23.52, p < .001$) and only age was found to be significantly associated with psychopathology ($\beta = -.28, t [556] = -6.86, p < .001$). That is, older participants were less likely to show symptoms as compared to younger participants. After controlling for these demographic variables, grandiose and vulnerable narcissism were entered into the analysis and these variables increased explained variance up to 22 % ($F_{\text{change}} [2, 554] = 47.42, p < .001$), and only vulnerable narcissism was found to be significantly associated with psychological symptoms ($\beta = .37, t [554] = 9.55, p < .001$). In other

words, participants having more vulnerable narcissistic traits tended to show more psychopathological symptoms. Thirdly, emotions were entered to the analysis and they increased explained variance to 53 % ($F_{change} [7, 547] = 51.44, p < .001$). From emotions, shame ($\beta = .27, t [547] = 5.23, p < .001$), pride ($\beta = -.17, t [547] = -5.34, p < .001$), anger ($\beta = .10, t [547] = 2.11, p = .036$), internalized ($\beta = .16, t [547] = 4.41, p < .001$) and externalized ($\beta = .14, t [547] = 3.19, p = .002$) anger were significantly associated with the symptoms of psychopathology. Specifically, high levels of shame, anger, suppressed and expressed anger were associated with high levels of psychological symptoms while high levels of pride were associated with fewer reported symptoms. Finally, the domains of difficulties in emotion regulation were entered to the model and the explained variance increased to 57 % ($F_{change} [6, 541] = 9.14, p < .001$). From emotion regulation difficulties, only strategies domain was found to be significantly associated with psychopathological symptoms ($\beta = .25, t [541] = 4.61, p < .001$) (see Table 3.17.). It indicated that participants having difficulty in finding effective strategies to regulate their emotions were more likely to show symptoms of psychopathology.

3.4.3.2. Variables Associated with Satisfaction with Life

In order to figure out the variables associated with life satisfaction, a four-step hierarchical multiple regression analysis was conducted. At the first step, age and gender were entered into the analysis and these two variables accounted for 5 % of the variance in life satisfaction ($F [2, 556] = 13.62, p < .001$). Gender ($\beta = -.11, t [556] = -2.76, p = .006$) and age ($\beta = .19, t [556] = 4.57, p < .001$) were both found to be significantly associated with life satisfaction. It indicated that female participants were more likely to be satisfied with their life as compared to male participants. Also, as the participants' ages increased, their level of satisfaction also increased. After controlling for demographic variables, grandiose and vulnerable narcissism were entered into the analysis and these variables increased explained variance up to 13 % ($F_{change} [2, 554] = 26.22, p < .001$). Grandiose ($\beta = .13, t [554] = 3.17, p = .002$) and vulnerable narcissism ($\beta = -.28, t [554] = -6.86, p < .001$) were both found to be significantly associated with life satisfaction. In other words, participants with more

Table 3.17.

Summary of Regression Analyses for Variables Associated with Psychopathological Symptoms

Variables	F _{change}	df	t	β	R ²
Step 1: Control Variables	23.52	2, 556			.08
Age		556	-6.86***	-.28	
Gender		556	0.33	.01	
Step 2: Types of Narcissism	47.42	2, 554			.21
Grandiose		554	0.69	.03	
Vulnerable		554	9.55***	.37	
Step 3: Emotions	51.44	7, 547			.53
Shame		547	5.23***	.27	
Guilt		547	1.67	.08	
Pride		547	-5.34****	-.17	
Anger		547	2.11*	.10	
Anger-in		547	4.41***	.16	
Anger-out		547	3.19**	.14	
Anger Control		547	0.06	.01	
Step: 4 DERS	9.14	6, 541			.57
Clarity		541	1.78	.07	
Awareness		541	0.47	.02	
Acceptance		541	0.78	.03	
Impulsive		541	-0.70	-.04	
Goals		541	0.17	.01	
Strategies		541	4.64***	.25	

* $p < .05$, ** $p < .01$, *** $p < .001$

grandiose narcissistic traits tended to feel more satisfied with their life while participants having more vulnerable narcissistic traits were less likely to feel satisfied. Thirdly, emotions were entered to the analysis and they increased explained variance to 29 % ($F_{change} [7, 547] = 18.20, p < .001$). From emotions, pride ($\beta = .27, t [547] = 5.23, p < .001$) and controlled anger ($\beta = -.17, t [547] = -5.34, p < .001$) were significantly associated with life satisfaction. That is, participants having more trait pride ($\beta = .31, t [547] = 7.91, p < .001$) and using more anger control ($\beta = .13, t [547]$

= 2.98, $p = .003$) were more likely to be happy with their lives. Finally, the domains of emotion regulation difficulties were entered to the model and they increased explained variance to 32 % ($F_{change} [6, 541] = 2.85, p = .01$). Emotional clarity was associated with life satisfaction ($\beta = .25, t [541] = 4.61, p < .001$) (see Table 3.18.).

Table 3.18.

Summary of Regression Analyses for Variables Associated with Life Satisfaction

Variables	F_{change}	df	t	β	R^2
Step 1: Control Variables	13.62	2, 556			.05
Age		556	4.57***	.19	
Gender		556	-2.76**	-.11	
Step 2: Types of Narcissism	26.22	2, 554			.13
Grandiose		554	3.17**	.13	
Vulnerable		554	-6.86***	-.28	
Step 3: Emotions	18.20	7,547			.29
Shame		547	-1.63	-.10	
Guilt		547	-1.58	-.10	
Pride		547	7.91***	.31	
Anger		547	-0.13	-.01	
Anger-in		547	0.45	.02	
Anger-out		547	0.37	.02	
Anger Control		547	2.98	.13**	
Step: 4 DERS	2.85	6,541			.32
Clarity		541	-2.68**	-.13	
Awareness		541	-0.05	-.02	
Acceptance		541	1.45	.08	
Impulsive		541	2.47*	.16	
Goals		541	-0.65	-.03	
Strategies		541	-1.75	-.12	

* $p < .05$, ** $p < .01$, *** $p < .001$

3.5. Mediation Analyses

To test whether there is a mediating role of emotions (i.e., trait shame, guilt, pride, anger) and emotion regulation difficulties in the relationship between the types of narcissism and psychological health (i.e., psychopathological symptoms and life satisfaction), a bootstrapping test from the SPSS macro of Preacher and Hayes (2008) with 5000 bootstrap re-samples was conducted separately for grandiose and vulnerable narcissism.

3.5.1. Grandiose Narcissism and Psychopathological Symptoms

After the method suggested by Preacher and Hayes (2008) was followed, the relationship between grandiose narcissism and psychopathological symptoms via emotions and emotion regulation difficulties were examined. Grandiose narcissism showed a direct positive effect on trait guilt ($B = .13, SE = .06, p = .041$), pride ($B = .26, SE = .07, p < .001$), anger ($B = .56, SE = .08, p < .001$), and difficulties in emotion regulation ($B = .77, SE = .30, p = .011$) (a path). Trait shame ($B = 1.67, SE = .38, p < .001$), anger ($B = 1.22, SE = .21, p < .001$), and difficulties in emotion regulation ($B = .53, SE = .06, p < .001$) showed a direct positive effect on psychopathological symptoms while trait pride ($B = -.90, SE = .23, p < .001$) showed a negative association with it (b path). The total effect of grandiose narcissism on psychopathological symptoms was significant ($B = 1.50, SE = .50, p = .002$), however it did not show a direct effect on psychopathological symptoms ($B = .35, SE = .37, p = .35$). Grandiose narcissism, emotions, and emotion regulation difficulties together explained 53 % of the variance in psychopathological symptoms ($F [6, 552] = 102.27, p < .001$). According to bootstrapping results, there was a significant total indirect effect ($B = 1.15, SE = .41, 95\% \text{ CI } [.37, 1.99]$). Moreover, trait pride ($B = -.23, SE = .10, 95\% \text{ CI } [-.50, -.08]$), trait anger ($B = .69, SE = .19, 95\% \text{ CI } [.36, 1.14]$), and difficulties in emotion regulation ($B = .41, SE = .18, 95\% \text{ CI } [.09, .81]$) uniquely mediated the relationship between grandiose narcissism and psychopathological symptoms (see Figure 3.10.).

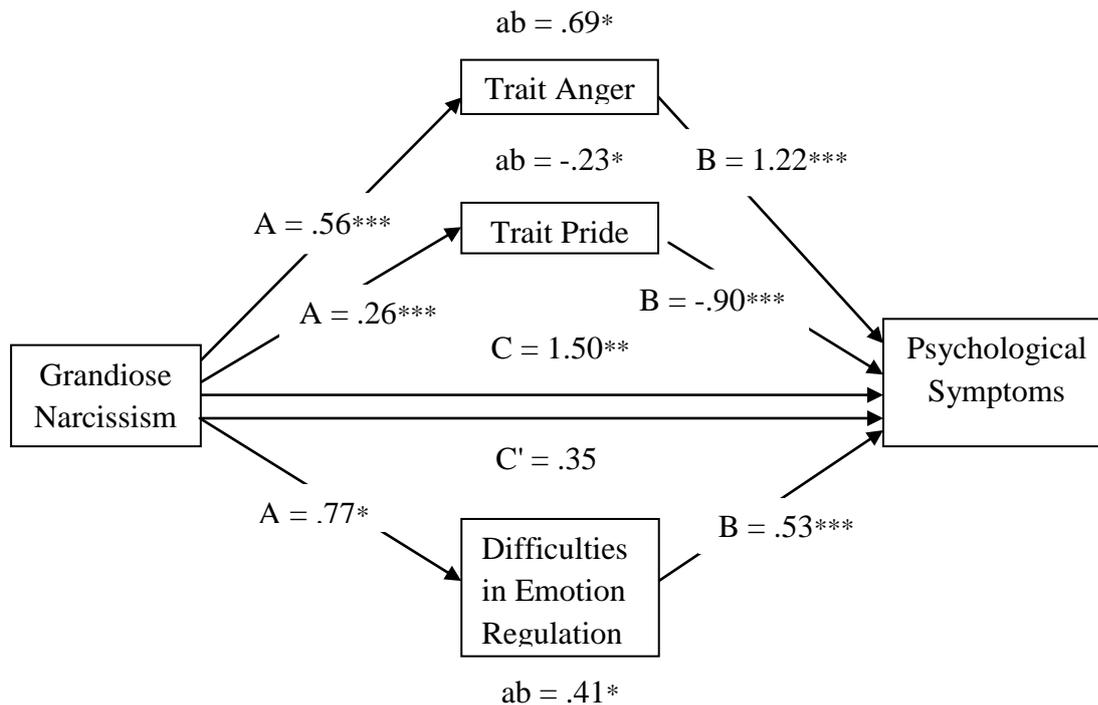


Figure 3.10. The Indirect Relationship between Grandiose Narcissism and Psychopathological Symptoms.

* $p < .05$, ** $p < .01$, *** $p < .001$.

3.5.2. Grandiose Narcissism and Life Satisfaction

The mediating role of emotions and emotion regulation difficulties in the relationship between grandiose narcissism and life satisfaction were examined through the bootstrapping method suggested by Preacher and Hayes (2008). Since age ($B = .03$, $SE = .02$, $p = .03$) and gender ($B = -.76$, $SE = .35$, $p = .03$) were associated significantly with life satisfaction, they were controlled as covariates. Grandiose narcissism showed a direct positive effect on trait pride ($B = .30$, $SE = .07$, $p < .001$), anger ($B = .50$, $SE = .08$, $p < .001$) (a path). Only trait pride ($B = .33$, $SE = .04$, $p < .001$) showed a positive direct effect on life satisfaction (b path). There was a significant total effect of grandiose narcissism on satisfaction with life ($B = .15$, $SE =$

.07, $p = .03$) but there was no significant direct effect of grandiose narcissism on satisfaction with life. Grandiose narcissism, emotions, and emotion regulation difficulties together explained 26 % of the variance in life satisfaction ($F [8, 550] = 24.17, p < .001$). There was no significant total indirect effect; however, trait pride ($B = .10, SE = .03, 95\% CI [.05, .15]$) uniquely mediated the relationship between grandiose narcissism and life satisfaction (see Figure 3.11.).

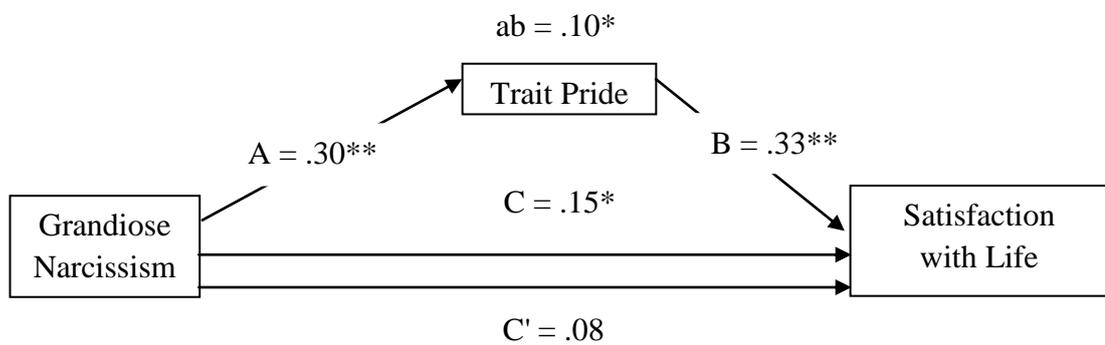


Figure 3.11. The Indirect Relationship between Grandiose Narcissism and Life Satisfaction.

* $p < .05$, ** $p < .001$.

3.5.3. Vulnerable Narcissism and Psychopathological Symptoms

Vulnerable narcissism had a direct positive effect on trait shame ($B = .21, SE = .03, p < .001$), guilt ($B = .21, SE = .03, p < .001$), anger ($B = .37, SE = .04, p < .001$), and difficulties in emotion regulation ($B = 1.44, SE = .14, p < .001$); and it showed a negative association with pride ($B = -.13, SE = .03, p < .001$) (a path). Moreover, trait shame ($B = 1.73, SE = .37, p < .001$), trait anger ($B = 1.10, SE = .21, p < .001$), difficulties in emotion regulation ($B = .48, SE = .06, p < .001$) showed a direct positive association with psychopathological symptoms, and trait pride ($B = -.80, SE = .23, p < .001$) showed a direct negative association with it (b path). There

were also significant total ($B = 2.41, SE = .22, p < .001$) and direct ($B = .71, SE = .19, p < .001$) effects of vulnerable narcissism on psychopathology. Vulnerable narcissism, emotions, and emotion regulation difficulties together explained 54 % of the variance in psychopathological symptoms ($F [6, 552] = 106.84, p < .001$). As for indirect effects, results revealed that the relationship between vulnerable narcissism and psychopathological symptoms was mediated by multiple mediators ($B = 1.71, SE = .28, 95\% CI [1.16, 2.25]$). Trait shame ($B = .37, SE = .11, 95\% CI [.18, .61]$), pride ($B = .10, SE = .05, 95\% CI [.04, .23]$), anger ($B = .42, SE = .13, 95\% CI [.18, .69]$), and difficulties in emotion regulation ($B = .70, SE = .15, 95\% CI [.42, 1.02]$) uniquely explained this relationship (see Figure 3.12.).

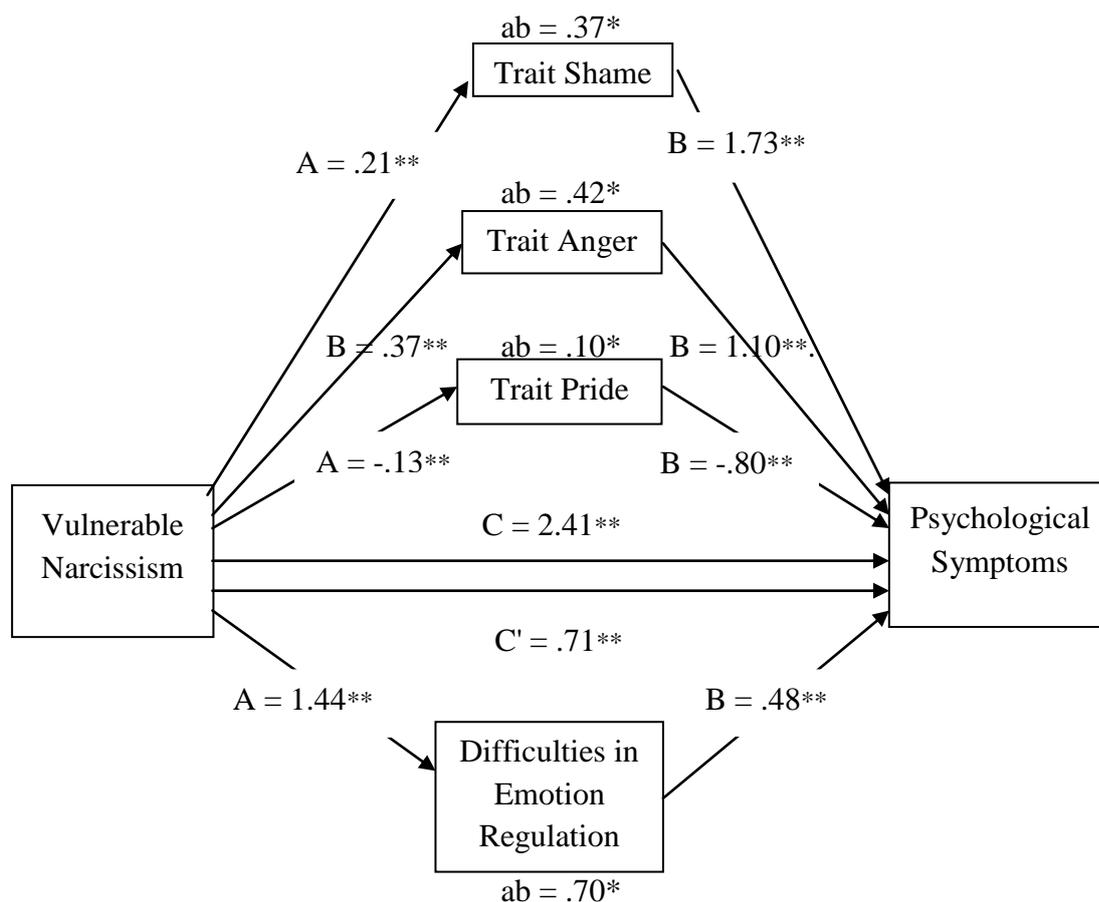


Figure 3.12. The Indirect Relationship between Vulnerable Narcissism and Psychopathological Symptoms. $*p < .05, **p < .001$.

3.5.4. Vulnerable Narcissism and Satisfaction with Life

The indirect effect of vulnerable narcissism on life satisfaction via emotions and emotion regulation difficulties was tested by following the procedure proposed by Preacher and Hayes (2008). Since gender was significantly associated with life satisfaction ($B = -.71, SE = .35, p = .04$), it was controlled as a covariate variable. Vulnerable narcissism had a direct positive effect on trait shame ($B = .21, SE = .03, p < .001$), guilt ($B = .21, SE = .03, p < .001$), anger ($B = .37, SE = .04, p < .001$), and difficulties in emotion regulation ($B = 1.44, SE = .14, p < .001$), and it showed a direct negative association with pride ($B = -.13, SE = .03, p < .001$) (a path). Moreover, except trait pride ($B = .33, SE = .04, p < .001$), there were no direct effects of mediators on life satisfaction (b path). The total ($B = -.22, SE = .03, p < .001$) and direct ($B = -.12, SE = .03, p < .001$) effects of vulnerable narcissism on life satisfaction were found to be significant. Vulnerable narcissism, emotions, and emotion regulation difficulties together explained 27 % of the variance in life satisfaction ($F [7, 551] = 29.50, p < .001$). A significant total indirect effect was found ($B = -.10, SE = .02, 95\% \text{ CI } [-.14, -.05]$) indicating that emotions and emotion regulation difficulties altogether mediate this relationship. Moreover, trait pride uniquely explained the relationship between vulnerable narcissism and life satisfaction ($B = -.04, SE = .01, 95\% \text{ CI } [-.07, -.02]$) (see Figure 3.13.).

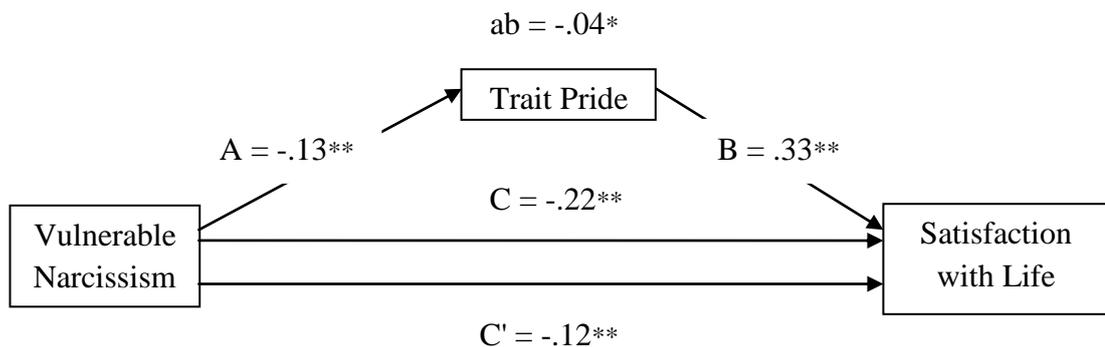


Figure 3.13. The Indirect Relationship between Vulnerable Narcissism and Life Satisfaction. * $p < .05$, ** $p < .001$.

CHAPTER 4

DISCUSSION

This present study targeted to investigate the link between the subtypes of narcissism (i.e., grandiose vs. vulnerable) and psychological well-being (i.e., psychopathological symptoms and satisfaction with life) as well as the role of emotions (i.e., shame, guilt, pride, anger and anger expressions) and emotion regulation difficulties in this relationship. As a first step, the discrepancies among participants on the measures of the study with regard to gender and age were examined. After that, the factors associated with emotions, emotion regulation difficulties, psychopathological symptoms, and satisfaction with life were investigated through three sets of hierarchical regression analyses. Finally, the mediator roles of emotions and emotion regulation difficulties between the subtypes of narcissism and psychological health were examined. In this part, the findings of these analyses will be discussed considering the previous findings in the relevant literature. Following this discussion, the limitations and strengths of the current study will be explained. Lastly, suggestions for future studies and clinical implications will be indicated.

4.1. Findings Related to Gender and Age Differences on the Measures of the Study

The first objective of the study was to examine the gender and age differences among participants in terms of narcissistic subtypes, shame, guilt, pride, anger, anger-in, anger-out, anger-control, difficulties in emotion regulation, psychopathological symptoms, and satisfaction with life. According to the results, gender differences emerged only in the hostility domain of psychopathological

symptoms and satisfaction with life. Thus, women were found to be less hostile and more fulfilled with their lives as compared to men. The differences in hostility domain are in consistent with the findings in the literature. Wade, Witham, and Abramowitz (1994) also indicated women reporting less hostile feelings as compared to men. However, this finding might not result from the differences in the experience of hostility between women and men. Women might not want to report their hostile feelings because this appearance contradicts with the social roles expected from them.

Findings related to the difference between men and women in terms of life satisfaction were also supported by the past research. In a meta-analytic study, Wood, Rhodes, and Whelan (1989) examined 93 studies to reveal sex differences in subjective well-being. They found that women scored higher on cognitive components of well-being such as life satisfaction or happiness as compared to men. The researchers suggested that women might report their feelings congruent with socially ascribed ways and might conceive themselves internally to the expected manner of feeling and behaving. Meisenberg and Woodley (2014) investigated gender differences for subjective well-being in different regions of the world and found that the difference between men and women change depending on the cultural background of countries. Specifically, it was shown that in Muslim countries and countries with low female work force, women were more satisfied with their lives relative to men. This finding may help explain the present results. Turkey, which is a country composing of predominantly Muslim people, put some emphasis on traditional gender roles. Although it may discourage women from engaging in career development or high positions in their careers, it may remove the burden of gaining money in a competitive arena. This situation might make women feel a relief cognitively explaining the current finding. Men, on the other hand, have to take most of the responsibility of earning a living for the family which may deteriorate their subjective well-being over time.

In addition to gender, age also had significant effects on the subtypes of narcissism, shame, guilt, anger, anger-in, anger-out, difficulties in emotion regulation, psychopathological symptoms, and satisfaction with life. In grandiose narcissism, emerging and early adults had higher scores than established and late

adults; emerging adults also scored higher than middle aged adults. Younger participants who is at the beginning of their 20s show higher grandiose narcissistic traits than older participants. Foster et al. (2003) also reported that older participants exhibited grandiose narcissistic traits in a lesser degree. In those early years of adulthood, youngsters still try to form their identity and adapt a changing environment (i.e., university). In this process, they may want to seem appealing, dominant, or assertive to have a place in social groups and thus may engage in maladaptive self-enhancement techniques. However, their exhibitionistic and oblivious ways of behaving may not conform to the societal norms. Thus, it is reasonable these characteristics might decline as grandiose narcissists face with more realistic standards and experience more failures. For instance, Cramer (2011) found that as grandiose narcissists age, a decrease occurred in their agentic features. With regard to vulnerable narcissism, emerging, early and middle adults got higher scores than established and late adults. Thus, it might be tentatively suggested that vulnerable narcissistic traits appeared to be more long lasting. The covert expression of maladaptive features in vulnerable narcissism may provide an explanation for this finding. Their overt submissive, introvert, and shy ways of behaving can be even valued by Turkish culture which also encourage them to sustain it. The reason why older adults experience low vulnerable narcissistic traits might be related to their established and stable life in which they do not have to struggle to get a status in society; thus, encounter vulnerability less frequently and low as intensity.

Age differences also occurred in shame, guilt, anger, anger-in, and anger-out. The findings indicated that established and late adults had significantly lower shame and guilt scores as compared to emerging, early, and middle adults. Middle adults also reported lower shame than emerging adults. There are inconsistent findings in the literature about age differences in self-conscious emotions. Sıgır, Tabak, and Sağır (2010) could not find age differences in shame and guilt in public officers. Orth, Soto, and Robins (2010), on the other hand, examined a cross-sectional data and indicated that shame showed a decreasing trend from adolescence to middle adulthood while guilt showed the opposite. The similar age differences in shame and guilt in the current sample might be due to their high correlation. Shame described as an intense feeling (Lewis, 1995), does not seem to fade away until older ages. People

in the older age group might develop better skills to cope with shame or their steady life does not allow much to the experience of shame. In terms of anger, emerging adults experienced significantly higher anger and anger outbursts than early, middle, and established and late adults. As for internalized anger, emerging adults scored significantly higher than only established and late adults. Emerging adulthood can be seen as a transitional period during which individuals maintain the dysfunctional characteristics of adolescence. Thus, they might have difficulty in controlling their emotions. However, as the results suggested, starting from the mid 20s, individuals less frequently felt and projected anger out. Social sanctions and adverse outcomes related to anger may prevent people expressing it overtly. As a support for it, Brditt and Fingerman (2003) found that in general people were less likely to exhibit anger in their committed, valuable relationships, and older adults as compared to adolescents and young adults reported less intense anger. Older people might have a more restricted social environment thus they might not want to risk these limited social resources through anger outbursts.

The participants of the present study also varied in the degree of difficulty experienced in emotion regulation with regard to their ages. Specifically, the results indicated that emerging, early, and middle adults as compared to established and late adults, and emerging adults as compared to middle adults had more difficulty in emotion regulation in general and impulse control, goals, and strategies domains in particular. Moreover, emerging and early adults were worse at clarifying their emotions than middle and established and late adults. Emerging adults also experienced more difficulty in accepting emotions than established and late adults. Consistent with current findings, Orgeta (2009) also showed that except acceptance and awareness domains, a significant difference was found between younger and older adults in all domains of emotion regulation difficulties. Gross et al. (1997) revealed that older adults experienced emotions with less intensity and governed internal experiences and outer expressions of emotions better than younger adults. Considering current findings, due to the intensity of their feelings, emerging adults may be puzzled about what they feel and how to accept and modulate their emotions accordingly to the demands of the current situation. Moreover, through age people

might be more sensitive toward their emotional reactions and might develop skills to manage emotional situations effectively.

Age differences also emerged in psychopathological symptoms (i.e., anxiety, depression, negative self, somatization, and hostility) and satisfaction with life. Participants in emerging, early, and middle adulthood reported significantly higher psychopathological symptoms than those in established and late adulthood, particularly in anxiety, negative self, and hostility domains. Emerging and early adults showed more depressive symptoms than middle and established and late adults. In terms of somatization, only emerging adults differed from middle and established and late adults. Furthermore, emerging, early, and middle adults were found to be less satisfied with their lives as compared to established and late adults. These present findings are in line with the previous results documenting that older adults reported lower anxiety and depressive symptoms (Henderson, et al., 1998; Teachman, 2006). These differences may be explained by the characteristics of these time periods. In other words, during emerging and early adulthood, people might confront with many life stressors such as separation from family to take university education or finding a qualified job after graduation, all of which might contribute to negative affect and psychological distress they had. On the other hand, older adults actualize most of their goals until that time, do not so much concern about future, and enjoy with a regular life which may be beneficial for their mental health. Moreover, Nowlan, Wutrich, and Rapee (2015) indicated that even if older adults faced with adverse life events, they achieved to benefit from them by attaining positive reappraisal which may help explain their status of mental health and fulfillment with life.

4.2. Findings Related to Regression Analyses

With the purpose of defining factors associated with emotions, emotion regulation difficulties, and psychological health, three sets of regression analyses were carried out. The findings of each set will be discussed, successively.

4.2.1. Associated Factors with Emotions

Two-step multiple hierarchical regression analyses were conducted in order to reveal associated factors with emotions. Age and gender were entered at the first step to prevent them from confounding the results. After that the subtypes of narcissism namely, vulnerable and grandiose were entered to the analysis.

Similar to the above mentioned results, age was negatively associated with trait shame, guilt, anger-in, and anger-out. That is, participants reported lower levels of shame, guilt, suppressed, and externalized anger with age. The association of age with these emotions was discussed in detail in the previous part. The regression analyses, however, uniquely indicated that age and gender were associated with trait anger and anger control. That is, younger participants and male participants were more likely to experience anger than older and female participants. Older participants and male participants tended to have better control over their anger as compared to younger and female participants. The difference in the experience of anger between men and women may arise from the gender roles attributed to them. That is, women might feel anger as well as men but could not project it outside. In fact, Birditt and Fingerman (2003) indicated that women experienced negative affects with higher intensity as compared to men. Since they could not easily express their anger, they might use maladaptive coping strategies which might help explain why women lose control over their anger.

After controlling these demographic variables, the associations of grandiose and vulnerable narcissism with emotions were examined. With regard to self-conscious emotions, vulnerable narcissism was positively associated with shame, guilt and negatively associated with pride. These findings are in line with theoretical and empirical suggestions. Shame is described as a core emotion in the narcissistic personality by many authors (Kohut, 1972; Kernberg, 1975 as cited in Heiserman & Cook, 1998; Broucek, 1982). Broucek (1982) divides narcissism into subtypes based on their relation with shame by either integrating it into the self or defensively detaching it from the self. The former way of managing shame is mostly linked with vulnerable narcissism. As empirical studies suggested, vulnerable facet of narcissism was associated with low and contingent self-esteem and shame-proneness (Hibbard,

1992; Zeigler-Hill, Clark, & Pickard, 2008). This full-blown shame experienced by vulnerable narcissists might deter them from feeling pride. For instance, Malkin, Barry, and Zeigler-Hill (2011) revealed that adolescents with high vulnerable narcissistic traits exhibited heightened shame in response to positive feedback. The association of vulnerable narcissism with guilt may be due to the fact that guilt also includes internal attributions related to failure. Although guilt is said to have restorative function for a faulty act (Lewis, 1995), the fusion of it with shame in vulnerable narcissism may impair this function (Tangney et al. 1995). Grandiose narcissism, on the other hand, was associated with only pride from self-conscious emotions. This finding was also expected because grandiose narcissists spend most of their energy to keep negative affect away from the self (Morf & Rhodewalt, 2001). It is assumed that grandiose narcissists hold a hidden weak self fused with feelings of shame and inferiority (Bosson et al., 2008) which motivates most of their self-aggrandizement behaviors. In that process, pride is considered as a vital emotion for grandiose narcissists because it has a regulatory role in maximizing the positive experiences and removing the aversive stimuli out of sight (Tracy & Robins, 2004).

Vulnerable and grandiose narcissism were both found to be associated with trait anger and anger-out. In addition to that, vulnerable narcissism was also associated with suppressed anger and poor anger control. These findings, therefore, implied that anger is a central feeling for both grandiose and vulnerable narcissists. It was also supported by the study of Krizan and Johar (2014) documenting that vulnerable narcissists showed the symptoms of intense anger (i.e., suppression, externalization, and low control of anger) while grandiose narcissists manage anger by only externalizing it. In vulnerable narcissism, the experience of anger together with salient feelings of shame might create an overwhelming state which is difficult to control. Although shy, timid, and introverted portrait drawn by vulnerable narcissist does not seem compatible with the anger outbursts, these individuals did not hesitate showing their discontentment in their close relationships (Wink, 1991). The dispositional anger involved in grandiose narcissism may give a clue about the shame masked by grandiose features (Tracy et al., 2012) and externalization of anger or blaming others may be a way of avoiding this shame (Tracy & Robins, 2004).

4.2.2. Associated Factors with Difficulties in Emotion Regulation

With the purpose of determining related factors with emotion regulation difficulties, a three-step hierarchical regression analyses were conducted with demographic variables, the subtypes of narcissism, and emotions as the predictors. First of all, the association of age and gender were examined. Age was negatively associated with all the factors of difficulties in emotion regulation except awareness domain. It means that younger adults pay attention to their emotions as well as older adults. However, older adults seem to be more skillful in giving meaning to their emotions and accepting them as well as governing their behaviors in the existence of negative affect. The possible explanations related to these findings have been already discussed.

The associations between the types of narcissism and difficulties in emotion regulation were examined in the second step of regression analysis. According to the results, vulnerable narcissism was found to be positively associated with the all domains of emotion regulation difficulties which means that people with higher levels of vulnerable narcissistic traits are more prone to have difficulties in emotion regulation. This finding supports the previous studies documenting that vulnerable narcissists experienced problems in affect regulation (e.g., Given-Wilson, McIlwain, & Warburton, 2011; Zhang et al., 2015). Paulhus and Levitt (1987) revealed that when control mechanisms of individuals were weakened, they tended to perceive and display themselves in positive ways. Thus, individuals may have a natural tendency to affirming the self. However, vulnerable narcissists mostly display themselves in opposite directions (i.e., shy, uncertain, and anxious) despite their hidden grandiose fantasies (Kealy & Rasmussen, 2012). Through consecutive studies, Vohs, Ciarocco, and Baumeister (2005) revealed that when individuals had to present themselves in a counteractive manner toward their usual representation, their self-regulatory reserves got consumed which later undermined the subsequent actions demanding regulatory resources such as governing emotions. Thus, since vulnerable narcissists exhibit themselves overly counteractive ways against natural human tendency, they may deplete the resources for emotion regulation and hence had difficulty in regulating their emotions.

Grandiose narcissism, on the other hand, was negatively associated with emotional clarity and awareness domains and positively associated with impulsivity and strategies domains. That is, people having higher grandiose narcissistic traits are less likely to have difficulty in attending and understanding their emotions while they are more likely to experience problems in controlling their impulses and finding regulatory strategies. Zhang et al. (2015) also found that grandiose narcissists were better at paying attention and grasping their emotions; however, they could not find an association between grandiose narcissism and modulating domains of difficulties in emotion regulation (i.e., goals, impulsivity, or strategies). From a self-regulatory perspective, grandiose narcissists may find enough resource to attend their emotions since they do not use much control over the natural tendency driving them to represent themselves through aggrandizing ways. Vazire & Funder (2006) also indicated the lack of self-control inherent in narcissism which may help explain why these people have difficulty in controlling their impulses when feeling negative emotions. Despite their ability to focus on and recognize their emotions, grandiose narcissists have difficulties in modulating their emotions. This conflict may be explained by the inadequate, weak, or shame-ridden self underlying the grandiose appearance. Negative emotions may activate this fragile self and may lead them to feel helpless in terms of finding effective solutions to overcome the negative state which, in turn, drive them to engage in impulsive acts defeating both self and others (Vazire & Funder, 2006).

In the third step, the associations of emotions with six domains of emotion regulation difficulties were examined. People experiencing higher pride and anger-control were less likely to have difficulty while people with higher suppressed anger were more likely to have difficulty in the emotional clarity and awareness domains. Pride as being one of the self-conscious emotions requires focusing on the self after an achievement related outcome which hence, creates a positive affective state. Thus, it may lead the person tune in himself/herself and may provide a cognitive capacity to attend and understand emotions. Similarly, since anger control requires individuals to sooth the self, people with high anger-control skills may be more efficient in attending and comprehending their emotions. On the other hand, suppressing anger may deter individuals from focusing on their emotions because people might be

depleting their cognitive resources too much while trying to seem not angry despite the existence of this feeling. In the current study, there was also a surprising result indicating that people who externalized their anger out were less likely to experience difficulty in emotional awareness. Although it might not be an adaptive way of expressing anger, it may bring a short-term relief to pay attention to one's emotions and may increase self-consciousness about their destructive behaviors.

Shame, anger, anger-in, and anger-control were found to be associated with difficulty in emotional acceptance. In other words, participants experiencing high levels of shame, dispositional anger, suppressed and controlled anger tended to have more difficulty in accepting their emotions. Acceptance of emotions may require individuals to tolerate and allow their negative emotions even if they make them feel uncomfortable. However, it was stated that people with high levels of shame and internalized anger were highly self-critical and had difficulties in showing affection to themselves (Gilbert & Procter, 2006). Thus, these characteristics may not allow them to acknowledge and understand their emotions and instead drive them to avoid their feelings and even involve in maladaptive behaviors. Interestingly, the results also highlighted that high levels of anger control increased tendency to have difficulty in accepting emotions. Although anger control is considered as a desired trait, its excessive levels may discredit the value attached to anger as a feeling. Individuals might perceive it as a malignant feeling and avoid from accepting it.

As for modulating domains of emotion regulation, shame, anger, anger-in, and anger-out were found to be associated with difficulties in impulse control. In that point, anger and its maladaptive expressions may be motivated by shame since shame was found to be closely associated with anger oscillations and various indexes of anger (Tangney et al., 1992). Shame creates a biting, negative state from which individuals want to escape as soon as possible. Covering shame with anger may provide short-term relief by distracting attention from the self and directing it others. However, this anger might urge individuals to impulsive acts in order to release individuals from negative feelings which might later result it long-term costs. Shame and anger-in also made finding effective emotion regulation strategies difficult for participants. It may be explained due to the fact that shameful individuals might not believe themselves in overcoming obstacles since they perceive themselves as a

global failure. Moreover, guilt and anger-in was positively associated with difficulty in attaining goals. Guilt although not as intense as shame, may arouse feelings such as regret or remorse about one's behavior which might cause attentional deployment such as rumination about the faulty behavior or worries about the future consequences of the behavior. In addition, the results showed that anger-control contributed to regulating impulsive urges and pride seemed to facilitate attaining goals and finding effective strategies during a negative state. In support of this, Carver, Sinclair, and Johnson (2010) showed that pride motivated individuals to pursue their goals and attain a new goal when one failed in the previous one.

4.2.3. Associated Factors with Psychopathological Symptoms and Satisfaction with Life

The determinants of psychopathological symptoms and life satisfaction were examined through four-step hierarchical regression analyses where the subtypes of narcissism, emotion, and emotion regulation difficulties were entered as predictors. According to the results age was negatively associated with psychopathological symptoms and positively associated with satisfaction with life. Moreover, gender was associated only with satisfaction with life indicating that female participants were more likely to be happy with their lives as compared to their male counterparts. As these findings were discussed in the previous section, they were not elaborated in this part.

The associations of narcissistic subtypes with psychopathological symptoms and life satisfaction were examined in the second step of regression analysis. According to the results, vulnerable narcissism was positively associated with psychopathological symptoms and negatively associated with life satisfaction while grandiose narcissism had no significant association with psychopathological symptoms and had a positive association with life satisfaction. These results were in line with the findings of previous studies documenting that vulnerable narcissism draws a more pathological portrait than grandiose narcissism (e.g., Miller & Campbell, 2008; Tritt et al., 2009). Considering what might constitute this difference, Rose (2002) highlighted that self-esteem level explained the differential

associations of narcissistic subtypes with psychological health. That is, since vulnerable narcissists had lower levels of self-esteem, they were more likely to experience psychological problems and lack of satisfaction with life. High-intensity of negative emotions and difficulties in emotion regulation of vulnerable narcissists may also contribute to their poor psychological health. Rose (2002) also argued that grandiose narcissists with their high self-esteem were more resilient to psychopathology and were more fulfilled with their life. Tracy et al. (2009), on the other hand, revealed that high self-esteem in grandiose narcissists served to inflated self rather than nourishing the belief in a real self-worth. Similarly, Farwell and Wohlwend-Llyod (1998) showed that highly narcissistic individuals made overly positive evaluations about their previous, present, and forthcoming performances on a specific course or task which did not usually correspond to their actual success. Grandiose narcissists may have an extremely optimistic perception of their life. Thus, grandiose narcissists might tend to see their life in a positive light and the pleasure that they derived from their lives might be based on a distorted, illusionary cognition which may need further investigation.

The associations of emotions to psychopathological symptoms and satisfaction with life were investigated in the third step of regression analysis. From emotions, shame, anger, anger-in, and anger-out were positively associated with psychological symptoms. That is, participants having higher levels of these emotions were more likely to experience psychological problems. Previous studies also revealed that shame was closely related to a wide variety of psychological symptoms and disorders ranging from depressive symptoms to eating disorders. Shameful individuals may perceive negative events as attacks to the overall self since they charge the self with the failure (Lewis, 1995). This pessimistic and over generalized perception may make individuals unguarded and desperate in the face of an unsuccessful act. Thus, instead of seeking for solutions, these individuals may escape from this distressing situation which hence, results in the development of maladaptive behavioral patterns such as overeating or laxative use. The experience and expression of anger also seemed to play an important role in the emergence of psychopathological symptoms. This finding was also supported by the previous studies. For instance, Abi-Habib and Luyten (2013) showed that trait anger together

with suppressed and expressed anger contributed to the depression. It was also found that suppressed anger when combined with deterred externalized anger increased the tendency for defeating oneself intentionally. Expressing anger outwardly, on the other hand was found to be associated with higher depressive symptoms in self-critical people. Anger-out might lead to rejection from other people and may impair interpersonal relationships which later might decrease the social support taken in difficult times and increase tendency for depression. Consistent with that the present study also found that anger control was associated with higher satisfaction with life. People controlling their anger might establish positive and peaceful relationships with others which might enhance their life satisfaction. Pride was also found to be negatively associated with psychopathological symptoms and positively associated with satisfaction with life. Pride might be related to showing compassion to the self and appreciating oneself for the success. It might strengthen the self-efficacy for subsequent tasks and increase self-confidence which might in turn contribute to the psychological health.

With regard to emotion regulation difficulties, only strategies and clarity domains were associated with psychological health in the current study. Specifically, difficulties in finding effective regulatory strategies increased the tendency to have psychological problems and increased difficulty in emotional clarity were associated with decreased satisfaction with life. Finding effective strategies to improve the emotional state might be crucial for overcoming the psychological distress. Otherwise, individuals might be captured by the intensity of emotions and become more prone to develop psychological symptoms. Similarly, emotional clarity is one of the initial steps of effective emotion regulation. Unless individuals understand their emotions and give meaning to them, they could not progress further steps to regulate these emotion. These individuals might be dominated by these unavailable feelings and might not voluntarily shape their life while under the control of these emotions which might later decrease their life satisfaction.

4.3. Findings Related to Mediation Analyses

In order to understand how grandiose and vulnerable narcissism were associated with the variants of psychological health, the mediator roles of emotions and emotion regulation difficulties were investigated through the indirect macro suggested by Preacher and Hayes (2008). In this section, the findings of these analyses were discussed.

4.3.1. Findings Related to the Mediator Roles of Emotions and Emotion Regulation Difficulties between the Types of Narcissism and Psychopathological Symptoms/Satisfaction with Life

First of all, the indirect effect of grandiose narcissism on psychopathological symptoms and satisfaction with life via shame, guilt, pride, anger, and difficulties in emotion regulation were investigated. The results revealed that grandiose narcissism had a significant total effect on psychopathological symptoms but it did not have a direct effect on it indicating that there was no association between grandiose narcissism and psychopathological symptoms after controlling these mediators. Moreover, it was found that pride, anger, and difficulties in emotion regulation uniquely contributed to the indirect relationship between grandiose narcissism and psychopathological symptoms. Individuals having grandiose narcissistic traits felt higher levels of pride which, in turn, attenuated their psychopathological symptoms. On the other hand, they experienced anger and difficulties in emotion regulation which heightened the level of psychopathological symptoms. Furthermore, pride mediated the relationship between grandiose narcissism and satisfaction with life. That is, grandiose narcissists satisfied with life through their high levels of pride. Pride appears to be a vital emotion for grandiose narcissists with regard to its functionality in eliminating psychological distress and increasing the enjoyment with life. Based on the current finding, however, one can tentatively suggest that these positive outcomes associated with pride might be temporary since the anger and difficulties in emotion regulation seemed to deteriorate the psychological well-being of grandiose narcissists in the long run. Thus, pride experienced by grandiose

narcissists might not have a sound and realistic basis and might involve predominantly hubristic features as suggested by Tracy and Robins (2007). Considering theoretical basis of narcissism that emphasizes the role of shame, one might also think pride in grandiose narcissists might have evolved defensively to cover the destructive effects of shame (Tracy & Robins, 2004). In this study, shame did not directly or indirectly associate with grandiose narcissism. However, it did not partial out the possibility that shame may play a role in grandiose narcissism because underlying shame might explain the detrimental effect of anger and emotion regulation difficulties on the psychological well-being even if grandiose narcissists could not indicate it on self-report measures. In the previous section, regression results indicated that grandiose narcissists had difficulty mainly in impulsivity and strategies domains of emotion regulation which were later found to be particularly associated with shame. Although it is difficult to make conclusive claims, the difficulties of grandiose narcissists in emotion regulation might be fueled by a latent shame. Therefore, considering these findings, it is hard to say that grandiose narcissistic traits are the part of a healthy personality organization as Sedikides et al. (2004) suggested. Rather, individuals having grandiose narcissistic traits most probably draw a bogus portrait of well-being in the absence of genuine indicators of positive emotions and effective coping with emotions that may sustain until a narcissistic injury occurs.

The mediator roles of emotions and emotion regulation difficulties between vulnerable narcissism and psychopathological symptoms and satisfaction with life were also examined. According to the results, vulnerable narcissism showed both total and direct effect on psychopathological symptoms which means the mediators partially explained this relationship. With regard to indirect effects, shame, pride, anger, and difficulties in emotion regulation significantly mediated the relationship between vulnerable narcissism and psychological problems. That is, people with vulnerable narcissistic characteristics experienced lower levels of pride, higher levels of shame, anger, and emotion regulation difficulties which subsequently contributed to increased levels of psychopathological symptoms. Furthermore, pride partially explained the relationship between vulnerable narcissism and satisfaction with life. Specifically, vulnerable narcissists were not much satisfied their lives to some degree

due to the fact that they could not feel much pride in their lives. These findings were consistent with previous findings documenting that vulnerable narcissists have encountered severe psychological distress (e.g., Zeigler-Hill et al., 2011; Rose, 2002; Ng, Cheung, and Tam, 2014;). Different from grandiose narcissists, vulnerable narcissists felt insecurity, uncertainty at conscious levels and they could not effectively cope with these emotions. Ng, Cheung, and Tam (2014) reported that vulnerable narcissists could not easily adapt different coping techniques in stressful situations, they were more likely to have poor psychological health. Furthermore, vulnerable narcissists could not get benefit from positive emotions. They might think that they do not deserve to feel positively due to their shameful self or they might not want to take the responsibility of a success because they might not perceive themselves as capable of maintaining this success on subsequent tasks (Malkin et al, 2011). There may be other psychological resources such as social support or interpersonal relationships which may help understand the link between vulnerable narcissism and psychological health.

4.4. The Limitations of the Current Study

One of the major drawbacks of the present study was its cross-sectional nature which is an obstacle to make cause-effect attributions for the associations between the measures. Longitudinal studies can allow seeing the changes on the related variables over time and do not allow cohort-effects to mislead the results. Similar to the current findings, Cramer (2011) also showed a decreasing trend of vulnerable and grandiose narcissistic traits over time in her longitudinal study. However, one must still be cautious in interpreting the results considering that specific characteristics of an age group may lead to these findings. Moreover, gender distributed disproportionally in the current sample which may deter significant differences between men and women in most measures from occurring. In addition, most of the participants have had middle or high socioeconomic status and were highly educated which may restrict the generalizability of the results.

Another limitation of this study was to use of self-report measures. Narcissism and self-conscious emotions such as shame and pride can be considered

as highly abstract constructs which were difficult to measure explicitly. Self-report measures may not tap into the whole essence of these constructs. Moreover, the validity of these findings almost completely based on the knowledge and sincerity of the participants. Participants even themselves may not know their personal characteristics or how they perceive themselves and how others perceive them might not correspond with each other, especially for narcissism construct. Moreover, a construct such as narcissism is likely to be distorted in self-report measures due to its bad reputation in society. Therefore, these constructs may be measured with more implicit ways in future studies.

4.5. The Strengths of the Study

First of all, this study provided more holistic insight about the nature of the subtypes of narcissism and their relations with psychological health by including theoretically relevant emotions and emotion regulation difficulties. Moreover, this study can also contribute to a continuing debate in the literature about whether narcissism should be measured by dividing it into narcissistic subtypes. The current study suggested that although having similarities, these subtypes diverged from each other on most of the measures regarding both direction and severity. Furthermore, to the best of our knowledge, it was one of the first studies examining the mediator role of emotions and emotion regulation difficulties between narcissistic subtypes and psychological health. Such examination furthered the understanding about how narcissistic subtypes relate to psychological health which may lead suggestions for future studies and implications for clinical practice.

4.6. Suggestions for Future Studies and Clinical Implications

The current study was limited in detecting the shame which may be hidden under the callous appearance of grandiose narcissists. The future studies may measure grandiose narcissism, shame, and pride with more latent ways rather than using self-report measures. For instance, self-conscious emotions may be investigated through assessing facial expressions or body postures of individuals in

shame and pride inducing situations. Similarly, Hejdenberg and Andrews (2011) indicated that rather than overall anger, reactive anger aroused in response to negative evaluation was related to shame. Therefore, how grandiose narcissists react in several experimentally manipulated situations may be informative about their shame-proneness which may be elaborated by future studies. Another alternative method may be to take information from grandiose narcissists' spouses, close friends, or relatives to reach more accurate findings.

The findings of the current study may offer several clinical implications. First of all, clinicians should keep in mind that narcissistic traits may be expressed in different forms. It had better not to make heuristic conclusions at the first sight. Clinicians or therapists would be more likely to face with vulnerably narcissist individuals in practice because of their severe disturbances in emotions and emotion regulations. These individuals may be overly sensitive to slight or criticism due to their shameful perception of the self. They may have difficulty in trusting therapist because of the trait anger inherent in the self which may prompt hostile attitudes toward others. After establishing working alliance, the therapist may encourage them to attend their emotions, to struggle for understanding them and to accept them at the end. After these steps, the therapist may teach these clients how to tolerate negative emotions and cope with them effectively. Since vulnerable narcissists do not value and appreciate positive outcomes, they may be also fostered to focus on their positive emotions. On the other hand, grandiose narcissists may not ask for therapy or counseling unless they experience a narcissistic injury or interpersonal problems since they can manipulate their environment successfully. The results revealed that although they were able to focus on and comprehend their emotions, they had difficulties in putting them in order. They had problems in refraining their impulses and reducing the intensity of their emotions through effective strategies when they felt negatively. Because of these characteristics, they would most probably have problems with other people which may motivate them to take therapy. Once they attend therapy, establishing working alliance with these clients may be difficult for several reasons. First of all, due to their potential of dispositional anger and anger outbursts, they may be hostile toward therapists and may harm to the relationship by derogating therapists' abilities. Moreover, considering their impulsiveness, they

might not be patient to see the end of therapy process and might ask for quick results. Rather than taking them personally, therapists can cope with these challenges by questioning the meaning of their behaviors. In addition, they may unwilling to give information about their problematic sides, they pretend there is no problem about themselves. Their interpersonal problems, however, may be enlightening for their emotional regulatory disturbances, such as avoiding negative events or drinking too much when feeling bad. Therapists may help them see their paradoxical emotional states such as feeling pride and anger at the same time and encourage them to question the function of pride. Then, therapists may empathically increase their awareness to the fragile self and help them accept related emotions. After that, they may work on developing skills for effective coping with emotions as similarly to vulnerable narcissists. It is also important to note that the skills of grandiose narcissists in emotional awareness and clarity might be helpful during therapy process.

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APPENDICES

Appendix A: Demographic Information Form

1. Cinsiyetiniz:
2. Yaşınız:
3. Eğitim Düzeyiniz:
Okur-Yazar () İlkokul mezunu () Ortaokul mezunu () Lise mezunu ()
Üniversite mezunu / öğrencisi () Lisansüstü mezunu / öğrencisi ()
4. Gelir Düzeyiniz: Düşük () Orta () Yüksek ()
5. Çalışıyor musunuz? Evet () Hayır ()
6. Mesleğiniz:
7. Medeni Haliniz:
Bekar () Birlikte yaşıyor () Evli () Boşanmış () Dul () Ayrı ()
8. Şu anda herhangi bir psikolojik sorununuz var mı?
Evet () Hayır ()
Evetse; belirtiniz.....
Yardım/tedavi görüyor musunuz?
Evet () Hayır ()
9. Daha önce herhangi bir psikolojik sorun yaşadınız mı?
Evet () Hayır ()
Evetse; belirtiniz.....
Yardım/tedavi gördünüz mü? Evet () Hayır ()

Appendix B: Narcissistic Personality Inventory

Yönerge: Aşağıdaki her bir tutum çifti içinden, lütfen size **en uygun** olanı belirtiniz. Yanıtınızı her bir maddenin yanındaki boş bırakılmış yere, **A ya da B** yazarak işaretleyiniz. Her bir tutum çifti için yalnızca **bir yanıtı** işaretleyiniz ve lütfen hiçbir maddeyi atlamayınız.

- _____ 1. A İnsanlar bana iltifat ettiklerinde bazen utanırım.
B İyi biri olduğumu biliyorum, çünkü herkes böyle söyler.
- _____ 2. A Kalabalık içinde herkesten biri olmayı tercih ederim.
B İlgi merkezi olmayı severim.
- _____ 3. A Pek çok insandan ne daha iyi ne de daha kötüyüm.
B Özel biri olduğumu düşünüyorum.
- _____ 4. A İnsanlar üzerinde otorite kurmaktan hoşlanırım.
B Emirlere uymaktan rahatsız olmam.
- _____ 5. A İnsanları kolayca manipüle ederim.
B İnsanları manipüle ettiğimi fark ettiğimde rahatsız olurum.
- _____ 6. A Layık olduğum saygıyı elde etme konusunda ısrarcıyım.
B Hak ettiğim saygıyı genellikle görürüm.
- _____ 7. A Gösterişten kaçınırım.
B Genellikle fırsatını bulduğumda şov yaparım.
- _____ 8. A Her zaman ne yaptığımı bilirim.

- B Bazen yaptığım şeyden emin değilimdir.
- _____ 9. A Bazen iyi hikaye anlatırım.
B Herkes hikayelerimi dinlemekten hoşlanır.
- _____ 10. A İnsanlardan çok şey beklerim.
B Başkaları için bir şeyler yapmaktan hoşlanırım.
- _____ 11. A İlgi merkezi olmaktan hoşlanırım.
B İlgi merkezi olmak beni rahatsız eder.
- _____ 12. A Otorite olmanın benim için pek bir anlamı yoktur.
B İnsanlar daima otoritemi kabul ediyor görünürler.
- _____ 13. A Önemli bir insan olacağım.
B Başarılı olmayı umuyorum.
- _____ 14. A İnsanlar söylediklerimin bazılarını inanır.
B İnsanları istediğim her şeye inandırabilirim.
- _____ 15. A Kendi kendime yeterim.
B Başkalarından öğrenebileceğim çok şey var.
- _____ 16. A Herkes gibi biriyim.
B Sıra dışı biriyim.

Appendix C: Hypersensitive Narcissism Scale

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

1 = Hiç tanımlamıyor / Doğru değil / Kesinlikle katılmıyorum

2 = Yansıtmıyor/ Pek Katılmıyorum

3 = Ne tanımlıyor ne tanımlamıyor / Kararsızım

4 = Yansıtıyor/ Biraz Katılıyorum

5 = Oldukça tanımlıyor /Doğru/ Kesinlikle katılıyorum

- ___ 1. Kendimi, kişisel meselelerim, sağlığım, kaygılarım ya da başkalarıyla olan ilişkilerim hakkında düşüncelere boğulmuş bulabilirim.
- ___ 2. Duygularım, başkalarının alayları veya aşağılayıcı sözleriyle kolayca incinir.
- ___ 3. Bir mekâna girdiğimde sıklıkla kendimin farkında olur ve başkalarının gözlerinin benim üzerimde olduğunu hissederim.
- ___ 4. Bir başarının sağladığı itibarı başkalarıyla paylaşmaktan hoşlanmam.
- ___ 5. Kendimde zaten yeterince olduğu için, bir de diğerlerinin dertleri hakkında endişelenecek durumda olmadığımı düşünürüm.
- ___ 6. Mizaç olarak çoğu insandan farklı olduğumu hissederim.
- ___ 7. Başkalarının görüşlerini sıklıkla kişisel olarak yorumlarım/üstüme alırım.
- ___ 8. Kendi dünyama kolaylıkla dalıp, diğerlerinin varlığını unuturum.
- ___ 9. Gruptaki kişilerden en az biri tarafından kabul gördüğümü bilmezsem, onlarla birlikte olmaktan hoşlanmam.
- ___ 10. Diğer insanlar bana problemleri ile gelip, anlayış ve zaman talep ettiklerinde içten içe rahatsız olurum.

Appendix D: Trait Shame and Guilt Scale

Aşağıda geçen ay süresince kendinizle ilgili hislerinizi tanımlamaya yönelik ifadeler bulunmaktadır. Bu ifadelerin sizin bu süre içindeki duygularınızı ne ölçüde anlatıp anlatmadığını her bir ifade için 5'li derecelendirme ölçeğini kullanarak belirtiniz.

1-----2-----3 -----4 -----5

Bu şekilde
hissetmedim.

Bu şekilde
hissettiğim oldu.

Bunu çok güçlü
bir şekilde
hissettim.

1. ____ Kendimi iyi hissettim.
2. ____ Yerin dibine girip, yok olmak istedim.
3. ____ Vicdan azabı ve pişmanlık hissettim
4. ____ Kendimi değerli ve kıymetli hissettim
5. ____ Kendimi önemsiz hissettim.
6. ____ Daha önce yaptığım şeylerle ilgili gerginlik hissettim
7. ____ Kendimi yetenekli ve işe yarar hissettim.
8. ____ Kendimi kötü bir kişiymiş gibi hissettim.
9. ____ Yaptıklarım ile ilgili düşünmekten kendimi alıkoyamadım.
10. ____ Kendimle gurur duydum.
11. ____ Kendimi aşağılanmış ve rezil olmuş hissettim.
12. ____ Kendimi özür diliyor ve itiraf ediyormuş gibi hissettim.
13. ____ Yaptıklarım dan memnun oldum.
14. ____ Kendimi değersiz ve güçsüz hissettim.
15. ____ Yaptıklarım hakkında kendimi kötü hissettim.

Appendix E: State Trait Anger and Anger Expressions Inventory

I. Bölüm

YÖNERGE: Aşağıda kişilerin kendilerine ait duygularını anlatırken kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da **genel** olarak nasıl hissettiğinizi düşünün ve ifadelerin sağ tarafındaki sayılar arasında sizi en iyi tanımlayanı seçerek üzerine (x) işareti koyun. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **genel** olarak nasıl hissettiğinizi gösteren cevabı işaretleyiniz.

Sizi ne kadar tanımlıyor ?

	Hiç	Biraz	Oldukça	Tümüyle
1- Çabuk parlam.	1	2	3	4
2- Kızgın mizaçlıyım.	1	2	3	4
3- Öfkesi burnunda bir insanımdır.	1	2	3	4
4- Başkalarının hataları, yaptığım işi yavaşlatınca kızarım.	1	2	3	4
5- Yaptığım iyi bir işten sonra takdir edilmemek canımı sıkır.	1	2	3	4
6- Öfkelenince kontrolümü kaybederim.	1	2	3	4
7- Öfkelendiğimde ağzıma geleni söylerim.	1	2	3	4
8- Başkalarının önünde eleştirilmek beni hiddetlendirir.	1	2	3	4
9- Engellendiğimde içimden birilerine vurmak gelir.	1	2	3	4
10- Yaptığım iyi bir iş kötü değerlendirildiğinde çılgına dönerim.	1	2	3	4

II. Bölüm

YÖNERGE: Herkes zaman zaman kızgınlık veya öfke duyabilir. Ancak, kişilerin öfke duygularıyla ilgili tepkileri farklıdır. Aşağıda, kişilerin öfke ve kızgınlık tepkilerini tanımlarken kullandıkları ifadeleri göreceksiniz. Her bir ifadeyi okuyun ve öfke ve kızgınlık duyduğunuzda **genelde** ne yaptığınızı düşünerek o ifadenin yanında sizi en iyi tanımlayan sayının üzerine (x) işareti koyarak belirtin. Doğru veya yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeyin.

ÖFKELENDİĞİMDE VEYA KIZDIĞIMDA

Sizi ne kadar tanımlıyor?

Hiç Biraz Oldukça Tümüyle

11- Öfkemi kontrol ederim. 1 2 3 4

12- Kızgınlığımı gösteririm. 1 2 3 4

13- Öfkemi içime atarım. 1 2 3 4

14- Başkalarına karşı sabırlıyım. 1 2 3 4

15- Somurtur ya da surat asarım. 1 2 3 4

Sizi ne kadar tanımlıyor?

Hiç Biraz Oldukça Tümüyle

16- İnsanlardan uzak dururum. 1 2 3 4

17- Başkalarına iğneli sözler söylerim. 1 2 3 4

18- Soğukkanlılığımı korurum. 1 2 3 4

19- Kapıları çarpmak gibi şeyler yaparım. 1 2 3 4

20- İçin için köpürürüm ama gösteremem. 1 2 3 4

ÖFKELENDİĞİMDE VEYA KIZDIĞIMDA ...

Sizi ne kadar tanımlıyor?

	Hiç	Biraz	Oldukça	Tümüyle
21- Davranışlarımı kontrol ederim.	1	2	3	4
22- Başkalarıyla tartışırım.	1	2	3	4
23- İçimde, kimseye söyleyemediğim kinler beslerim.	1	2	3	4
24- Beni çileden çıkararak her neyse saldırırım.	1	2	3	4
25- Öfkem kontrolden çıkmadan kendimi durdurabilirim.	1	2	3	4

Sizi ne kadar tanımlıyor?

	Hiç	Biraz	Oldukça	Tümüyle
26- Gizliden gizliye insanları epeyce eleştiririm.	1	2	3	4
27- Belli ettiğimden daha öfkeliyimdir.	1	2	3	4
28- Çoğu kimseye kıyasla daha çabuk sakinleşirim.	1	2	3	4
29- Kötü şeyler söylerim.	1	2	3	4
30- Hoşgörülü ve anlayışlı olmaya çalışırım.	1	2	3	4

Sizi ne kadar tanımlıyor?

	Hiç	Biraz	Oldukça	Tümüyle
31- İçimden insanların fark ettiğinden daha fazla sinirlenirim.	1	2	3	4
32- Sinirlerime hakim olamam.	1	2	3	4
33- Beni sinirlendirenlere, ne hissettiğimi söylerim.	1	2	3	4
34- Kızgınlık duygularımı kontrol ederim.	1	2	3	4

Appendix F: Difficulties in Emotion Regulation Scale

Aşağıda insanların duygularını kontrol etmekte kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz. Değerlendirmenizi uygun cevap önündeki yuvarlak üzerine çarpı (X) koyarak işaretleyiniz.

1. Ne hissettiğim konusunda netimdir.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

2. Ne hissettiğimi dikkate alırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

3. Duygularım bana dayanılmaz ve kontrolsüz gelir.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

4. Ne hissettiğim konusunda net bir fikrim vardır.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

5. Duygularıma bir anlam vermekte zorlanırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

6. Ne hissettiğime dikkat ederim.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

7. Ne hissettiğimi tam olarak bilirim.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

8. Ne hissettiğimi önemserim.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

9. Ne hissettiğim konusunda karmaşa yaşarım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

10. Kendimi kötü hissettiğimde, bu duygularımı kabul ederim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

12. Kendimi kötü hissettiğimde, böyle hissettiğim için utanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

13. Kendimi kötü hissettiğimde hiçlerimi yapmakta zorlanırım..

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

14. Kendimi kötü hissettiğimde kontrolümü kaybederim..

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

16. Kendimi kötü hissettiğimde somuç olarak yoğun depresif duygular içinde olacağıma inanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

19. Kendimi kötü hissettiğimde, kendimi kontrolden çıkmış hissedirim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

20. Kendimi kötü hissettiğimde, halen işlerimi sürdürebilirim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılıyorum.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

29. Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim birşey olmadığına inanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

33. Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım.

- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman

34. Kendimi kötü hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.

- Neredeyse
Hiçbir zaman
- Bazen
- Yaklaşık
Yarı yarıya
- Çoğu zaman
- Neredeyse
Her zaman

35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.

- Neredeyse
Hiçbir zaman
- Bazen
- Yaklaşık
Yarı yarıya
- Çoğu zaman
- Neredeyse
Her zaman

36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur.

- Neredeyse
Hiçbir zaman
- Bazen
- Yaklaşık
Yarı yarıya
- Çoğu zaman
- Neredeyse
Her zaman

Appendix G: Brief Symptom Inventory

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Yanıtlarınızı kurşun kalemle işaretleyin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:

Bu belirtiler son bir haftadır sizde ne kadar var?

0. Hiç Yok

1.Biraz var

2.Orta derecede var

3.Epey var

4.Çok fazla var

		Bu belirtiler son bir haftadır sizde ne kadar var?				
		Hiç				Çok fazla
1.	İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2.	Baygınlık, baş dönmesi	0	1	2	3	4
3.	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4.	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5.	Olayları hatırlamada güçlük	0	1	2	3	4
6.	Çok kolayca kızıp öfkelenme	0	1	2	3	4
7.	Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8.	Meydanlık yerlerden korkma duygusu	0	1	2	3	4

9.	Yaşamanıza son verme düşünceleri	0	1	2	3	4
10.	İnsanların çoğuna güvenilemeyeceği hissi	0	1	2	3	4
11.	İştahta bozukluklar	0	1	2	3	4
12.	Hiç bir nedeni olmayan ani korkular	0	1	2	3	4
13.	Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14.	Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15.	İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16.	Yalnızlık hissetmek	0	1	2	3	4
17.	Hüzünlü, kederli hissetmek	0	1	2	3	4
18.	Hiçbir şeye ilgi duymamak	0	1	2	3	4
19.	Ağlamaklı hissetmek	0	1	2	3	4
20.	Kolayca incinebilme, kırılmak	0	1	2	3	4
21.	İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22.	Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23.	Mide bozukluğu, bulantı	0	1	2	3	4
24.	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25.	Uykuya dalmada güçlük	0	1	2	3	4
26.	Yaptığımız şeyleri tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4

	Hiç				Çok Fazla
27. Karar vermede güçlükler	0	1	2	3	4
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4
29. Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30. Sıcak soğuk basmaları	0	1	2	3	4
31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32. Kafanızın "bomboş" kalması	0	1	2	3	4
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34. Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35. Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36. Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/ zorlanmak	0	1	2	3	4
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38. Kendini tedirgin ve gergin hissetmek	0	1	2	3	4
39. Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40. Birini dövme, ona zara verme, yaralama isteği	0	1	2	3	4
41. Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42. Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4

	Hiç				Çok Fazla
43. Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44. Bir başka insan hiç yakınlık duymamak	0	1	2	3	4
45. Dehşet ve panik nöbetleri	0	1	2	3	4
46. Sık sık tartışmaya girmek	0	1	2	3	4
47. Yalnız bırakıldığında/ kalındığında sinirlilik hissetmek	0	1	2	3	4
48. Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49. Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50. Kendini değersiz görmek/ değersizlik duyguları	0	1	2	3	4
51. Eğer izin verirsiniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52. Suçluluk duyguları	0	1	2	3	4
53. Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

Appendix H: Satisfaction with Life Scale

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı maddenin başındaki boşluğa yazarak belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam bizim için en doğru yanıttır. Lütfen, açık ve dürüst şekilde yanıtlayınız.

7 = Kesinlikle katılıyorum

6 = Katılıyorum

5 = Çok az katılıyorum

4 = Ne katılıyorum ne de katılmıyorum

3 = Biraz katılmıyorum

2 = Katılmıyorum

1 = Kesinlikle katılmıyorum

_____ Pek çok açıdan ideallerime yakın bir yaşamım var.

_____ Yaşam koşullarım mükemmeldir.

_____ Yaşamım beni tatmin ediyor.

_____ Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim.

_____ Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim.

Appendix I: Informed Consent Form

Sayın Katılımcı;

Bu çalışma, Prof. Dr. Tülin Gençöz danışmanlığında, ODTÜ Psikoloji Bölümü yüksek lisans öğrencisi İrem Akıncı'nın yüksek lisans tezi kapsamında yürütülmektedir. Araştırmanın amacı, bazı kişilik özelliklerinin, psikolojik sağlık ile olan ilişkisini ve duyguların, duygu düzenlemenin ve kişilerarası problemlerin bu ilişkideki rolünü incelemektir.

Bu amaç doğrultusunda sizden bazı soruları yanıtlamanız istenecektir. Soruları yanıtlamanız yaklaşık olarak 20 dakikanızı alacaktır. Çalışmanın objektif olması ve elde edilecek sonuçların güvenilirliği açısından, anket sorularını içtenlikle yanıtlamanız önemlidir. Çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır. Bu çalışma kapsamında vereceğiniz tüm bilgiler tamamen gizli kalacaktır. Çalışmada, isminizi ve kimliğinizi ortaya çıkaracak herhangi bir soru yer almamaktadır. Anket genel olarak, kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, cevaplama işini bırakmakta serbestsiniz. Verdiğiniz bilgiler gizli tutulacak, sadece araştırmacılar tarafından toplu olarak değerlendirilecek ve elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır. Katılımınız için şimdiden teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak için ODTÜ Psikoloji Bölümü yüksek lisans öğrencisi ve araştırma görevlisi İrem Akıncı (E-posta: e165171@metu.edu.tr) ve tez danışmanı Prof. Dr. Tülin Gençöz (E-posta: tgenco@metu.edu.tr) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

İsim Soyad

Tarih

İmza

----/----/-----

Appendix J: Ethics Committee Approval

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

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Sayı: 28620816/48 - 124

30.01.2015

Gönderilen : Prof. Dr. Tülin Gençöz
Psikoloji Bölümü

Gönderen : Prof. Dr. Canan Sümer
IAK Başkan Vekili

İlgili : Etik Onayı

Danışmanlığını yapmış olduğunuz Psikoloji Bölümü öğrencisi İrem Akıncı'nın "Farklı Narsisizm Türlerinin Psikolojik Sağlık ve Yaşam Doyumu ile İlişkisi: Duyguların Aracı, Duygu Düzenleme ve Kişilerarası Problemlerin Düzenleyici Rolü" isimli araştırması "İnsan Araştırmaları Komitesi" tarafından uygun görülerek gerekli onay verilmiştir.

Bilgilerinize saygılarımla sunarım.

Etik Komite Onayı

Uygundur

30/01/2015

Prof. Dr. Canan Sümer
Uygulamalı Etik Araştırma Merkezi
(UEAM) Başkan Vekili
ODTÜ 06531 ANKARA

Appendix K: Turkish Summary

1. GİRİŞ

Bu çalışmada, büyüklenmeci ve kırılgan narsistik kişilik özelliklerin psikolojik iyilik hali ile olan ilişkisi ve duyguların (utanç, suçluluk, gurur, öfke, içe atılan öfke, dışa vurulan öfke ve öfke kontrolü) ve duygu düzenleme güçlüklerinin bu ilişkideki rolü araştırılmıştır.

1.1. Narsisizmin Kavramsallaştırılması

Narsisizm kelimesinin anlamı bir efsane karakteri olan Narcissus'dan gelmektedir. Bu nedenle narsisizm Narcissus karakterinin özellikleri olan kibir, kayıtsızlık ve bencillik gibi özellikler ile özdeşleşmiştir. Narsisizm kavramı ile ilgili geliştirilen teorik bakış açıları ve bu alanda yapılan çalışmalar narsisizmin anlamı ve ifade edilişi ile ilgili daha geniş bir anlayışa katkı sağlayabilir.

Narsisizmin ortaya çıkışı çok eskilere dayansa da bu kavram ile ilgili kafa karışıklığı ve tartışmalar halen devam etmektedir. Heinz Kohut ve Otto Kernberg bu alanda öne çıkan iki isim olup narsisizm kavramının ayrıntılandırılıp anlaşılmasına büyük katkı sağlamışlardır. Kohut (1971) yaşamın erken dönemlerinde herkesin narsistik evrelerden geçtiğini ancak bunun bakım sağlayanın duyarlı, destekleyici ve empatik yaklaşımıyla daha uyumlu ve sağlıklı bir narsisizme dönüştüğünü belirtmiştir (akt., Russell, 1985). Diğer bir yandan Kernberg (1975) narsisizmi büyüklenmeci kendilik etrafında örgütlenmiş patolojik bir kişilik örüntüsü olarak tanımlamıştır (akt. Russell, 1985). Kernberg (1975) büyüklenmeci görünümün annenin ya da bakım sağlayanın reddi, ilgisizliği ya da uzaklığı ile baş etmek için geliştirilmiş bir savunma ya da maske olduğunu ileri sürmüştür. Kernberg'e göre (1975) büyüklenmeci kendilik bilinçdışı öfke ve kıskançlık duygularından beslenmektedir.

Kohut ve Kernberg'den sonra gelen teorisyenler ve arařtırmacılar da narsisizm kavramının gelişmesine yardımcı olmuştur. Bach (1977) narsistik kişiliğe sahip kişilerin istenmeyen yönleri bilinç düzeyinin dışında tutukları çelişkili kendilik durumları yaşadıklarını dile getirmiştir. Benzer bir şekilde Švrakić (1990) büyüklenmeci karakterin altında daha zayıf ve kırılğan bir benlik yapılanması olduğunu vurgulamıştır. Özetle, klinik teorisyenler ve arařtırmacılar çoğunlukla narsistik kişilik örgütlenmesindeki ikililiğe ve çelişkili kendilik süreçlerine dikkat çekmiştir.

Narsisizm kavramının ve narsistik kişiliğin ayrıntılandırılmasıyla, narsistik kişilik bozukluğuna DSM-III'te ilk kez yer verilmiştir. Narsisizm kavramı ile ilgili gelişmeler, sosyal ve kişilik psikolojisinde de bu konuyla ilgili çalışmaların artmasını sağlamıştır. Bu alanda, narsisizm daha çok Narsistik Kişilik Envanteri ile ölçülmüş ve yüksek benlik saygısı (Emmons, 1984) ve sağlıklı psikolojik işleyiş (Sedikides et al. 2004) ile ilişkili bulunmuştur. Sosyal ve kişilik psikoloji çalışmalarında ortaya çıkan bu tablo klinik psikolojide vurgulanan kırılğan narsistik özellikler ile örtüşmemektedir. Miller ve Campbell (2008) bu sorunun narsisizmin boyutsal bir kavram olarak ele alınması ve farklı türlerinin göz önünde bulundurulmasıyla çözümleneceğini öne sürmüştür.

1.1.2 Narsisizmin Alt Türleri

Narsisizmin kavramsallaştırılmasıyla ilgili yaşanan karmaşa kısmen bu kavramın doğasındaki karmaşıklıktan kaynaklanıyor olabilir. Akhtar ve Thompson (1982) narsistik kişiliği olan insanların bazı özellikleri belirgin bir şekilde diğerlerini ise daha gizil bir biçimde yaşadıklarını dile getirmiştir. Klinisyenler ve arařtırmacılar görünür özelliklere dayanarak iki temel narsistik karakter türünü çizmişlerdir. Bu türler genel olarak büyüklenmeci ve kırılğan narsisizm olarak adlandırılmaktadır. Büyüklenmeci narsistik özelliklere sahip olan kişiler kibir, kendi ile meşgul olma, hak iddia etme, eleştiriye tepki gösterme gibi özelliklerle tanımlanmıştır (Besser & Priel, 2010). Kırılğan narsistik özellikler sahip olanlar ise utangaç, içe dönük, utanç eğilimi olan, kaygılı ve çekingen bir portre çizmektedir (Kealy & Ramussen, 2012).

1.2. Narsisizm ve Psikolojik İyilik Hali

Narsisizmin psikolojik sağlık ile olan ilişkisi literatürdeki tartışmalı konulardan birisi olmuştur. Bazı araştırmacılar, narsistik kişilik özelliklerin insanları psikolojik sıkıntılara karşı koruduğunu belirtmiştir (Sedikides ve ark, 2004; Taylor ve ark. 2003). Ancak narsisizmin farklı ifade ediliş biçimleri bu iki değişkenin birbiri ile olan ilişkini etkileyebilir.

1.2.1. Narsistik Alt Türler ve Psikopatolojik Belirtiler

Geçmişte yapılan çalışmalarda, kırılabilir ve büyüklenmeci narsisizm türlerinin çeşitli psikopatolojik belirtiler ile farklı şekillerde etkileştiği bulunmuştur (Miller ve Campbell, 2008; Miller ve ark., 2011). Kırılabilir narsisizm türünün içselleştirme sorunlarının daha güçlü bir yordayıcısı olduğu gösterilmiştir (Tritt ve ark., 2009). Miller ve ark. (2001) kırılabilir narsistik özellikleri olduğunu rapor eden kişilerin depresyon, somatizasyon, kaygı gibi belirtileri göstermeye daha yatkın olduğunu ortaya çıkarmıştır. Kişilik patolojisi açısından bakıldığında, kırılabilir narsistik özellikleri olan kişilerin sınır durum, kaçınan ve depresif kişilik örgütlenmelerinin özelliklerini gösterdiği bulunmuştur (Miller ve ark., 2010; Dickinson & Pincus, 2003; Tritt ve ark., 2009).

Kırılabilir narsistik özellikler gösteren kişilerin aksine büyüklenmeci narsistik özellikler gösteren kişilerin daha uyumlu bir psikolojik işleyiş gösterdiği söylenebilir. Sedikides ve ark. (2004) yüksek büyüklenmeci narsisizm puanları olan kişilerin depresyon, kaygı, yalnızlık, üzüntü belirtilerini göstermeye daha az yatkın olduğunu bulmuştur. Diğer bir yandan Madrian ve Cheney (1998) ise Narsistik Kişilik Envanteri'nden yüksek puan alan kişilerin günlük yaşantılarına bağlı olarak benlik saygılarında daha fazla dalgalanmalar olduğunu göstermiştir. Benzer bir şekilde, Morf ve Rhodewalt (2001) büyüklenmeci narsistlerin yüksek benlik saygılarını korumak uğruna kişilerarası ilişkilerini bozmaya ve bilişsel çarpıtmalar yapmaya yöneldiklerini göstermiştir. Bu bulgular, büyüklenmeci narsistlerin her ne kadar kendilerini psikolojik sorunlardan uzak olarak tanımlasalar da aslında bu

görüntülerini korumak için belirli eylemlerde bulduklarını ve bu süreçte benlik saygılarını ve duygularını düzenlemekte güçlük çektiklerini göstermiştir.

1.2.2. Narsisizmin Alt Türleri ve Öznel İyilik Hali

Öznel iyilik hali açısından, araştırmalar kırılmalı narsistik özellikler sergileyen kişilerin hayatları ve romantik ilişkileri ile ilgili daha az tatmin yaşadıklarını ve olumlu duyguları daha az rapor ettiklerini ortaya koymuştur (Wink, 1991; Rose, 2002). Son zamanlarda yapılan araştırmalarda büyüklenmeci narsisizm ile öznel iyilik hali göstergeleri arasında pozitif bir ilişki olduğu bulunmuştur (Žemojtel-Piotrowska, Clinton, & Piotrowski, 2014). Büyüklenmeci narsistlerin istikrarsız benlik saygıları ve yıkıcı öz yüceltme stratejileri düşünüldüğünde, öznel iyilik hallerini nasıl devam ettirdiklerini anlamak önem kazanmaktadır.

1.3. Duygular

Duygular kişilerin psikolojik işleyişinde önemli rol oynayan faktörlerden biridir ve aynı zamanda kişiliğin ayrılmaz parçalarındandır (Revelle & Scherer, 2009). Bazı duygular kişilerde psikopatolojik belirtilerin ortaya çıkmasına yol açarken bazıları da insanların psikolojik iyilik haline katkı sağlayabilmektedir. Bu bağlamda, narsisizmin merkezinde yer alan öz-bilinç duygular ve öfke (Rhodewalt & Morf, 1998) psikolojik sağlıkla ilişkili görünmektedir (Cândea & Szentágotai, 2013; Krug ve ark., 2008).

1.3.1. Öz-Bilinç Duygular ve Psikolojik İyilik Hali

Öz-bilinç duygular, kişiler kendi benliklerinin farkına varmaya başladıklarında, içinde yaşadıkları topluluğun kurallarını, standartlarını ve amaçlarını öğrenmeye başladıklarında ve kendi benliklerini bu kurallar ve standartlar ile karşılaştırmaya başladıkları zaman ortaya çıkmaktadır (Lewis, 1995). Ne tür bir öz-bilinç duygusunun açığa çıkacağı ise bir olayın nedeninin ne tür faktörlere yüklendiği ile ilişkilidir.

Bir kişinin davranışı, o kişinin benlik tanımı ile örtüşmediğinde ve bu davranışın sorumlusu benliğin bütünü olarak görüldüğünde utanç duygusu ortaya çıkmaktadır (Lewis, 1995). Utanç çok yoğun ve baskın bir duygu olarak görülmekte ve kişilerde yok olma isteği uyandırmaktadır. Tangney, Burggraff, and Wagner (1995) utanç eğiliminin depresif belirtileri de içeren birçok psikopatolojik sorunla alakalı olduğunu göstermiştir.

Suçluluk duygusu da utanç gibi benlik ile ilgili olumsuz duygu ve düşünceleri açığa çıkarsa da, suçlulukta kişiler davranışlarının nedenlerini özel ve değişebilen faktörlere atfedebilmektedirler (Tracy & Robins, 2004). Bu nedenle, utanç ile karşılaştırıldığında suçluluk daha az yoğun bir duygu olarak nitelendirilmekte ve kişileri davranışlarını düzeltmek yönünde bir eyleme sevk etmektedir (Lewis, 1995). Utancın aksine suçluluk psikopatolojik belirtilerle ilişkili bulunmamıştır (Pineles & ark., 2006; Fergus ve ark., 2010).

Gurur duygusu ise bir diğer öz-bilinç duygusudur ve utanç ve suçluluğun aksine kişide olumlu bir duygu durumunun ortaya çıkmasını sağlamaktadır. Bu duygu genellikle kişi bir davranışı, durumu ya da olayı başarı olarak algıladığında ortaya çıkmaktadır. Eğer bu başarının nedeni tüm benliğe genelleniyorsa "hubristic" gurur ama belirli bir davranışa yükleniyorsa "authentic" gurur belirmektedir (Tracy & Robins, 2007). Bir araştırmada bu iki tür gurur duygusunun da kaygı gibi olumsuz duygu durumuna karşı koruyucu bir faktör olduğu bulunmuştur (Carver ve ark., 2010).

1.3.2. Öfke ve Psikolojik İyilik Hali

Öfke, sosyal olarak kabul edilebilir fiziksel ve sözel yollarla ifade edilen olumsuz bir bilişsel ve duygu durumu olarak tanımlanmaktadır (Kassinove & Sukhodolsky, 1995). Öfkenin ve farklı ifade ediliş tarzlarının çeşitli psikopatolojik belirtilerle ilişkili olduğu gösterilmiştir (Riggs ve ark., 1992; Krug ve ark., 2008).

Emery (2008) öfkenin bazen altta yatan bilinçdışı, acı veren duygulara tepki olarak çıktığını ve kişinin o sıkıntı veren duygudan uzaklaşmasına yardımcı olduğunu belirtmiştir. Tangney ve ark. (1992) utanç duygusunun kişilerde öfke duygusunun açığa çıkması ile ilişkili olabileceğini dile getirmiştir. Bu çalışmalar göz

önünde bulundurulduğuda utanç duygusu öfkenin ardındaki önemli motivasyon kaynaklarından olabilir.

1.4. Duygu Düzenleme Güçlükleri ve Psikolojik İyilik Hali

Yukarıda bahsi geçen duygular kadar, kişilerin bu duygulara nasıl karşılık verdiği de psikolojik sağlık açısından önem arz etmektedir. Gratz ve Roemer (2004) duyguların farkında olmanın, onları anlamlandırmanın, kabullenmenin ve kötü hissedildiğinde dürtüleri kontrol altında tutmanın, hedefe odaklanmanın ve etkili baş etme yöntemleri geliştirmenin duygu düzenlemedeki öneminin altını çizmektedir. Bu alanlarda yaşanan zorlukların kendine zarar verme gibi çeşitli psikolojik sonuçları olduğu gösterilmiştir (Gratz & Roemer, 2004). Haynos ve ark. (2015) kaygı seviyesi kontrol edildiğinde duygu düzenlemedeki güçlüklerin yeme bozukluklarındaki artış ile ilişkili olduğunu göstermiştir. Bazı araştırmalar da duygu düzenleme güçlüklerinin sağlıklı kişilik özelliklerinin ortaya çıkışında ve devam etmesinde önemli bir rol oynadığını göstermiştir (Velotti & Garofalo, 2015; Stepp ve ark., 2014).

1.5. Duyguların ve Duygu Düzenleme Güçlüklerinin Narsisizm ve Psikolojik İyilik Hali Arasındaki Rolü

Utanç, gurur, öfke gibi duygular hem teorik hem ampirik olarak narsisizmle ilişkili duygulardır. Broucek (1982) utanç duygusu ile nasıl başa çıkıldığının farklı narsistik türlerin oluşmasında etkili olduğunu dile getirmiştir. Utanç duygusu kırılğan narsisizm ile pozitif yönde (Czarna, 2014), büyüklenmeci narsisizm ile negatif yönde bir ilişki göstermektedir (Wright ve ark., 1989). Gurur duygusunun da narsistik kişilik örgütlenmesinde önemli bir yere sahip olduğu düşünülmektedir (Tracy ve ark., 2009). Kaçınğan kişilik tarzlarından dolayı kırılğan narsistik özellikler gösteren kişilerin olumlu olaylardan büyüklenmeci narsistler kadar iyi yararlanamadıkları bulunmuştur (Tritt ve ark., 2009). Gurur duygusu bu kişilerde kısa süreli bir rahatlama yaratsa da yaşam içinde karşılaşılan zorluklar, engeller bu durumu kesintiye uğratabilmektedir. Narsistik kişilik yapılanması olan kişiler bir engellenme yaşadıklarında buna öfke ile karşılık vermektedir (Rhodewalt ve Morf, 1998). Öfke

duygusunun nasıl yaşandığı ve ne şekillerde ifade edildiği narsistik alt türlere göre değişkenlik gösterebilir. Bir araştırmada utancın ve öfkenin kırılğan narsisizm ve saldırganlık arasındaki ilişkide aracı bir rolü olduğu bulunmuştur (Ghim ve ark., 2015). Ancak, henüz literatürde bütün bu duyguları, duygu düzenleme güçlüklerini ve farklı narsistik türleri içeren daha kapsayıcı bir araştırma bulunmamaktadır.

1.6. Çalışmanın Amaçları

Literatürdeki bulgular ve eksiklikler göz önünde bulundurulduğunda, bu çalışma;

1. Yaş ve cinsiyet farklılıklarının araştırmanın değişkenleri üzerindeki olası etkilerini incelemeyi,
2. Çalışmadaki değişkenler arasındaki korelasyonları incelemeyi,
3. Duygular, duygu düzenleme güçlükleri ve psikolojik iyilik hali ile ilişkili değişkenleri incelemeyi,
4. Duyguların ve duygu düzenleme güçlüklerinin, narsistik türler ve psikolojik iyilik hali arasındaki rolünü incelemeyi amaçlamaktadır.

2.. YÖNTEM

2.1. Katılımcılar

Çalışmanın örneklemini yaşları 18 ile 75 arasında değişen 559 kişiden oluşmaktadır. Bu katılımcıların 341'i (% 61) kadın 218'i (% 39) erkektir. Örneklemin büyük çoğunluğu üniversite öğrencileri ve mezunlarından oluşmaktadır.

2.2. Ölçüm Araçları

2.2.1. Narsistik Kişilik Envanteri

Raskin ve Hall (1979) tarafından geliştirilen bu öz-bildirim ölçeği narsistik kişilik özelliklerinin seviyesini belirlemek amacıyla kullanılmaktadır. Her madde

narsisizmle uyuşan ve uyuşmayan iki cümleden oluşmaktadır. Kişilerden kendilerine en uygun olan cümleyi işaretlemeleri istenmektedir. Bu ölçek Türkçeye Atay (2009) tarafından uyarlanmış olup yeterli güvenilirlik ve geçerlik düzeyine sahiptir.

2.2.2 Kırılğan Narsisizm Ölçeği

Bu ölçek Hendin ve Cheek tarafından kırılğan narsistik özellikleri ölçmek amacıyla geliştirilmiştir. 10 maddeden oluşan bu ölçek, 5'li Likert tipi bir ölçek üzerinde değerlendirilmektedir. Bu ölçeği Türkçeye Şengül ve ark. (baskıda) uyarlamış ve ölçeğin Türkçe formunun yeterli düzeyde güvenilir ve geçerli olduğu bulunmuştur. Bu çalışmada, ölçekteki bazı maddelerin Türkçe ifadeleri tekrar gözden geçirilmiş ve bu maddeler araştırmacı ve tez danışmanı tarafından tekrar düzenlenmiştir.

2.2.3. Sürekli Utanç ve Öfke Ölçeği

Bu ölçek, Rohleder, Chen, Wolf ve Miller (2008) tarafından Durumluk Utanç ve Suçluluk (Marschall, Saftner, & Tangney, 1994) ölçeğinin uyarlanmasıyla oluşturulmuştur. Katılımcılardan geçtiğimiz son birkaç ayda utanç, suçluluk ve gurur duygularını ne derece hissettiklerini bildirmeleri istenmektedir. Türkçeye Bugay ve Demir (2011) tarafından uyarlanan 15 maddelik bu ölçek, 5'li Likert tipi bir puanlama ölçeğinde değerlendirilmektedir. Türkçe ölçeğin yüksek güvenilirlik ve geçerlik değerlerine sahip olduğu bulunmuştur.

2.2.4. Durumluk-Sürekli Öfke ve Öfke İfadeleri Ölçeği

Bu ölçek Spielberger, Jacobs, Russel ve Carne (1983) tarafından geliştirilmiş olup, karakter özelliği olarak öfkeyi ve farklı öfke ifade biçimlerini değerlendirmektedir. Ölçek Türkçeye Özer (1994) tarafından uyarlanmıştır. Türkçe formu 34 maddeden ve sürekli öfke, içe atılan öfke, dışa vurulan öfke ve öfke kontrolü olmak üzere 4 alt-ölçekten oluşmaktadır. Türkçe ölçek de yeterli güvenilirlik ve geçerlilik değerlerine sahiptir.

2.2.5. Duygu D zenleme G  l klere  l eđi

Bu  l ek Gratz ve Roemer (2004) tarafından 6 farklı duygu d zenleme alanında yařanan zorlukları  l mek amacıyla geliřtirilmiřtir.  l ek 36 maddeden oluřmakta ve 5'li Likert tipi bir  l ek  zerinden deđerlendirilmektedir. Bu  l ek T rk eye Rugancı ve Gen z (2010)ve Kavcıođlu ve Gen z (2011) tarafından uyarlanmış olup, y ksek ge erlik ve g venirlik deđerlerine sahiptir.

2.2.6. Kısa Semptom Envanteri

Derogatis (1992) tarafından geliřtirilen bu  l ek, genel psikopatolojik belirtileri deđerlendirmek amacıyla kullanılmaktadır. Bu  l ek 53 maddeden oluřmakta ve bu maddeler 5'li Likert tipi bir  l ek  zerinden deđerlendirilmektedir.  l eđin T rk e uyarlamasını řahin ve Durak (1994) yapmış olup, bu  l eđin yeterli d zeyde g venilir ve ge erli olduđunu g stermiřtir.

2.2.7. Yařam Doyum  l eđi

Diener ve ark. (1985) tarafından geliřtirilen bu  l ek kiřilerin yařam doyum seviyelerini  l meyi ama lamaktadır. Bu  l ek 5 maddeden oluřmakta ve 7'li Likert tipi bir  l ek  zerinde deđerlendirilmektedir. Bu  l eđin T rk e uyarlaması Durak, řenol-Durak ve Gen z (2011) tarafından ger ekleřtirilmiřtir.  l eđin T rk e formunun y ksek g venirlik ve ge erlik deđerlerine sahip olduđu bulunmuřtur.

2.3. İřlem

ODT  Etik Komite izni alındıktan sonra veri toplama s reci bařlatılmıştır. Yukarıda belirtilen  l ekler katılımcılara internet ve k đit-kalem yoluyla ulařtırılmıştır. Katılımcıların  l ekleri tamamlaması yaklaşık olarak 40 dakika s rmuřt r.

2.4. İstatiksel Analizler

Öncelikle, demografik değişkenlerin araştırmanın değişkenleri üzerindeki etkisini belirlemek amacıyla ANOVA ve Çoklu Karşılaştırma Analizleri yürütülmüştür. Değişkenler arasındaki ilişki korelasyon analizi yürütülerek belirlenmiştir. Duygular, duygu düzenleme güçlükleri ve psikolojik iyilik hali ile ilişkili değişkenleri belirlemek amacıyla aşamalı regresyon analizleri yürütülmüştür. Duyguların ve duygu düzenleme güçlüklerinin aracı rolünü belirlemek amacıyla Preacher ve Hayes (2008) tarafından önerilen "indirect macro" yöntemi izlenmiştir.

3. BULGULAR

3.1. Çalışmanın Değişkenlerine Dair Betimleyici Analizler

Çalışmadaki değişkenlerin ortalama değerleri, standart sapma skorları, en yüksek ve en düşük puanları ve iç tutarlılık güvenirlilik değerleri Tablo 3.1'de gösterilmektedir.

3.2. Yaş ve Cinsiyet Farklılıklarının Çalışmanın Değişkenleri Üzerindeki Etkisi

Toplam ölçek puanlarını değerlendirmek için ANOVA, alt-ölçek puanlarını değerlendirmek için MANOVA yürütülmüştür. Analizlerden önce, katılımcıların yaşları, beliren, erken, orta ve oturmuş-geç yetişkinlik olmak üzere 4 gruba ayrılmıştır. Bu kategorizasyon Tablo 3.2.'de görülebilir.

Sonuçlara göre, kadınlar ve erkekler arasında saldırganlık ve yaşam doyum düzeyi bakımından anlamlı farklılıklar olduğu görülmüştür. Kadınlar erkeklere göre daha yüksek yaşam doyum seviyesine ve daha düşük saldırganlık düzeyine sahiptir. Anlamlı yaş farklılıkları çalışmanın gurur duygusu hariç bütün değişkenlerinde ortaya çıkmıştır. Belirgin, erken ve orta yaş dönemlerinde olan kişiler kırılğan narsisizm, utanç, suçluluk, genel duygu düzenleme güçlüğü, dürtüleri kontrol etme, hedefe odaklanma, etkili duygu düzenleme yöntemleri bulma alanlarındaki güçlükler, genel psikopatolojik belirtiler, kaygı, olumsuz benlik gibi değişkenlerde

oturmuş-geç dönem yaş grubuna göre daha yüksek puanlar elde etmiştir. Büyüklenmeci narsisizm açısından beliren yaş grubundaki kişiler orta ve oturmuş-geç yaş grubundaki kişilerden ve erken yaş grubundaki kişiler de oturmuş-geç yaş grubundaki kişilerden daha yüksek puanlar almıştır. Beliren yaş grubundaki kişiler erken, orta ve oturmuş-geç dönem yaş grubundaki kişilerden sürekli öfke ve öfkenin dışa vurumu açısından daha yüksek skorlar elde etmiştir. Öfkenin içe atılması ile ilgili olarak ise beliren yaştaki kişiler sadece oturmuş-geç yaş dönemindekilerden yüksek puanlar almıştır. Duyguları kabullenme ile ilgili güçlükte de beliren dönem yaş grubundakiler oturmuş-geç yaşa döneminde olan kişilerden daha yüksek puan almıştır. Duygusal açıklıktaki güçlüklerde ise beliren ve erken yaş dönemindekiler orta ve oturmuş-geç dönemindeki kişilere göre daha yüksek puanlar almıştır. Kısa Semptom Envanterinin saldırganlık, depresyon ve somatizasyon alt-ölçeklerinde beliren yaş dönemindekiler orta yaş dönemindekilerden daha yüksek puanlar elde etmiştir. Depresyonda ayrıca beliren ve erken yaş dönemlerindeki yetişkinler oturmuş-geç yaş dönemindekilerden daha yüksek puanlar almıştır. Somatizasyonda da beliren dönemdeki yetişkinler oturmuş-geç yaş dönemindeki yetişkinlerden daha yüksek puanlar almıştır.

3.3. Değişkenler Arası Korelasyon Değerleri

Değişkenler arasındaki korelasyonları incelemek amacıyla Pearson korelasyon katsayıları hesaplanmıştır. Bu analizin sonuçlarına Tablo 3.3.'te yer verilmiştir.

3.4. Regresyon Analizleri

Duygular, duygu düzenleme güçlükleri ve psikolojik iyilik hali ile ilgili değişkenleri incelemek amacıyla 3 set halinde aşamalı regresyon analizleri yürütülmüştür.

3.4.1. Duygularla İlişkili Değişkenler

İlk basamakta regresyon denkleminde cinsiyet ve yaş değişkenleri kontrol amacıyla girilmiştir. İkinci basamakta ise kırılman ve büyüklenmeci narsistik değişkenler analize dâhil edilmiştir.

Sonuçlara göre cinsiyet değişkeni sadece sürekli öfke değişkenine anlamlı bir katkı sağlamıştır. Diğer bir deyişle, kadın katılımcılar erkeklere göre daha az öfke hissetme eğilimindedirler. Yaş değişkeninin gurur hariç bütün duygular üzerinde anlamlı bir etki gösterdiği ortaya çıkmıştır. Diğer bir ifadeyle, katılımcıların yaşları arttıkça utanç, suçluluk, öfke, bastırılmış ve dışarı yansıtılan öfke eğilimleri azalmakta ve öfke kontrolüne olan yatkınlıkları artmaktadır.

Narsistik türler içinden kırılman narsisizm bütün duygulara anlamlı olarak etki etmiştir. Kırılman narsistik özellikler arttıkça utanç, öfke, içe atılan, dışa vurulan ve kontrol edilemeyen öfke eğilimleri artmakta ve gurur hissetmeye yönelik eğilim azalmaktadır. Büyüklenmeci narsisizm sadece sürekli öfke, dışa vurulan öfke ve gurur duygularına anlamlı olarak etki etmiştir. Diğer bir ifadeyle büyüklenmeci narsistik özellikler arttıkça, kişilerin öfke ve gurur hissetmeye ve öfkeyi dışarı yansıtmaya yönelik eğilimleri artmaktadır.

3.4.2. Duygu Düzenleme Güçlükleri ile İlişkili Değişkenler

Bu regresyon denkleminde bir öncekinden farklı olarak üçüncü basamakta duygular analize dâhil edilmiştir.

Kontrol değişkenlerinden yaş, duygu düzenleme alt-ölçeklerinden açıklık, kabullenme, dürtü kontrolü, amaçlar ve stratejiler alanlarına anlamlı bir şekilde etki etmiştir.

Narsistik türlerden kırılman narsisizm bütün duygu düzenleme güçlüklerine anlamlı bir şekilde etki etmiştir. Katılımcıların kırılman narsistik özellikleri arttıkça duygu düzenlemenin her alanında zorluk yaşama yatkınlıkları da artmaktadır. Büyüklenmeci narsistik özellikler gösteren kişiler ise duygularla ilgili açıklık ve farkındalıkta daha az zorluk çekmekte ancak dürtüleri kontrol etme ve etkili duygu düzenleme stratejileri bulmakta zorluk yaşamaktadırlar.

Duygular denkleme girildiğinde, açıklanan varyans önemli ölçüde artış göstermiştir. Utanç duygusu, duyguları kabullenme, dürtüleri kontrol etme ve etkili duygu düzenleme stratejileri bulma ile ilgili güçlüklerle anlamlı şekilde ve pozitif yönde etki etmiştir. Suçluluk duygusu sadece hedefe odaklanma ile ilgili güçlüklerle alakalı bulunmuştur. Gurur duygusu, duygularla ilgili açıklık, farkındalık, amaca odaklanma ve etkili stratejiler bulmakla ilgili alt-ölçeklere anlamlı olarak negatif yönde etki etmiştir. Sürekli öfke ise duyguları kabullenme ve dürtüleri kontrol etme ile ilgili güçlüklerle ilişkili bulunmuştur. İçeride atılan öfke bütün duygu düzenleme güçlükleri ile ilişkili bulunmuş, dışarı yansıtılan öfke ise sadece duyguları fark etmede, kabullenmede ve dürtüleri kontrol etmede yaşanan güçlüklerle alakalı bulunmuştur. Öfke kontrolü ise duygularla ilgili açıklık, farkındalık, kabullenme ve dürtüleri kontrol etme alt-ölçekleri ile ilişkili bulunmuştur.

3.4.3. Psikolojik İyi Hali ile İlişkili Değişkenler

Bir önceki regresyon denkleminde farklı olarak dördüncü basamakta denkleme duygu düzenleme güçlükleri girilmiştir.

Kontrol değişkenlerinden cinsiyet yaşam doyum seviyesine anlamlı şekilde katkı sağlamıştır. Erkekler için kadınlar yaşamlarından daha çok zevk almaktadır. Yaş hem psikopatolojik belirtilere hem yaşam doyum seviyesine anlamlı şekilde etki etmiştir. Kişiler yaşlandıkça psikopatolojik sorunlar yaşamaya olan eğilimleri düşmüş, yaşamdan aldıkları zevk artmıştır.

Narsistik türlerden, kırılabilir narsisizm hem psikopatolojik belirtilere hem de yaşam doyum düzeyine anlamlı bir şekilde etki etmiştir. Kırılabilir narsistik özellikler gösteren kişilerin psikolojik sorunlar yaşamaya ve hayattan zevk almamaya eğilimli oldukları görülmüştür. Büyüklenmeci narsistik özellikler gösteren kişilerin ise yaşadıkları hayattan memnun olmaya yatkın oldukları bulunmuştur.

Duygular arasında, utanç, öfke, içeride atılan öfke, dışarı vurulan öfke psikopatolojik belirtilerle pozitif yönde ilişki göstermiş; gurur ise negatif yönde ilişki göstermiştir. Yaşam doyumunu ile duygulardan sadece gurur ve kontrol edilen öfke alakalı bulunmuştur.

Duygu dzenleme glklerinden stratejiler alt-leđi psikopatolojik belirtiler ile duygularda aıklık alt-leđi ise yařam doyumunu ile anlamlı bir řekilde iliřkilenmiřtir. Etkili duygu dzenleme yntemleri bulmakta glk yařayan kiřiler psikopatolojik belirtiler gstermeye daha eđilimli bulunmuřtur. Duyguları konusunda karmařa yařayan kiřilerin ise hayatlarından daha az memnun oldukları grlmřtir.

3.5. Aracı Deđiřken Analizleri

Duyguların ve duygu dzenleme glklerinin narsistik trler ve psikolojik iyilik hali arasındaki aracı roln test etmek iin Preacheer ve Hayes (2008) tarafından ne srlen Bootstrap yntemi ile kullanılmıřtır.

3.5.1. Byklenmeci Narsisizm ve Psikopatolojik Belirtiler

Byklenmeci narsisizmin psikopatolojik belirtiler zerinde aracı deđiřkenlerle birlikte toplam bir etki gsterdiđi ancak aracı deđiřkenler kontrol edildiđinde bu etkinin ortadan kaybolduđu grlmřtir. Byklenmeci narsisizmin duygular ve duygu dzenleme glkleri zerinden psikopatolojik belirtileri dolaylı bir řekilde etkilediđi grlmřtir. Bunun yanı sıra gururun, fkenin ve duygu dzenleme glklerinin tek bařına iki deđiřken arasındaki iliřkiye aracılık ettiđi bulunmuřtur.

3.5.2. Byklenmeci Narsisizm ve Yařam Doyumu

Byklenmeci narsisizmin yařam doyumunu zerinde aracı deđiřkenlerle birlikte toplam bir etki gsterdiđi ancak aracı deđiřkenler kontrol edildiđinde bu etkinin ortadan kaybolduđu grlmřtir. Bunun yanı sıra gurur duygusunun tek bařına iki deđiřken arasındaki iliřkiye aracılık ettiđi bulunmuřtur.

3.5.3. Kırılğan Narsisizm ve Psikopatolojik Belirtiler

Kırılğan narsisizmin psikopatolojik belirtileri hem tek başına hem de aracı değişkenlerle birlikte etkilediği görülmüştür. Ayrıca, utancın, öfkenin, gururun ve duygu düzenleme güçlüklerinin tek başına iki değişken arasındaki ilişkide aracı rol oynadığı bulunmuştur.

3.5.4. Kırılğan Narsisizm ve Yaşam Doyumu

Kırılğan narsisizmin yaşam doyumunu hem tek başına hem de aracı değişkenlerle birlikte etkilediği görülmüştür. İki değişken arasındaki ilişkiye yalnızca gurur duygusunun aracılık ettiği bulunmuştur.

4. TARTIŞMA

Utanç duygusunun kırılğan narsisizmle olan ilişkisi ilgili yazındaki diğer bulgular tarafından da desteklenmektedir. Ampirik araştırmalarda narsisizmin kırılğan boyutunun düşük, bağımlı benlik saygısı ve utanç-eğilimi ile ilişkili olduğu bulunmuştur (Hibbard, 1992; Zeigler-Hill ve ark., 2008). Mevcut araştırmada da bulunduğu gibi kırılğan narsistlerdeki bu yoğun utanç duygusu onları gurur duygusunu hissetmekten alıkoyuyor olabilir. Malkin, Barry ve Zeigler-Hill (2011), kırılğan narsistik özellikler gösteren ergen bireylerin olumlu geri-bildirim karşısında bile utanç duygularının arttığını ortaya çıkarmıştır. Büyüklenmeci narsistlerin gurur ile olan bağı ise onları daha kırılğan, zayıf bir kendilikle karşılaşmaktan koruyor olabilir. Öfkenin ise iki narsisizm türünde de önemli bir yeri olduğu gösterilmiştir. Krizan ve Johar'ın (2014) da işaret ettiği gibi kırılğan narsistler yoğun öfke belirtileri gösterirken, büyüklenmeci narsistler öfke ile onu dışsallaştırarak baş etmektedirler.

Duygu düzenleme güçlükleri açısından, kırılğan narsistik özellikler gösteren kişiler daha kötü bir tablo çizmiştir. Daha önceden yürütülen araştırmalarda kırılğan narsistlerin duygu düzenlemede sorunlar yaşadığını ortaya koymuştur (Given-Wilson, Mellwain & Warburton, 2011). Bu durum, kırılğan narsislerin kendilerini olduklarından farklı göstermek için çok fazla kaynak tüketmesi ile ilişkili olabilir (Vohs, Ciarocco & Baumeister, 2005). Büyüklenmeci narsistler kırılğanlara göre

duygularının farkında olmak ve onları anlamlandırmak konusunda daha başarılı olsalar da onlarda dürtülerini kontrol etme ve etkili duygu düzenleme yöntemleri geliştirme konusunda zorluk yaşamaktadırlar. Bu durum da aslında büyüklenmeci görüntünün altında yatan daha zayıf ve kırılğan bir benliğe işaret edebilir.

Literatürdeki diğer bulgularla da örtüştüğü gibi kırılğan narsisizm psikopatolojik belirtilerle pozitif yönde, yaşam doyumu ile negatif yönde ilişkili bulunmuştur. Daha önceki araştırmalar bu durumun kırılğan narsistlerdeki düşük benlik saygısından kaynaklandığını öne sürmüştür (Rose, 2002). Diğer bir yandan ise büyüklenmeci narsisizm psikopatolojik belirtilerle anlamlı şekilde ilişkili bulunmamış ancak yaşam doyumu ile pozitif yönde ilişkili bulunmuştur. Aracı değişken analizleri, büyüklenmeci narsisizmin, öfke ve duygu düzenleme güçlükleri aracılığıyla psikopatolojik belirtileri, gurur duygusuyla da yaşam doyumunu etkilediğini göstermiştir. Bu durum büyüklenmeci narsistlerin hayatı olduğundan daha iyi görebildiklerini ve uzun vadede öfke ve duygu düzenlemedeki problemleri yüzünden psikolojik sorunlar yaşayabileceklerine işaret edebilir.

4.1. Araştırmanın Sınırlılıkları

Öncelikle bu çalışmanın kesitsel bir çalışma olması neden-sonuç ilişkisinin kurulmasını engellemektedir. Cinsiyet, eğitim seviyesi ve gelir düzeyindeki eşitsiz dağılımlar, çalışmanın sonuçlarının genelleme alanını sınırlandırmaktadır. Değişkenlerin öz-bildirim ölçekleri ile değerlendirilmesi de çalışmanın bir diğer sınırlılığdır.

4.2. Çalışmanın Güçlü Yönleri

Bu çalışma farklı iki narsistik türün varlığını destekler niteliktedir. Her ne kadar benzer yönleri olsa da bu iki tür birbirinden birçok alanda ayrılmaktadır. Bu çalışma ayrıca iki narsisizm türünün psikolojik sağlık ile nasıl ilişkilendiğini görmek açısından da ufuk açıcı olmuştur.

4.3. Gelecek Çalışmalar için Öneriler ve Çalışmanın Katkıları

Bu çalışma, büyülenmeci narsisizmde örtük bir şekilde var olduđu düşünölen utanç hissini ortaya çıkarma konusunda sınırlı kalmıştır. Bu nedenle, gelecekte yapılacak olan çalışmalarda, öz-bildirim ölçekleri yerine daha örtük ölçme teknikleri tercih edilebilir.

Bu çalışmanın bulgularının klinik uygulamalar açısından da fayda sağlayabileceđi düşünölmektedir. Klinisyenlerin ve de terapistlerin değerlendirme yaparken narsisizmin iki farklı şekilde görünebileceđine dikkat etmeleri önemlidir. İki türde de var olan öfke duygusu terapistle kurulması beklenen ilişkiyi zorlaştırabilir. Terapistin güvene dayalı bir ilişki kurduktan sonra bu kişilerin sıkıntı yaşadığı duygular ve duygu düzenleme güçlükleri ile çalışması daha yararlı olabilir.

Appendix L: Thesis Photocopying Permission Form

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

YAZARIN

Soyadı: AKINCI

Adı : İREM

Bölümü: PSİKOLOJİ

TEZİN ADI (İngilizce): The Relationship between the Types of Narcissism and Psychological Well-Being: The Roles of Emotions and Difficulties in Emotion Regulation.

TEZİN TÜRÜ: Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: