Research Article

Effect of Narcissism on Psychological Distress: The Roles of Emotion Regulation Skills and Perceived Social Support

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Abstract

In recent years, studies on the two-dimensional structure of narcissism with its grandiose and vulnerable aspects have intensified. This study emphasizes that there is a significant mediation role of emotional regulation skills and perceived multidimensional social support between narcissism and psychological distress. A Total 442 participants (74% female) between aged 18 and 51 ($M = 24.98$, $SD = 7.76$) attained to the study. The research used scales assessing emotional regulation skills (ERS), narcissism (PNI), perceived social support (MSPSS), and psychological distress (DASS). Results indicated significant negative associations between ERS dimensions and vulnerable narcissism, and no associations with grandiose narcissism. There are significant positive associations between MSPSS dimensions and grandiose narcissism, but negative associations with vulnerable narcissism. The study suggest that different emotion regulation skills may stem from narcissistic vulnerability and affect the psychological distress variable through perceived social support. As a result of the current study, we found that emotional regulation skill is important for vulnerable narcissism to regulate emotion, and it can be regulated through perceived social support; however, it is understood that the perception of social support becomes more difficult due to narcissistic characteristics.

Keywords: vulnerable narcissisms; emotion regulation skills; social support; psychological distress.

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Emerging literature has examined whether narcissism is a one-dimensional construct, and many researchers have agreed that narcissism may have two dimensions, grandiose and vulnerable (Miller & Campbell, 2011a; Pincus & Roche, 2011; Ronningstam, 2012; South et al., 2012). Accordingly, in defining narcissism in terms of clinical observation, there are two different prevailing opinions that narcissistic vulnerability is reflected in the form of depression, lack of empathy, and resilience (Kohut, 1968), but narcissistic grandiosity is reflected in the form of lack of empathy (sympathy) and egocentrism (Kernberg, 1975). Behind all these studies and rich theoretical knowledge, as suggested in DSM 5, it is emphasized that examining the two dimensions of narcissism to understand narcissism with its multifaceted structure will be determinative in terms of diagnostic criteria and new models to be made in areas such as the self, close interpersonal relationships, and empathy skills (Skodol et al., 2014).

The most common measurement scale is the Pathological Narcissism, the Pathological Narcissism Inventory (PNI), narcissism with two upper factors (grandiose narcissism, vulnerable narcissism) and 7 sub-factors (Pincus et al., 2009). Psychometric studies on PNI translated into many languages showed that correlations of discriminant validity combined with similar measurement tools are high (Besser & Zeigler-Hill, 2011; Fossati et al., 2015; Morf et al., 2017; Şen & Barışkin, 2019; Thomas et al., 2012; You et al., 2013). It has been proposed that the PNI is suitable for assessing healthy narcissism and clinical cases and that an increase in the total score points vulnerable narcissism (Pincus, 2013; Thomas et al., 2012). Different narcissistic behaviors are associated differently with psychological distress (Clarke et al., 2015). According to Miller et al. (2011b), vulnerable narcissism is linked to anger, paranoia, depression, anxiety, and interpersonal sensitivity, whereas grandiose narcissism is unrelated to or has a negative correlation with distress symptoms and negative affect (Miller et al., 2011b; Sedikides et al., 2004). Researchers contend that compared to grandiose narcissism, vulnerable narcissism is
significantly more strongly related with acute depression and stable depressive features (Miller et al., 2011b; Thomas et al., 2012; Tritt et al., 2010).

The emotion regulation process includes the processes of following, reviewing, and modifying the person's emotional reactions to change them for their purpose (Lazarus, 1991; Thompson, 1994). Berking and Whitley (2014) tried to define basic emotion regulation skills in a more inclusive and integrative way within the framework of the Functional Emotional Coping Model (FECM), based on theoretical explanations, empirical research findings, and patient interview reports about emotion regulation difficulties. Emotion regulation skills are one of the most critical issues in narcissistic personality characteristics. In Kohut and Wolf's (1978) definition of narcissism, problems related to self-efficacy and emotion regulation stand out, and it is seen that these characteristics show parallelism with vulnerable narcissism. Pathological narcissism is included in the diagnostic criteria for narcissistic personality disorder in the DSM-5, as in previous editions of the DSM. However, one of the main criticisms regarding the fact that the diagnostic criteria of narcissistic personality disorder do not cover the vulnerable aspect of narcissism is that it does not include problems related to self and emotion regulation, which can be quite determinative for both grandiose and vulnerable dimensions in narcissism (Cain et al., 2008). Di Pierro et al. (2017) investigated at the relationship between narcissism and emotional dysregulation in a non-clinical sample. It has been discovered that vulnerable narcissism, rather than grandiose narcissism, is associated with narcissistic functioning, which only involves specific parts of emotional difficulties. The findings revealed that individuals with very vulnerable narcissistic characteristics had some difficulty regulating their emotions, whereas individuals with highly grandiose narcissism demonstrated more protective strategies against these problems.

There are many studies showings that social support has a positive relationship with mental and physical health. However, in social support studies conducted in the last three decades, the focus has shifted to one's own impressions of whether social relationships are sufficiently supportive, that is, to perceived support (Coyne & Downey, 1991; Hupcey, 1998). Despite its known importance in the literature, studies examining narcissism with its different dimensions and social support variable are very limited. The extent to which anxiety sensitivity, narcissistic personality tendency, perceived social support, and average academic point totals explained self-handicapping in university students was explored by Kalyon et al. (2016). The results show that desire for people to glorify their own worth will decline as their sense of self-respect increases due to the availability of social support networks. This may cause the individual to have a healthier
self-worth, to use better coping mechanisms and to increase their emotion regulation skills. Additionally, it is known that perceived social support has a direct negative effect on depression, anxiety, and stress symptoms (Abbas et al., 2019; Kugbey et al., 2015). As a result, perceived social support and emotion regulation skills can play a mediating role in the relationship between narcissism and psychological distress and change the nature of the relationship known in the literature.

Method

Participants

The study sample consisted of 442 participants (74% female) between aged 18 and 51 ($M = 24.98$, $SD = 7.76$). Most of the participant were undergraduate students (79%), high school (13%) and the others (8%) high school. Most of the participants (89.1%) stated that they had no chronic illness (93%) and they were not using psychiatric drugs (93.6%).

Measurements

Informed Consent and Demographic Information Form (DIF)

Informed consent was obtained for the study. DIF is a questionnaire that was constructed by the researcher, which included questions about drug use, psychological discomfort, and chronic illness, in addition to the questions asking demographic characteristics such as age, gender, education level.

Depression Anxiety Stress Scale (DASS)

Lovibond and Lovibond (1995) created the Depression, Anxiety Stress Scale, which has 42 items in total, each 14 being related to the depression, anxiety, and stress dimensions. The scale has a 4-point Likert-style rating system, with the options being 0 (not at all suitable), 1 (slightly appropriate), 2 (usually suitable), and 3 (totally suitable). According to Akin and Çetin's 2007 study of the Turkish DASS, all subscales had 21-day test-retest correlation coefficients of 0.98 and relatively good internal consistency coefficients (.90, .92, and .90, respectively).

Pathological Narcissism Inventory (PNI)

It was created by Pincus et al. (2009), and it was translated into Turkish by Şen and Barışkın (2019). There are 52 items on the 6-point Likert scale. Grandiose and vulnerable are the two primary characteristics used to quantify narcissism, along with seven other sub-factors. The
reliability coefficients of the subscales ranged from .78 to .93 in the original study, and the scale's Cronbach's Alpha value was determined to be .95. In the Turkish adaptation study, overall Cronbach Alpha internal consistency coefficient was .93, and the test-retest reliability coefficients were in the .92.

*Multidimensional Scale of Perceived Social Support (MSPSS)*

It is a measurement tool developed by Zimet et al. (1988), and the adaptation, validity and reliability studies in Turkey were conducted by Çakır and Palabıyık (1997), Eker et al. (2001). It is a 7-point Likert-type, 12-item scale that subjectively evaluates the adequacy of social support from three different sources (family, friends, and a special person). Internal consistency and test-retest correlations of the scale and subscales were sufficient (.89). A high score indicates high perceived social support.

*Emotion Regulation Skills Questionnaire (ERSQ)*

This scale was developed by Berking and Znoj (2008) to evaluate emotion regulation skills, and its Turkish adaptation was made by Vatan and Kahya (2018). Consisting of 27 items, this scale has nine sub-dimensions and a five-point Likert type. High scores on this scale, which can be assessed using the overall score average, show greater expertise in controlling one's emotions. In the reliability research, the Cronbach alpha internal consistency coefficient for the Turkish version of the scale was determined to be 0.89 for the entire test and .49–.75 for the sub-dimensions (Vatan & Kahya, 2018).

**Procedure**

Following the approval of the ethics committee, the data collection process started in two different provinces. Volunteering was the basis for participation in the study, and demographic information form and scales were applied after informed consent. The convenient sampling method was used in the study carried out via online survey form. To eliminate the ordering effect, the forms were presented in different order, and the study took about 20-25 minutes.

**Data analysis**

The missing value, normality, multiple linearity, and Univariate and multivariate normality assumptions were examined (Tabachnick & Fidell, 2013). IBM SPSS 25 and AMOS 22 were used for analyses. The Chi-Square ($X^2$) test is frequently used to evaluate data compliance in the Structural Equation Modeling, (Sümer, 2000).
Results

The correlation analysis indicated that narcissism total score and ERSQ were associated with each other ($r(440) = -.28$, $p < .01$). While vulnerable narcissism was negatively correlated with all ERSQ factors (from $r(440) = -.12$ to $r(440) = .32$, $p < .01$), grandiose narcissism was not significantly associated with them. Vulnerable narcissism was more strongly correlated with ERSQ factors while grandiose narcissism was not. The highest coefficient was between tolerance and vulnerable narcissism ($r(440) = -.32$, $p < .001$). Additionally, the correlation analysis indicated that narcissism and MSPSS were not associated with each other, but GN was associated positively ($r(440) = .14$, $p < .01$), and VN was associated negatively ($r(440) = -.15$, $p < .01$) with MSPSS. The correlation analysis indicated that vulnerable narcissism and all ERSQ and MSPSS scores were associated with each other negatively, but GN was not significantly associated. All correlation coefficients between ERSQ factors and social supports were positive and statistically significant (from $r(440) = .11$, $p < .05$ to $r(440) = .38$, $p < .001$). On the other hand, a slightly negative correlation was between ERSQ factors and depression, anxiety, and stress symptoms (from $r(440) = .12$, $p < .05$ to $r(440) = .22$, $p < .001$) (see Table 1).
### Table 1.

*Descriptive statistics, Cronbach alphas, and Pearson correlations of the variables (*p < .05, **p < .01)*

|                      | M(SD)       | α  | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   |
|----------------------|-------------|----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| PNI_Total            | 127.39(34.45) | .92 | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Grandiose            | 30.30(10.37)  | .83 | .41  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Vulnerable           | 88.41(30.04)  | .93 | .95  | .12  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| DASS_Total           | 53.13(27.05)  | .96 | .41  | .03  | .44  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Depression           | 14.82(10.59)  | .93 | .34  | .01  | .38  | .92  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Anxiety              | 16.49(9.25)   | .90 | .38  | .04  | .40  | .93  | .77  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Stress               | 21.82(9.48)   | .91 | .41  | .05  | .43  | .93  | .75  | .81  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| MSPSS_Total          | 64.37(15.60)  | .90 | .09  | .14  | .15  | .22  | .28  | .17  | .14  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| Social support       | 22.68(5.68)   | .89 | -.11 | .07  | -.15 | -.22 | -.25 | -.17 | -.17 | .72  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| (family)             |              |    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Social support       | 19.16(8.90)   | .96 | -.03 | .16  | -.11 | -.17 | -.23 | -.13 | -.12 | .83  | .38  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| (special one)        |              |    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Social support       | 22.53(5.69)   | .75 | -.10 | .09  | -.14 | -.11 | -.17 | -.08 | -.05 | .71  | .40  | .35  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| (friend)             |              |    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| ERSQ_total           | 74.73(18.19)  | .94 | -.28 | -.02 | -.30 | -.22 | -.21 | -.19 | -.18 | .34  | .35  | .21  | .24  | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| ERSQ_awareness       | 8.43(2.48)    | .69 | -.24 | -.03 | -.25 | -.22 | -.23 | -.21 | -.18 | .31  | .29  | .22  | .20  | .84  | -    | -    | -    | -    | -    | -    | -    | -    |
| ERSQ_sensatio        | 8.36(2.45)    | .69 | -.10 | .04  | -.12 | -.11 | -.13 | -.09 | -.07 | .26  | .24  | .18  | .18  | .74  | .67  | -    | -    | -    | -    | -    | -    | -    |
| ERSQ_awareness       | 8.52(2.65)    | .80 | -.12 | .07  | -.16 | -.21 | -.21 | -.19 | -.17 | .33  | .38  | .20  | .22  | .77  | .64  | .66  | -    | -    | -    | -    | -    | -    |
| ERSQ_modification    | 8.28(2.34)    | .68 | -.23 | -.01 | -.25 | -.19 | -.23 | -.15 | -.15 | .38  | .38  | .26  | .26  | .84  | .66  | .54  | .58  | .62  | .63  | .71  | .59  | .71  |

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**Note:**
- M(SD) represents the mean and standard deviation.
- α values indicate Cronbach’s alpha reliability estimates.
- Pearson correlations are shown in the lower triangle of the table.
- Significant correlations are marked with an asterisk (*) for p < .05 and double asterisks (**) for p < .01.
The mediator analysis was conducted to examine whether there was a significant model with vulnerable narcissism and DASS in the ERSQ with respect to perceived social support. A correlation matrix was applied to examine the relationship between the narcissism sub-dimensions, MSPSS, ERSQ, and DASS characteristics. According to the correlation table, the vulnerable dimension of the PNI was significant correlations with all scores, but GN was not related. Hence, only VN was included in the model in which the mediating role of MSPSS and ERSQ characteristics in narcissism and DASS was examined.

The path analysis was completed for the theoretical model that was developed for vulnerable narcissism since the assumptions necessary for the execution of the structural equation model were satisfied. The analysis revealed fit indices of $\chi^2(3.37) = 38.00$, $p = .04$, CFI = .90, GFI = .90, RMSEA = .04 (90% CI = .007–.063), SRMR = .02. As a result, it was determined that the perceived supports from family, a significant other, and friends would constitute overall social support in the first place. Additionally, depression, anxiety, and stress scores serve as indicators of general psychological distress. Second, the proposed SEM with ERSQ and MPRS acting as mediator variables was put to the test. The model had a close to perfect fit to the data: $\chi^2(8) = 47.00$, $p = .05$; $\chi^2(2.19)$; CFI = .91; GFI = .92; RMSEA = .03 (90% CI = .0028–.094); SRMR = .03. The model alone was able to account for 22% of the variance in overall stress. The path coefficients in the model are shown in Figure 1. Psychological distress ($\beta = .44$, $p = .001$), social support ($\beta = -.17$, $p = .001$), and emotional regulation skills ($\beta = -.32$, $p = .001$) were all linked to vulnerable narcissism. Social support was negatively correlated with distress ($\beta = -.27$, $p = .001$), emotional regulation skill was directly correlated with general psychological distress ($\beta = -.26$, $p = .001$), and emotional regulation skill was positively correlated with social support ($\beta = .36$, $p = .001$).
The indirect effects results indicated that the total mediation effect was significant ($\beta = .19$, SE = .43, 95% CI [.12, .29], $p < .01$). Additionally, the serial mediation was significant ($\beta = .25$, SE = .48, 95% CI [.16, .35], $p < .01$), which indicates that when the pathway from emotional regulation skill to social support was included in the model, this indirect effect became significant. The model also included three indirect impacts. The relationship between psychological distress and vulnerable narcissism was only mediated by emotional regulation capacity ($\beta = .23$, SE = .34, 95% CI [.22, .51], $p < .01$), it explained the variance of general distress through social support ($\beta = .22$, SE = .14, 95% CI [.12, .21], $p < .01$).

**Discussion**

The current study focused on narcissism and psychological distress relations and the mediator of these relations such as social support and emotional regulation. It was examined with additional mediational analysis that was conducted for the mediating roles of emotional regulation skills and perceived social support in the relationship between narcissism on psychological distress. The structural equation model results showed that mediating role of emotional regulation skills, and
perceived social support is explained on these relations. Although, grandiose narcissism has not shown any significant relation and any role in the model. Perceived social support and emotional regulation skills predicted psychological distress through only vulnerable narcissism.

In this study, firstly, it was aimed to compare the grandiose and vulnerable dimensions with similar and different aspects in evaluating the relationship of narcissism with psychological symptoms. The vulnerable dimension shows a strong positive relationship with all sub-dimensions and the total score of the psychological distress’ variable, while the grandiose dimension seems to be unrelated. The literature indicates that the high level of negative affect, psychological stress and dissatisfaction with life seen in vulnerable narcissism can be explained by the neuroticism personality pattern (Campbell & Miller, 2013; Miller & Maples, 2011). Considering that low life satisfaction, which can be seen because of neuroticism and perhaps this personality pattern, may be associated with psychopathologies, high depression and anxiety levels in vulnerable narcissism can be more easily interpreted (Rathvon & Holmstrom, 1996).

Secondly, emotion regulation skills were examined in the grandiose and vulnerable dimensions, and it was seen that the grandiose dimension did not show a significant relationship. However, there is a significant negative correlation between vulnerable narcissism and total and all sub-dimensions of emotion regulation skills. In this case, it is understood that as the vulnerable narcissism scores of the participants increase, their emotion regulation skills decrease. This finding is also consistent with studies in the literature. In a study conducted with a non-clinical population in which the relationship between emotion regulation and narcissism was evaluated, it was reported that there was a significant relationship between narcissistic vulnerability and difficulty in accessing emotion regulation strategies, difficulty in understanding emotional state, difficulty in accepting emotional state, and difficulty in being emotionally open (Di Pierro et al., 2017). In another study, it was found that there is a negative relationship between grandiose narcissism and emotion regulation, and a positive relationship between vulnerable narcissism and emotion regulation difficulty (Zhang et al., 2017). In this study, was determined that there was a negative significant relationship between vulnerable narcissism and emotion regulation skills, in line with the information in the literature. The results obtained are also compatible with international studies.

Thirdly, perceived social support were examined in the grandiose and vulnerable dimensions, and it was seen that the grandiose dimension has positive relations with special one, but vulnerable
narcissism has negative relations with family, special one and friends. It is known that individuals with narcissistic personality traits consider themselves superior to other individuals, have a high level of expectations, and need success satisfaction (Byrne & Worthy, 2013). The concept of narcissism, beyond pathological personality pathology, has a wide spectrum that deals with the loneliness and powerlessness of individuals in the social environment, where the effects of the family are intensely felt (Campbell & Foster, 2007). According to Mechanic and Barry (2015), who draws attention to this situation, maternal and paternal acceptance interest causes grandiose narcissism, excessive control and controlling attitude as well as lack of love, acceptance, and interest cause vulnerable narcissism. Perceived social support has been shown in earlier studies to be a protective mediator in the depression pathway (e.g., Kim & Suh, 2019). As a result, we hypothesized that the association between narcissism and depression may be significantly mediated by perceived social support. Fang et al. (2021) stated that perceived social support was a potential mediator in the relationship between narcissism and depression. The study's findings showed that enhanced perceptions of social support and life happiness were detrimentally associated to psychological suffering. The connection between perceived social support and vulnerable narcissism in the study also changed from being negative to positive in the model, demonstrating that perceived social support was a critical mediator variable.

In the last stage, after examining all the relationships, mediator variable analysis has conducted, and here, a model proposal was presented only on vulnerable narcissism, considering its significant effect. It has been shown by mediation analysis that vulnerable narcissism affects emotion regulation skills and perceived social support negatively, because of which it increases the risk factor for psychological distress. Vulnerable narcissism is defined by features such as extreme modesty, sensitivity to criticism, high level of anxiety, shyness, being under constant stress, suffering, and grandiose expectations about the self that can be noticed in close relationships with others (Akhtar & Thompson, 1982; Wink, 1991). Considering the vulnerable narcissism characteristics described here, it is common for these individuals to experience difficulties in emotion regulation and conflicts in their perceptions of social support. As a result, because of the mediation analysis, the effect of emotion regulation skills in determining the level of psychological distress in individuals with vulnerable narcissistic characteristics is clearly observed, and when it is based on the perceived social support variable, it is thought that the common effect arises from the mediator role.
Limitations and Future Research Suggestions

Despite its outstanding findings, of course, the study also has some limitations. The fact that the study consists of a sample of university students reduces its generalizability. However, studying perceived social support and emotion regulation skills with this sample has the potential to play a pioneering role in other models based on the concept of psychological distress. In the study, GN was not included in the model because it was unrelated, but PNI is a scale that has the potential to provide a rich source of information when a clinical sample is studied in future studies. The study shows us that these variables, which are related to each other as single variables, exist within a model with a strong fit index. In this respect, it is thought that the findings of the study can be a guide in the field of clinical and practice. In addition, these results, which include non-clinical sampling, can be examined with longitudinal studies, and supported with new variables.

Conclusion

In this study, following the procedure of Gökdağ's (2021) study, this time he examined the relationship between psychological distress and narcissism mediating role of emotion regulation and social support. The prominent finding of the study is that different emotion regulation skills may stem from narcissistic vulnerability and affect the psychological distress variable through perceived social support. As a result of the study was found that perceived social support is important for vulnerable narcissism to regulate emotion, and it can be regulated through perceived social support; however, it is understood that the perception of social support becomes more difficult due to narcissistic characteristics. The findings presented here psychotherapists in clinical practice. The role of perceived social support and emotion regulation skills while the psychotherapy process with clients, who have narcissistic characteristics, can be reconsidered in terms of their role in depression, anxiety, and stress.
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References


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