RELATIONSHIP BETWEEN SUBTYPES OF NARCISSISM AND DEPRESSION: MEDIATING ROLES OF SELF-ESTEEM, PERCEIVED STRESS AND EMOTION REGULATION DIFFICULTIES

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ABSTRACT

RELATIONSHIP BETWEEN SUBTYPES OF NARCISSIM AND DEPRESSION: MEDIATING ROLES OF SELF-ESTEEM, PERCEIVED STRESS AND EMOTION REGULATION DIFFICULTIES

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The aim of the study is to investigate whether self-esteem, emotion regulation difficulties and perceived stress play mediator roles in the relationship between subtypes of narcissism (grandiose and vulnerable) and depression. The study was conducted with 352 participants (206 females and 146 males) who aged between 18 and 65 (*M*=37.9, *SD*=14.54). Having a current psychological problem was chosen as exclusion criteria.

Data collection tools of the study were “Sociodemographic Instrument”, “Narcissistic Personality Inventory”, “Hypersensitive Narcissism Scale”, “Difficulties in Emotion Regulation Scale”, “Beck Depression Inventory”, “Perceived Stress Scale” and “Rosenberg Self Esteem Scale”. Pearson correlation analyses were conducted between all variables. Self-esteem and grandiose narcissism were found unrelated. All of other variables were found to be significantly correlated. Then, a three-step hierarchical regression analysis was designed to investigate associated factors with depression. Rather than grandiose narcissism, all variables significantly predicted depression. Finally, two mediation analyses were conducted. They revealed that depression was related to grandiose narcissism only through perceived stress and emotion regulation difficulties. In addition, vulnerable narcissism had an indirect effect on depressive symptoms via emotion regulation difficulties, self-esteem levels and perceived stress. Therefore, it seems that to understand depressive symptoms in narcissistic people; emotion regulation difficulties, self-esteem levels and perceived stress should be taken into account. Results were discussed in comparison with the current literature. Limitations and strengths of the study and also suggestions for further research were referred.

Keywords: Grandiose narcissism, vulnerable narcissism, emotion regulation difficulties, perceived stress, self-esteem, depression

ÖZ

NARSİSİZMİN ALT TİPLERİ İLE DEPRESYONUN İLİŞKİSİNDE BENLİK SAYGISI, DUYGU DÜZENLEME GÜÇLÜKLERİ VE ALGILANAN STRESİN ARACI ROLÜ

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Bu çalışmanın amacı, benlik saygısı, duygu düzenleme güçlükleri ve algılanan stresin, narsisizm tipleri (büyüklenmeci ve kırılgan) ile depresyon arasındaki ilişkide aracı rol oynayıp oynamadıklarını incelemektir. Araştırma 18 ila 65 yaş aralığında (*Ort* = 37.9, *S* = 14.54) 352 katılımcı (206 kadın ve 146 erkek) ile yürütülmüştür. Şu anda bir psikolojik sorunu olduğunu ifade eden kişiler çalışmaya dâhil edilmemiştir. Veri toplama araçları olarak "Sosyodemografik Bilgi Formu", "Narsistik Kişilik Envanteri",

“Kırılgan Narsisizm Ölçeği”, “Duygu Düzenlemede Zorluklar Ölçeği”, “Beck Depresyon Envanteri”, “Algılanan Stres Ölçeği” ve “Rosenberg Benlik Saygısı Ölçeği” kullanılmıştır. Bütün değişkenler arasında Pearson korelasyon analizleri yapılmıştır. Bu analizler sonucunda benlik saygısı ile büyüklenmeci narsisizm arasında anlamlı ilişki bulunamamıştır. Bütün diğer değişkenlerin birbirleri ile anlamlı olarak ilişkili olduğu bulunmuştur. Daha sonrasında, depresyon ile ilişkili değişkenleri araştırmak için üç aşamalı bir hiyerarşik regresyon analizi tasarlanmıştır. Büyüklenmeci narsisizm dışındaki bütün faktörlerin depresyonu anlamlı olarak yordadığı görülmüştür. Son olarak iki aracı değişken analizi yürütülmüştür. Bu analizler, depresyonun, büyüklenmeci narsisizm ile yalnızca algılanan stres ve duygu düzenleme güçlükleri aracılığı ile ilişkili olduğu ortaya koymuştur. Ek olarak, kırılgan narsisizmin depresif semptomlar üzerinde duygu düzenleme zorlukları, benlik saygısı düzeyleri ve algılanan stres yoluyla dolaylı bir etkisi olduğu bulunmuştur. Sonuç olarak, narsistik özellikler taşıyan kişilerde görülen depresyonu anlamak için duygu düzenleme zorlukları, benlik saygısı düzeyleri ve algılanan stres seviyeleri hesaba katılmalıdır. Sonuçlar, var olan literatür ışığında tartışılmıştır. Araştırmanın sınırlılıkları, güçlü yönleri ve sonraki araştırmalar için öneriler belirtilmiştir.

Anahtar kelimeler: Büyüklenmeci narsisizm, kırılgan narsisizm, duygu düzenleme zorlukları, algılanan stres, benlik saygısı, depresyon

To my mother…

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CHAPTER 1

INTRODUCTION

1.1. The Concept of Narcissism

The term of “narcissism” takes its roots from Greek mythology. According to this myth, Narcissus was a very handsome young man who was admired by both genders. Echo the nymph was a desperate lover of Narcissus. Because she was punished from Zeus’s wife Hera as only repeating the last syllable of any kind of speech, she can never say anything to Narcissus. This desperation leads her to suicide and her repeating voice was the last thing remained. Narcissus’ cruelty against Echo was punished by another goddess; Nemesis. She cursed Narcissus to fall in love with his own reflected image in a pool of water. He remained to gaze at his own reflection until suffocate to death. This myth in fact tells the tragedy of narcissism. The reflection on the pool only shows the perfect side of Narcissus;

other sides are hidden. Narcissus wanted to be nothing but ‘a beautiful person’. This leads to denial of self and eventually death as a person being (Anlı, 2010).

British sexologist Havelock Ellis coined Narcissus myth to psychology first (Levy, Ellison & Reynoso, 2011). Ellis (1898) used this term to define a case of autoeroticism and explained narcissism as “for the sexual emotions to be absorbed and often entirely lost in self-admiration”. Freud (1910) used the term of narcissism in “Three Essays of the Theory of Sexuality” first. However, he formulated his theory about narcissism in “On Narcissism” at 1914. Freud (1914) gave narcissism a place in regular psycho-sexual development of every human being. According to him, narcissism has two stages; primary and secondary. In primary narcissism, before object selection, libido was invested in the self completely. In this stage, the child either has no object or cannot separate himself from others. In secondary narcissism on the other hand, libido was withdrawn from other objects and again invested into the self and this may lead to pathologies like hypochondria or schizophrenia (Russell, 1985). In conclusion, Freud accepted ego is the source of libido and amount of libido is stable; if it is directed into other object, it is withdrawn from self, if it is directed into self; it is withdrawn from other people (Tura, 2000). Therefore, because he thinks in secondary narcissism all libido turns into self, transference is not possible in therapy with narcissistic people and without transference, analytic therapy does not work. Freud (1914) argued that there are two types of object selection; narcissistic and anaclitic. According to narcissistic type of object selection; people chose others as loving objects according to four

criteria; a) what he himself is (i.e. himself), b) what he himself was, c) what he himself would like to be, d) someone who was once part of himself (Freud, 1914).

Horney (1939) took another point of view and saw narcissism as a character trait. According to her, narcissism is far more different than self-esteem because narcissistic people want to be admired and loved for the qualities which they do not have (Levy, Ellison & Reynoso, 2011). In this point she divided self-esteem from self-inflation (Anlı, 2010). Horney accepted that narcissist's ego inflation caused by childhood relationships; if the child went through so much pain, he alienated to others and turns into self (Geçtan, 1990).

1.1.2. Kohut's Theory of Narcissism

Kohut, once a loyal follower of classical psychoanalysis, began to criticize Freud's belief about narcissistic people's unsuitability for analytical process because they do not have capability of transference (Mitchell & Black, 1995). He argued narcissistic people also can transference but they do it in atypical forms; so he reformulated Freud's theory about narcissism (Mitchell & Black, 1995). Kohut (1971) also criticized Freud's sharp distinction between self-love and object-love. According to him, these two concepts are independent from each other; they develop in parallel ways.

Like Freud, Kohut defined narcissism as libidinal cathexis of self and he approached narcissism as normal aspect of self development (Tonkin & Fine, 1985). According to Kohut, both normal and pathological narcissism lies in infantile primary narcissism (Stevens et al., 1984). In primary narcissism, infant does not aware anything other than self exists; therefore he feels omnipotent and perceives parents as selfobjects (Kohut, 1971). However, the deficiencies of parenting cause the infant feel distress and separate good from bad aspects of both self and parents, as a result good elements of self create grandiose self and bad elements project into external objects (Stevens et al., 1984). In addition, idealized parent imago is the presentation of parental perfection and through healthy development; child modifies and replaces it by internalized ideal self. As development proceeds, the adult arrives at a stage of healthy narcissism which includes self-esteem, self-confidence, and admiration of others (Tonkin & Fine, 1985). Although in normally developmental stage idealized parent imago and internalized ideal self become more realistic and integrated into child's personality, in some cases parental mirroring are deficient or child's need of approval is frustrated, grandiose self cannot be transformed into mature and effective forms (Stevens et al., 1984). Also if the child experiences a traumatic disappointment about idealized parent, internalization cannot happen (Kohut, 1971).

According to Kohut, narcissistic personalities have problems in several areas of functioning: (a) sexual; these people may have sexual fantasies which include dominance and perfection or they may not interest in sex, (b) social; they may have difficulty in forming and pursuing meaningful relationships, they may experience inhibitions in working

place, (c) personal; these people cannot empathize with others needs and feelings, they may lie pathologically to manipulate others (Akthar & Thompson, 1982). Kohut (1971) also emphasized that grandiose themes of narcissistic people show themselves in demanding attention of others, inflated self-regard and idealization & devaluation cycles. Although Kohut determined some symptoms related to narcissism, he thought narcissistic people can be best understood with their transference process to therapist (Anlı, 2017).

1.1.3. Kernberg's Theory of Narcissism

Kernberg (1975) on the other hand, approached narcissism as pathological trait under the borderline personality cluster. Kernberg suggests that if the child was raised in cold environment, he develops aggressive instincts and begins to fear he would not be loved unless being totally perfect. In this point, as a defense against severe frustration in relationship with parents, child created abnormal grandiose self which included real, ideal self-representations and ideal parental representations (Kernberg, 1975). According to Kernberg, this grandiose self of child unites ego and superego elements and acts with aim of decreasing guilt caused by conflict between ego and superego (Stevens et al., 1984). Kernberg suggested that severity of pathological narcissism is determined by aggression levels; with increasing levels of aggression, narcissistic pathology can change between narcissistic personality disorder to malignant narcissism of psychopathy (Cain, Pincus & Ansell, 2008).

Kernberg defined some behavioral descriptions of narcissistic people like preoccupation with self, excessive ambition, grandiose fantasies, extreme need of power, beauty, brilliance and success, dependence of others approval (Akhtar & Thompson, 1982). According to Kernberg (1975), although their surface is 'grandiose', these people are pathological inside; they have chronic feelings of boredom, emptiness and identity confusions, they do not feel sincere sadness or grief, their emotions are not deep. Kernberg remarked that narcissistic people have serious interpersonal problems; they cannot understand others feelings, they despise, manipulate others and they do not have capability of love (Anlı, 2017). Kernberg also advocated the idea that narcissistic person's self-esteem is low and he feels extreme envy towards others whom he thinks have important aspects like youth, success and richness (Fonagy& Target, 2014). According to Kernberg's theory, exaggerated rage and devaluation are defenses which serve to protect the patient from his intense need of others (Adler, 1986).

1.1.4. Differences between Kernberg and Kohut

Russell (1985) compared Kernberg and Kohut's theories on narcissism and he identified six main theoretical differences between these two theories. The first difference is about relatedness of self-love and object-love. Kernberg followed Freud's libidinal development theory and argued these two concepts are interrelated. On the other hand, Kohut argued these two lines are independent. The second difference is glittered about narcissistic libido's definition. While Kernberg believed when self is target libido is defined

as narcissistic, Kohut believed that definition of narcissistic libido is relied on idealizing or aggrandizing quality. Another difference between these two important theorists is about their remarks on pathological narcissism. Kohut implied that pathological narcissism involves a fixation at an early stage of 'normal narcissistic development'. However Kernberg possessed that pathological narcissism should involve a pathological self-structure in which rage and envy are hidden behind grandiose self. The fourth difference between Kernberg and Kohut is about etiology of narcissism. While Kernberg believed narcissism evolves at late oral stage, Kohut believed it can evolve at any stage of development. Kernberg and Kohut classified narcissistic personality disorder differently also. Kernberg believed it should be under borderline personality disorder. Kohut created a clear distinction between these two types of disorders. Finally, Kohut and Kernberg gave different roles to aggression in narcissism. Kernberg argued that aggression is a basic quality of narcissism and he thought confronting aggression in therapy sessions is crucial. On the other hand, Kohut thought that aggression only arises when self or object fails to supply the expectations and he did not confront with rage in therapy sessions.

1.1.5. Two Types of Narcissism

Looking at two pioneers' differences on defining pathological narcissism, it can be said that there is no agreement on one type of narcissistic character. Ongoing conflict between Kernberg and Kohut evoked the idea that narcissism could be a multidimensional construct and these two theorists may have worked with different subtypes of narcissism

(Eldoğan, 2016). Indeed, a number of researches showed that there is more than one stereotypical type of narcissism. Several authors agreed upon that there are two subtypes of narcissism; a grandiose type, also referred as exhibitionist, thick skinned, overt, oblivious; and a vulnerable type, also referred as closet, thin skinned, covert, hypervigilant, shy (Ronningstam, 2005; Masterson, 1993; Gabbard, 1989; Rosenfeld, 1987; Akthar & Thompson, 1982). Although these researchers gave different names to these subtypes, they define similar characteristics for vulnerable and grandiose types.

Akthar and Thompson (1982) first emphasize covert aspects of narcissism. However instead of conceptualizing two types, they shed light on covert features such as self doubt and envy besides overt features of narcissistic personalities. Later, Akthar (2000) enlarged this description and defined 'shy narcissist' in details. He added that these shy narcissists have chronic boredom, materialistic lifestyle, inability to remain in love, and inattentiveness to details.

Rosenfeld (1987) is the first one who made the distinction between two types of narcissism. He categorized them as thin-skinned and thick-skinned narcissists. According to him, thick-skinned narcissists are emotionally inaccessible, defensively aggressive and envious while thin-skinned narcissists are fragile, vulnerable and easily hurt.

Gabbard (1989) offered that narcissistic personality disorder should be conceptualized through a continuum between two extremes; hypervigilant subtype and oblivious subtype. He divided these types according to narcissistic person's relationship with others. Through interpersonal point of view, oblivious narcissists do not empathize, they behave aggressive, arrogant towards others and they strive to be the center of attention (Gabbard, 1989). On the other hand, hypervigiliant narcissists are highly sensitive about others reactions, they avoid to be the center of attention, act shy, inhibited and they are easily hurt by humiliation (Gabbard, 1989).

Masterson (1993) defined similar subtypes of narcissistic personality. He named these two types as exhibitionist and closet. While exhibitionist narcissist has inflated false self and need to be center of attention, closet narcissist idealizes others and avoids his self opinions of insecure or worthless by these associations (Masterson, 1993). He argued that both types of narcissists have emptiness inside but exhibitionist type is not consciously aware of his emptiness.

Ronningstam (2005) identified shy and arrogant subtypes of narcissism which have both similarities and differences in their self-esteem dysregulation, affect disturbances and troubled relationships with other people. According to her, arrogant type shows strong reactions to self-esteem threats like criticism. This subtype's apparent affects are intense envy and aggression. Interpersonal pattern of arrogant type is characterized by entitlement,

exploitativeness and a lack of empathy. On the other hand, Ronningstam's vulnerable narcissist has unstable self-esteem, he tries to manage it by engaging in grandiose fantasies, but he also feels extensive shame about these intense fantasies and ambitions (Pincus & Roche, 2011). Therefore, this shy narcissist struggles with shame feelings rather than envy or aggression like grandiose one. In addition, his hypersensitivity about ego threats causes him to avoid social contacts.

Taken them together, narcissistic subtypes are defined by clinical theorists according to their self-structure defects, transference process to therapist and ineffective defense strategies towards stressors (Pincus & Roche, 2011). Number of researches found empirical evidence for grandiose-vulnerable distinction using factor analyses and correlational methods (Dickinson & Pincus, 2003; Rose, 2002). All theorists' agreed upon that grandiose and vulnerable subtypes share narcissistic core defined by some features such as self-centeredness, excessive sense of self-importance, entitlement and nonadaptive relationships with others (Miller et al., 2011). However these two subtypes also have typical characteristics in their personality, psychopathological tendency and interpersonal problems. First of all, while vulnerable narcissists are described as defensive, insecure and hypersensitive, grandiose narcissists are described as dominant, arrogant and exhibitionist (Eldoğan, 2016). Secondly, vulnerable narcissism is correlated with low self-esteem and high neuroticism and this creates a tendency toward depression and anxiety (Miller et al., 2011). On the other hand, grandiose narcissism negatively correlates with neuroticism and agreeableness, and positively with extraversion and self esteem (Miller et al., 2011); this

may provide resilience against many psychological disorders (Sedikides et al., 2004). Finally, vulnerable narcissists have hidden grandiose fantasies but they are highly sensitive to criticism, this may result in avoidance or passive attitude in personal relationships. In contrast, grandiose narcissists do not hide their fantasies, they have constant illusions about interpersonal dominance, superiority and perfection; this leads them to act exploitative and aggressive toward others (Eldoğan, 2016).

1.1.6. Narcissism as a Diagnostic Criterion

After narcissistic character was defined by Kohut and Kernberg in details, narcissistic structure began to be accepted as a personality disorder widely. American Psychiatric Association (1980) defined 'narcissistic personality disorder' in DSM-III for the first time. Narcissistic personality disorder as defined in DSM-III included both grandiose and vulnerable traits. However, newer versions of DSM excluded some vulnerable parts to prevent overlaps with other personality disorders and focused mainly on grandiose aspects of narcissism (Cain, Pincus & Ansell, 2008).

According to DSM-V, to have narcissistic personality disorder, a person should show at least five of these nine symptoms; (1) has a grandiose sense of self-importance, (2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love, (3) believes that he or she is "special" and unique and can only be understood by other special or high-status people, (4) requires excessive admiration, (5) has a sense of

entitlement, (6) is interpersonally exploitative, (7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others, (8) is often envious of others or believes that others are envious of him or her, (9) shows arrogant, haughty behaviors or attitudes (APA, 2013).

DSM-V is criticized for departing theoretical explanations of narcissism and including only grandiose traits for narcissistic personality. Psychodynamic Diagnostic Manual (PDM Task Force, 2006) divided narcissistic personality into an arrogant (grandiose) subtype and a depressed (vulnerable) subtype. In Psychodynamic Diagnostic Manual-2, it is argued that these two types of narcissistic individuals have common characteristics of inner emptiness and meaninglessness, therefore they desperately need external affirmation to feel as a whole (Lingiardi & McWilliams, 2017). When they can satisfy this need with wealth, status or success, they indeed behave in grandiose ways. However, if environment does not provide the external validation they need, these narcissists show depressive symptoms, feel envy toward others and fantasize secretly about unlimited success, beauty and power. Therefore, Lingiardi and McWilliams (2017) advocate that narcissistic personality disorder's central preoccupation was determined as inflation or deflation of self-esteem and these narcissistic people tend to defend their fragile self-esteem by using idealization and devaluation as primary defense mechanisms.

1.2. The Concept of Depression

Depression is a mood disorder that can vary between mild experiences and disabling disorders that include depressive affect, distorted thoughts and biological disturbances (Luyten et al., 2017). It is accepted as one of the major public health issues which caused diminished role functioning and quality of life (Kessler & Bromet, 2013). According to The World Health Organization (WHO) (2017), number of depressive people is increased by %18.4 between 2005 and 2015 and reached to 332 million throughout the world which means that about %4.4 of the world population lives with some form of depression. It is also chronic, recurrent disorder which means it has high relapse rates (Kessler & Bromet, 2013). The course of major depression is often chronic-recurrent. Age of onset was estimated 32 and only %10 of the total cases reported onsets after 55 (Gotlib & Hammen, 2008). In addition, younger people are found more prone to depression than older ones (WHO, 2017). Most of the epidemiological studies found gender and marital status as other factors associated with depression; women have almost twice risk of major depression compared to men and separated or divorced people are more susceptible to depression than currently married people (Kessler & Bromet, 2013).

Major depressive disorder is different that extreme form of sadness; it interferes with everyday functioning of people. It is a disorder which has effects on both brain and body including cognition, behavior and even the immune system (Lingiardi & McWilliams, 2017). According to the Diagnostic and Statistical Manual of Mental Disorders Fifth

Edition (APA, 2013), to have major depressive disorder, the individual should experience five or more of following symptoms within 2 week period. At least one of these symptoms should be depressed mood or loss of interest. Other symptoms are considered as secondary symptoms; significant weight loss or gain or appetite changes, psychomotor agitation or retardation, loss of energy or fatigue, diminished ability to think or concentrate, feeling of worthlessness or guilt, insomnia or hypersomnia, recurrent thoughts of death or suicide plans. In Psychodynamic Diagnostic Manual, Lingiardi and McWilliams (2017) added some overt behaviors and symptoms besides these, like crying spells, loss of interest in previously enjoyable activities, indifference to social interaction, neglect of personal care and physical appearance, passive or withdrawn behavior, restlessness and slowed movement, thought, and/or speech.

1.2.1. Different Models of Depression

1.2.1.1. Psychodynamic theories of depression

Depression sometimes may resemble pathological bereavement, however in normal grief, people experience painful mood state in waves, except these times they can function normally (Lingiardi & McWilliams, 2017). In fact, Freud was the first theorist who made a clear distinction between depressive conditions and mourning (McWilliams, 2011). According to him, while in grief, person experiences that external world is diminished somehow, in depressive conditions, person feels failure or lost part of the self (McWilliams, 2011). Freud (1917) argued that either oral fixation or superego dynamics plays a role on

depression. Therefore, either intense feelings of being unloved, unwanted and abandoned or intense concerns of self-worth which cause guilt and failure are the two independent sources (Luyten et al., 2017). Following this point, Blatt (1974) created a distinction between “anaclitic” (dependent) and “introjective” (self-critical) dimensions of depression. Dependent depressive people chronically feel lonely, inadequate, helpless and weak; they have extreme fears of being abandoned and isolated (Luyten et al., 2017). They experience other people as unreliable and unstable; therefore they direct anger and criticism inward rather than outward to avoid possible abandonment (Lingiardi & McWilliams, 2017). Because they act to preserve relationships at any cost, they are liked and admired by many others (McWilliams, 2011). On the other hand, introjective depressive people harshly criticize themselves; their primary feelings are guilt, inferiority and failure (Luyten et al., 2017). Their fear is losing ‘approval’ of others and being criticized by other people; therefore they struggle for achievement and perfection (Luyten et al., 2017). Because they experience others as judgmental, they may be critical toward others as defense mechanism (Lingiardi & McWilliams, 2017). These individuals’ tendency to self-doubt, guilt and worthlessness creates a risk factor for self-destructive behaviors and suicide (Blatt, 1974). Unlike dependent subtype, intojective depressive people do not have many friends, they are perceived hostile and competitive by others (Luyten et al., 2017). Sometimes these two depressive subtypes exist together in same people; these individuals show more heavy symptoms of depression (Blatt, 1974).

1.2.1.2. Cognitive theories of depression

Aaron T. Beck proposed a cognitive model for depression. This model basically depends on assumption that people's core and negative beliefs about a) self, b) world and c) future make them susceptible to depression (Beck, 1979). According to Beck (1979), these intrusive and repetitive negative views form 'negative cognitive triad' which is the core of all types of depression. In serious cases, these thoughts become so dominant that people cannot concentrate on any kind of daily activities. In Beck's model of depression, people's dysfunctional beliefs act as vulnerability factors, when people are exposed to stressful events, these beliefs lead people to evaluate them in negative and distorted ways which create negative cognitive triad. Finally, negative cognitive triad causes other symptoms of depression. Beck (1976) believes that if negative cognitive triad is solved, secondary symptoms will be resolved automatically.

1.2.2. Relationship between Depression and Narcissism

A great deal of empirical researches showed that personality disorders are very common in patients with major depressive disorder and having a personality disorder makes depressive symptoms more intense (Gotlib & Hammen, 2008). Comorbidity with a personality disorder especially leads to impairments in social functioning and emotional role limitations in people (Skodol et. al., 2005). In a study, Fava and his colleagues (2002) found that 64% of the depressive out-patients have a comorbid personality disorder. Other studies also reached to similar conclusions; most studies felt the range of 50-85% for out-

patients and 20-50% for in-patients (Corruble, Ginestet & Guelfi, 1996). Cluster C which includes dependent, avoidant and obsessive compulsive disorders was found in highest relation with major depression, on the other hand, in Cluster B, borderline was found closely related, but about narcissism researches vary greatly (Gotlib & Hammen, 2008).

To explain the relationship between narcissism and depression, Freud (1917) used mechanism of depression. According to him, depression results when narcissistic identification with the object is lost and this loss creates an internal emptiness; therefore depression can be seen as 'a narcissistic loss of self'. Miller (1979) proposed that while healthy narcissists create a true self, pathological narcissists get fixed on a false and incomplete self. This may make narcissist person very vulnerable to depression because his self-worth depends on constant external affirmation (Anastasopoulos, 2007). The grandiose narcissist therefore is never really 'free' because he depends on others for admiring him and his self-respect depends on qualities and achievements which may end some day (Miller, 1979). When a breakdown happens in these qualities and achievements like a professional failure, a relationship break up, signs of aging, a new illness, physical disability; this narcissist person easily goes into depression (Anastasopoulos, 2007). This view is consistent with clinical cases; many narcissistic patients come to therapy after a major life breakdown with depressive symptoms (Pincus, Cain & Wright, 2014). However their depression is not a classical melancholic depression which is dominated by sadness; rather they complain about feelings of worthlessness and boredom from life (Pincus, Cain & Wright, 2014). According to Miller (1979), depression and narcissism are like two sides of

a medal. These two have lots of common features like a false self, fragility of self-esteem, perfectionism and high ego ideals, denial of the rejected feelings, over sensitivity to criticism, restlessness, readiness to feel shame and guilt, enormous fear of loss of love. McWilliams (2011) agreed depression and narcissism have many common qualities however she said their major difference is that while narcissistically organized person lacks a sense of self, depressive person has a sense of self but negative one. She argued that boredom, meaninglessness and emptiness define narcissism, on the other hand depression is defined by feelings of guilt, destructiveness and self-hatred.

At first glance, researches reached mixed results on the association between narcissism and depression (Dawood & Pincus, 2018). In some researches, the association was examined only between grandiose narcissism and depression. These researches found grandiose narcissism is inversely related or unrelated with depression; in addition, grandiose narcissism is positively related with some positive variables like life satisfaction, subjective happiness and social support (Brailovskaia et al., 2017; Sedikides et al., 2004). However, many other researches (Dawood & Pincus, 2018; Kealy et al., 2012; Miller et al., 2011; Tritt et al., 2010) took pathological narcissism with both grandiose and vulnerable subtypes. In these researches, positive associations between pathological narcissism and depression were found. According to the results, especially vulnerable narcissistic subtype was positively correlated with many psychopathological symptoms such as depression. For example, Tritt and his colleagues (2010) found that depressive tendency is related with narcissistic disturbance which is caused by a strong awareness of the discrepancies between

fantasy and reality. Miller (2011) argued that there are differences between two types of narcissism in emotion-related personality traits such as neuroticism and extraversion. Whereas vulnerable narcissists are high on neurotic trait which is a core element of most of the psychological problems like depression, anxiety, hostility and interpersonal sensitivity, grandiose narcissists seem resilient to these psychopathological problems due to their personality traits (Miller, 2011). PDM (2017) took another approach and argued that lack of insight lead to more steady defenses for grandiose narcissists compared to vulnerable ones.

Brailovskaia and her colleagues (2019) searched whether any cultural context makes a difference for grandiose narcissist's tendency toward depression and compared German and Chinese students. They proposed that Eastern cultures like China emphasize interpersonal harmony and humbleness; therefore in these cultures, grandiose narcissists who desperately need attention, admiration and personal recognition may not find external validation and this might lead them to depression. Indeed, the study found positive correlations between grandiose subtype of narcissism and depression in Chinese students but not in German students.

In Turkish population, studies on the relationship between narcissism subtypes and depression presented mixed results. In one side, Akıncı (2015) found that grandiose narcissism is unrelated with depression but vulnerable narcissism is closely related with it.

In other side, Ahen (2016) concluded people with grandiose narcissistic traits tend to have more depressive symptoms than others.

1.3. The Concept of Emotion Regulation

Emotions are defined as adaptive responses to both opportunities and challenges (Levenson, 1994). However, when they are too intense, last too long or occur in inappropriate contexts, they may also be hazardous; in these times, people may try to control those emotions (Werner & Gross, 2010). Emotion regulation describes the processes people influence which emotions they have, when they have them and how they experience and express them (Gross, 1998).

'Emotion regulation' is used in 1980s first (Gross, 1999) and in the past decade, enormous numbers of researches used this term (Koole, 2009). To understand the concept, historical antecedents should be looked first. In psychoanalytic tradition, anxiety regulation plays a central role (Gross, 1999). Using the term of anxiety for all negative emotions, Freud puts a great emphasis on anxiety regulation and he argued that ego defenses are processes that plays the biggest role in this regulation (Gross, 1999).

In every part of life, people experience emotions and engage in some forms of emotion regulation strategies. Some of them are automatic (unconscious), others are

controlled (conscious) (Gross, 1988). Therefore, emotion regulation takes a crucial role in successful functioning and psychological well-being of people (Thompson, 1991). Emotions may be increased, maintained or decreased during emotion regulation processes (Koole, 2009). To be adaptive, an emotion regulation strategy should involve four steps; pausing, noticing, deciding about controllability and acting through goals (Werner & Gross, 2010). First of all, an effective emotion regulation strategy should not be reactive to external situation or internal emotional response, person needs to pause and give himself time before immediate action. Second, awareness about primary emotional response is needed which means that person should know his emotion. Third, person should determine about controllability of triggering situation and his internal reactions. Fourth, person should be aware of his long term goals and values (Werner & Gross, 2010).

1.3.1. Difficulties in Emotion Regulation

Developmental model suggests that emotion regulation skills develop in childhood and deficits in self regulation are correlated with stressful early life experiences like childhood abuse and neglect (Bradley et al., 2015). According to this model, some people may have biological tendency to emotion dysregulation, but early chaotic experiences contribute to the development of maladaptive emotion regulation skills (Kaufman et al., 2016). Emotion regulation is accepted maladaptive if it cannot change emotional response in preferred manner or long term costs are bigger than short term changes in emotion (Werner & Gross, 2010).

Gratz and Roemer (2004) suggested that difficulties in emotion regulation process may appear in six dimensions; when people are not aware of their emotional responses, when they have lack of clarity about their emotional responses, when they do not accept their emotional responses, when they do not use effective emotion regulation strategies, when they do not control their impulses under negative emotions and when they cannot act goal-directed while experiencing negative emotions. Therefore, difficulties in emotion regulation are closely related with many areas in functioning (Whitehead & Suveg, 2016) and found to be highly correlated with many psychopathological conditions (Kaufman et al., 2016). According to Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) (American Psychiatric Association, 2013), more than %75 of psychological disorders are characterized with symptoms of emotion regulation difficulties.

1.3.2. Relationship between Difficulties in Emotion Regulation and Depression

Using maladaptive emotion regulation strategies is very obvious in all mood disorders; even most of these disorders are defined with criteria of emotion dysregulation (Werner & Gross, 2010). In the major depressive disorder, emotions are so dysregulated that depressed people experience increment in frequency, intensity and duration of negative emotions like sadness and decrement of positive emotions like interest and enjoy (Gross & Munoz, 1995).

Although emotion dysregulation and depression are found highly related in many researches, whether the use of maladaptive regulatory strategies leads to depression or depressive people use these strategies is controversial. Garnefski and Kraaij (2006) investigated the relation between specific cognitive emotion regulation strategies and depressive symptoms among five different groups of people. It was found that among all samples, variance of depressive symptoms can be explained by some maladaptive emotion regulation strategies (Garnefski & Kraaij, 2006). In another research, Aldao and his colleagues (2010) designed a meta-analysis of 114 studies about the connection between emotion regulation strategies and psychopathology. They reached the conclusion that if people use maladaptive emotion regulation strategies when they face with negative life events, they have a tendency to develop depression. In addition, adaptive emotion regulation strategies may act as protective factors against depression (Aldao, Nolen-Hoeksema & Schweizer, 2010). Rumination, catastrophizing, suppression, avoidance and self-blame are found positively related with depression in many studies (e.g; Yalçınkaya-Alkar, 2017; Garnefski & Kraaij, 2006). Specifically, rumination was found as the most effective predictor of depression, followed by avoidance and suppression (Aldao, Nolen-Hoeksema & Schweizer, 2010). In addition, although acceptance was assumed to be an adaptive strategy, it was also found to be a predictor for depression depending on the situation (Yalçınkaya-Alkar, 2017).

Besides using maladaptive emotion regulation strategies leads to depression, many researches supported that depressive people report more difficulties while regulating their

emotions (Whitehead & Suveg, 2016). Difficulties in emotion regulation can be seen in six areas; awareness, acceptance and clarity of emotions, usage of effective emotion regulation strategies, control of impulses and goal-directed behaviors (Gratz & Roemer, 2004). It was found that understanding their emotions is the biggest difficulty of depressive people (Mennin et al., 2007; Gross & John, 2003). In addition, depressive people are found to be more likely to engage in impulsive-control difficulties (Whitehead & Suveg, 2016). They are found to select ineffective strategies when dealing with their emotions (Ehring et al., 2008; Garnefski & Kraaij, 2006) and acting goal-directed when distressed (Ehring et al., 2008). Yoon and Rottenberg (2019) investigated why depressive people have difficulties in emotion regulation. They found that first of all, depressed people believe that they have little control over their emotions; therefore they do not need to change their mood with adaptive strategies. In addition, depressive people might use less adaptive strategies because of social learning. In other words, they learn from people around them (Yoon & Rottenberg, 2019). Finally, depressive people believe that maladaptive strategies especially rumination are beneficial across many situations (Yoon & Rottenberg, 2019).

Therefore, the connection between emotion dysregulation and depression seems reciprocal. While maladaptive emotion regulation strategies predict depressive symptoms in people (Aldao et al., 2010), depressive people experience more difficulties in regulating their emotions (Ehring et al., 2008). For this reason, to treat depression, understanding the concept of emotion regulation is crucial (Gross & Munoz, 1995).

1.3.3. Relationship between Difficulties in Emotion Regulation and Narcissism

Particular personality traits lead people to manage their emotions in different ways (Zhang et al, 2017). Emotion regulation difficulties were thought to be correlated with many personality disorders (Dimaggio et al., 2017). In fact, behavioral parts of emotion regulation difficulties like impulsivity are found to be related with externalized personality disorders (borderline, hysteric etc) and the inability to access effective emotion regulation skills were found to be related with internalizing personality disorders like passive-aggressive and depressive (Dimaggio et al., 2017). In DSM-V, American Psychiatric Association (2013) took 'emotion dysregulation' as a central defining feature for some Cluster B personality disorders like borderline. However, about narcissistic personality, previous researches were controversial.

Di Pierro and his colleagues (2017) found that while narcissistic grandiosity was not related with any emotion regulation difficulties in contrast to vulnerable narcissism which was found highly associated with difficulties in accessing emotion regulation strategies and in understanding, accepting and being clear about emotional states. In some other researches (e.g., Elibol, 2018; Wolven, 2015), difficulties in emotion regulation are also found highly correlated with vulnerable narcissism but uncorrelated with grandiose narcissism.

On the other hand, Zhangand and his colleagues (2015) found that two types of narcissism show different difficulties in emotion regulation process. They found that while grandiose narcissistic people were aware and clear about their emotions, vulnerable narcissistic people showed difficulties in every aspect of emotion regulation process. Köymen (2019) also found that vulnerable narcissism and grandiose narcissism are different in strategies they used to regulate their emotions. Grandiose narcissism is found negatively correlated with acceptance and positively correlated with other-blame. On the other hand, vulnerable narcissism is found to be related to self-blame, rumination, catastrophizing and other-blame (Köymen, 2019). Akıncı (2015) found that while vulnerable narcissism is significantly correlated with all domains of emotion regulation difficulties, grandiose narcissism was found to be negatively related with lack of emotional clarity and lack of emotional awareness and positively related with impulsivity and limited access to strategies. This means that grandiose narcissists are better than vulnerable narcissists in understanding their emotions, but they cannot control their impulses and find effective emotion regulation strategies (Akıncı, 2015). Therefore it was found that, while overt narcissism can have some adaptive parts, covert narcissism signifies totally maladaptive in emotion regulation concept (Zhang et al., 2015).

To explain differences between grandiose narcissism and vulnerable narcissism in terms of emotion regulation difficulties, different theories were asserted. Besser and Priel (2010) investigated emotional reactions of narcissistic subtypes toward achievement failure and interpersonal rejection. They found that grandiose narcissists could not control their

emotions and act negatively when they face with situations that involve achievement threats. On the other hand, people with high vulnerable narcissism levels showed difficulty in regulating their emotions when they faced with interpersonal threats. In fact, both types of narcissism may have difficulty in regulating their emotions, but the triggers are different (Besser & Priel, 2010).

According to Zhang and his colleagues (2017), two forms of narcissisms' differences about their emotion dysregulation can be explained by the mediating role of self-esteem. High self-esteem levels of grandiose narcissists play a protective factor for managing negative emotional experiences and adapting stressful situations. However, vulnerable narcissists have low self-esteem levels which make them more 'vulnerable' to inability of managing negative emotional experiences (Zhang et al., 2017). According to Ronningstam (2017), emotion regulation difficulties and self-esteem mutually affect each other in narcissistic people. Their relation can be seen in narcissistic people in four pathways. First of all, when narcissists feel intense aggression, criticism or shame, they behave admiration seeking or competitive to protect their self-esteem. Secondly, narcissists are so preoccupied with themselves to control intense negative feelings. If this control cannot be managed, they may exhibit anger outbursts or social avoidance. Thirdly, in narcissistic people, intense emotions can trigger past emotional traumas and this process may leave these people in overwhelmed feelings of shame and doubt which they cannot regulate effectively. Fourthly, if narcissistic people are emotionally overwhelmed by

failure, losing control and other threats to self-esteem, they may lose control and display drastic actions like substance abuse or suicide (Ronningstam, 2017).

According to Dickinson and Pincus (2003), vulnerable narcissists cannot regulate their emotions effectively; when their expectations about their self-concepts fail, they fluctuate between feelings of shame, depression and anger. Also, they have difficulties in understanding their emotions; this may lead to inability of controlling behaviors. Ronningstam (2017) emphasizes that narcissists may experience difficulties in identifying, differentiating and processing emotions which are described by the term 'alexithymia'; the inability to feel and identify feelings. Therefore, they behave aggressively or avoid social contacts through hiding their true feelings of shame or anger (Ronningstam, 2017; Dickinson & Pincus, 2003).

1.4. The Concept of Self-Esteem

Sheldon and his colleagues (2001) investigated fundamental psychological needs. They found that, across different cultures, self-esteem, autonomy, competence and relatedness are shared psychological needs which should be placed on top of Maslow's hierarchy. As a psychological need, self-esteem is highly important because it affected every aspect of people's daily experiences (Kernis, 2003). Therefore, understanding concept of self-esteem is crucial. To clarify the term, self, self-concept and self-esteem should be separated first. When the person begins to realize himself as a distinct entity from

objects within his environment, the "self" is constituted (Calhoun & Morse, 1977). Self-concept is established when the person perceives himself, his behavior and how others view him (Calhoun, Warren & Kurfiss, 1976). On the other hand, self esteem is defined by Rosenberg (1965) as 'a positive or negative attitude toward a particular object, namely, the self'. In other words, self-esteem refers to an individual's subjective evaluation of his worth as a person (Orth & Robins, 2013). Firstly, self develops in early childhood when a person realizes him as a separate being, after this realization, with social interactions and experiences, he formulates a self-concept and then his self-esteem is established via satisfaction or dissatisfaction about self (Calhoun & Morse, 1977).

While self-concept is accepted as a constant term, opinions about constancy about self-esteem are divided. On one side, self-esteem is assumed to be a stable trait which predicts future behaviors (Rosenberg, 1965). On the other side, Kernis (2003) argued that self-esteem has daily fluctuations and these fluctuations predict future behavior rather than global level of self-esteem. A type of unstable self-esteem is contingent self-esteem; it refers to person's self-esteem is derived by external standards like perceived successes or failures (Ryan & Deci, 2000).These people rely on external sources, therefore they are highly engaged about how they are viewed by other people. As a result, their self-esteem is highly vulnerable (Kernis, 2003). To investigate self-esteem's position in hierarchy of consistency, Trzesniewski and his colleagues (2003) designed two studies. It was found that, stability of self-esteem is relatively low during childhood, but it increases through adolescence and adulthood, then during old age, it starts to decline again. Dramatic

environmental or maturational changes may be the reasons behind the instability of self-esteem scores (Trzesniewski, Donnellan & Robins, 2003). People have most stability in their self-esteem scores during middle-life which is the phase people experience relatively few social role, career and relation changes. Overall, it was found that people may experience short term fluctuations in their self-esteem but despite them, self-esteem is a relatively stable characteristic across life (Trzesniewski, Donnellan & Robins, 2003).

Many researches showed differences between people who have low and high self-esteem. Rosenberg (1965) indicated that while individuals with high self-esteem are generally confident and willing to be in leadership positions, low self-esteem people avoid to be in foreground. People who have high self-esteem have self-respect and they see themselves as worthy while low self-esteem people appreciate themselves as unworthy and inadequate (Rosenberg, 1965). Also, low self-esteem individuals are more socially needy than high self-esteem ones (Campbell, Rudich & Sedikides, 2002). They are much more sensitive about criticism and for that reason they can easily feel threatened by others, they hide inner thoughts and feelings to themselves (Rosenberg & Owens, 2001). Low self-esteem people avoid risky situations which test their abilities and because of this avoidant attitude, they are seen as shy, lonely and lack of spontaneity by other people (Sowislo & Orth, 2013). These feelings often lead to many psychological disorders like depression (Kernis & Martis, 1991).

1.4.1. Relationship between Self Esteem and Narcissism

In popular belief, narcissism was thought synonymous as excessive levels of self esteem. These two constructs are related but their relation is not strong as expected (Orth et al., 2016). Although both constructs include positive self evaluations, they are conceptually distinguished (Orth & Luciano, 2015). In their article, Brummelman, Thomaes and Sedikides (2016) argued that narcissism differs markedly from high self-esteem in its phenotype, its consequences, its development, and its origins. Firstly about phenotype, while narcissists need to feel superior to others, people with high self esteem are satisfied with themselves, they do not need superiority or entitlement (Orth et al., 2016; Brummelman et al., 2016; Kernis, 2003; Rosenberg, 1965). About consequences, narcissism and high self esteem are also sharply different. While narcissistic personalities do not need to form deep bonds with others, high self esteem personalities need to form close bonds with other people. Narcissistic people need to be admired, approved and respected. If this condition doesn't meet, they become aggressive toward others and use others for own good. This case is not valid for people who have high self esteem. They do not exploit and do not act manipulative (Brummelman et al., 2016). Therefore, while narcissism is corruptive in interpersonal relationships, self-esteem seems beneficial (Campbell, Rudich & Sedikides, 2002). Another difference between narcissism and high self esteem lies in their developmental stage. Both narcissism and self esteem develop at about age of 7 but while narcissism reaches highest in adolescence stage and tend to decrease through adulthood, self esteem decreases into adolescence and then increases through adulthood until old age (Brummelman et al., 2016). Finally these two concepts are

different in their origins. In literature, narcissistic people are found to have two types of parents; either overvalued parents who exaggerate their children's performances or contrast, neglected parents who ignore their children. On the other hand, people who have high self esteem are grown in families in which they are treated with affection and appreciation (Brummelman et al., 2016).

Although concepts of high self esteem and narcissism are not same, a moderate relationship between the concepts of self-esteem and narcissism was found in numerous researches (Orth et al., 2016; Brown & Zeigler-Hill, 2004). Most of theories accept that narcissist personalities' self esteems are fragile (Zeigler-Hill, Clark & Pickard, 2008). To explain fragile and secure self-esteem and explain the relationship with narcissism and self-esteem, different theories are asserted (Campbell & Miller, 2011). Firstly, according to the mask model, narcissistic personalities try to maintain a grandiose self view, but in fact this grandiose self masks deep feelings of inferiority which take roots from early experiences with parents (Morf & Rhodewalt, 2001). Narcissists suppress these painful feelings and create a 'fragile' high self esteem by using some interpersonal strategies such as viewing self as superior to others or acting manipulative, arrogant or demanding towards others (Bosson et al., 2008). They spend so much energy to evaluate their own status by either idealizing or devaluing others (Bradley, Heim, & Westen, 2005). If they idealize someone, they feel worthy about themselves by their relatedness with that person and if they devalue someone, they just feel predominant to that person. The mask model therefore suggests that narcissistic people have high explicit self esteem but low implicit self esteem levels. In

literature, evidence of narcissism and explicit and implicit self-esteem relationship was found to be inconsistent (Campbell & Miller, 2011). The mask model was criticized by taking only grandiose subtype of narcissism. In many researches it was found that while grandiose narcissism is related with high explicit self-esteem, vulnerable narcissism is related with low self esteem (e.g; Rohmann et al., 2019; Brookes, 2015; Rose, 2002; Raskin & Terry, 1988). Another model is the instability model which is developed by Kernis (2003). The instability model makes a distinction between fragile and secure self esteem types. While fragile type depends on outcomes and can easily be threatened by external factors, secure one reflects real self acceptance. According to this model, narcissistic people tend to have unstable self esteem levels, which change day to day with negative social interactions (Rhodewalt, 2014). The third model is created by Campbell and his colleagues (2002) and it makes a distinction between agentic and communal value systems which are two components of self-esteem. To this model, while agentic value concerns traits like extraversion, intelligence and competence; communal value concerns traits like agreeableness, morality, warmth and kindness (Campbell & Miller, 2011). Narcissistic people see themselves as intelligent and extraverted, but they do not report positive self views in communal domains like nurturing or moral (Campbell, Rudich & Sedikides, 2002). Therefore, their self-esteem is closely related to dominance and success-relevant domains (Campbell & Miller, 2011). Finally, contingent model supports that fragile self-esteem depends on the individual's beliefs about what he should do or be for being worthy as a person (Zeigler-Hill, Clark & Pickard, 2008). According to this model, people with fragile self esteem define their whole self value by external standards (Ryan & Deci, 2000). The contingent model argues two types of narcissists are different. Grandiose narcissists

can use interpersonal overt strategies, like acting aggressive and exploitative to others and denying significant emotional or interpersonal stress (Dickinson & Pincus, 2003). On the other hand, vulnerable narcissists crave others' approval for their positive self esteem but they are so insecure to demand it (Bosson et al., 2008). They have greater interpersonal distress and therefore they use social avoidance to protect their fragile self-esteem (Dickinson & Pincus, 2003).

Self-esteem is extremely important because both types of narcissists' happiness levels are found to be related to self esteem (Rose, 2002). In fact, self esteem is as a protective factor against many psychological disorders (Brummelman, Thomaes & Sedikides, 2016) and it is the key for the relation between narcissism and good psychological health (Sedikides et al., 2004). Even though grandiose narcissists' high self esteem is fragile, defensive or illusory, they are found to be happier than vulnerable narcissists who have low self esteem (Sedikides et al., 2004; Rose, 2002).

1.4.2. Relationship between Self-Esteem and Depression

For a very long time, it is known that low self-esteem and depression are closely related; people who have low self-esteem are prone to depression and depressive people feel insecure about their self worth (Orth & Robins, 2013). In most of operational definitions of depression, low self-esteem is accepted as a possible symptom. For example, in DSM-V (American Psychiatric Association, 2013) low self-esteem is a diagnostic

criterion for persistent depressive disorder. Also in Psychodynamic Diagnostic Manual-2 (Lingiardi & McWilliams, 2017), it was mentioned that almost all cases of long term persistent depressive symptoms are characterized by low self-esteem levels.

Although the association is clear; there are several theoretical models about the nature of this association. First of all, according to the vulnerability model; low self esteem is a stable personality characteristic and acts as a risk factor for depression (e.g., Orth & Robins, 2013; Kernis & Martis, 1991). The scar model proposed the opposite; it advocates that low self-esteem is a consequence of depression because experiencing depressive symptoms can lead to permanent changes in a person's self worth (Orth el al., 2016). The third model is the reciprocal relation model and it argues that both depression and self-esteem affect each other simultaneously (Orth & Robins, 2013). Sowislo and Orth (2013) conducted a meta-analysis with 77 longitudinal studies to evaluate these three models. It was found that while the vulnerability model is consistently supported by studies which used different samples and design characteristics, only weak support was found for other models. Many researches stated that low self esteem indeed played a role in etiology of depression (e.g., Zemore & Bratell, 1983; Beck, 1967). In addition, although self esteem and depression levels vary through a person's different life stages, the relation between these two concepts remains stable from young adulthood to old ages (Orth et al., 2009). Therefore, focusing on low self esteem and changing it can create a difference in people's lives. To examine this, Hilbert and his colleagues (2018) conducted a CBT treatment which

focused on self esteem enhancement. They found that depressive symptoms showed a linear decline while self esteem levels are increasing.

1.5. The Concept of Perceived Stress

Stress has gained popularity among health and behavioral sciences for the last five decades (Krohne, 2002). However in psychology, it doesn't have a widely shared definition. Theories that tried to explain stress as a concept are divided into two categories. While Selye (1976) focused on physiological changes and defined stress as 'the non-specific response of the body to any demand for change", Lazarus and Folkman (1984) kept focus on cognitive parts of stress. According to Lazarus and Folkman (1984), stress is not an external stimulation or physiological reaction; it is "…a particular relationship between people and their environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing". This appraisal process involves primary and secondary appraisals. While the primary appraisal includes evaluation of potential harm or danger, the secondary appraisal concerns whether resources are enough to cope with the danger (Krohne, 2002). Three types of stress are caused by these two appraisals. These are harm, threat and challenge (Lazarus & Folkman, 1984). Harm involves already happened damage like injury or loss like death. In threat, damage did not happen yet but its prediction leads to negative consequences in person. Challenge is different in terms of that it consists when an individual feels secure about controlling situational demands. While harm is about past experiences, threat and challenges are

contrast appraisal processes and they are about present and future. Lazarus and Folkman (1984) defined two types of coping with stress; emotion-focused and problem-focused; both can be functional depends on the situation.

1.5.1. Relationship between Perceived Stress and Depression

In literature, lots of previous researches showed that stress and psychological problems are strongly correlated. However, rather than objective measure of stressful life events, individual's subjective appraisal about life as stressful affects his/her psychological health (Tugade & Fredrickson, 2004). In one study it was found that perceived stress is the link between negative life events and depression (Kuiper, Olinger & Lyons, 1986). If individual's perceived stress level is low, negative life events affect depression modestly. However, while perceived stress level is high, the relationship between negative life events and depression is stronger (Kuiper, Olinger & Lyons, 1986). It was supported by another study; Lee et al. (2013) showed that perceived stress plays a mediator role in the relationship between external stressors and depressive symptoms. Perceived stress is found to be significantly associated with depression in many other studies (e.g; Thimm et al., 2018; Arshad, 2017; Bergdahl & Bergdahl, 2002). In one study, self-esteem's role between perceived stress and depression was examined and it was found that after controlling for self-esteem, perceived stress and depression have a reciprocal relationship which means perceived stress has an independent effect on depression and also depression has an effect on occurrence of stressful events (Orth, Robins & Meier, 2009).

1.5.2. Relationship between Perceived Stress and Narcissism

Although all people are exposed to stress, each individual is affected from stress differently. In fact, same stressful events can create different levels of perceived stress through specific individual factors like personality (Bergdahl & Bergdahl, 2002). Some personality traits like neuroticism are found closely related with perceiving life as unpredictable, uncontrollable and overwhelming (Papageorgiou et al., 2019; Kendler et al., 2004). Compatible with this assumption, researches showed significant associations between Cluster A and Cluster B personality disorders (which have higher neuroticism traits) and higher perceived stress levels (Candrian et al., 2008; Daley et al., 1998). Daley and her colleagues (1998) found that especially Cluster B disorders were related with higher self-created episodic stress, interpersonal chronic stress, and relationship dissatisfaction.

Vulnerable narcissism is known to be associated with higher levels of neuroticism (Miller et al., 2011). Consistently, Annen et al. (2017) found that higher vulnerable narcissism traits are correlated with higher perceived stress. On the other hand, researches about the relationship between grandiose narcissism and stress levels are mixed. Because grandiose narcissists are defined by traits such as exhibitionism, dominance, arrogance, they are thought to have mental toughness (Papageorgiou et al., 2019). In one research done by Ng and his colleagues (2014) similar results were found; while vulnerable narcissists predicted lower life satisfaction and higher perceived stress, grandiose narcissists showed

contrast pattern, they used flexible coping strategies and hold positive self-view when they experienced stressful events.

However, other studies reached different conclusions about the association between grandiose narcissism and perceived stress. For example, in one study, Besser and Zeigler-Hill (2011) investigated the relationship between pathological forms of narcissism and perceived stress with humor styles as mediator. They chose first year university students because of stressing factors about new environment, classes and social situations. They found that people with vulnerable narcissism and people with grandiose narcissism are different in their humor styles; however both of the narcissism types are positively correlated with perceived stress. They explained this result with the tendency of people with pathological narcissism to evaluate events as more negative than other people.

Cheng and his colleagues (2013) investigated daily stressful events' effects on people with grandiose narcissistic traits. For this purpose they looked at participants' hormonal activity. As a result of the study, they found that people who have higher scores on grandiose narcissism showed higher psychological and physiological reactivity when they faced with stressful events. Therefore, researchers concluded that grandiose narcissism may create health problems in long term. In fact this was not the only research which found a significant relationship with grandiose narcissism and stress reactivity. Coleman, Pincus and Smyth (2019) reviewed 29 articles which examined both narcissism subtypes

(grandiosity and vulnerability) about their psychological, behavioral and biological stress-related reactivity. They found that although under some conditions grandiose subtype may show some resilience, both narcissism subtypes are significantly related with physiological stress reactivity. However, the type of stressor made a great impact on their reactivity levels. In particular, both grandiose and vulnerable narcissists perceived maximum levels of stress when they felt a threat to their self-concept or they were forced competitive tasks.

1.6. Aim and Hypotheses of Study

In literature, lots of previous researches showed that pathological narcissism is associated with a number of psychological problems including depressive symptoms. However, two subtypes of narcissism; vulnerable and grandiose have different pathological symptoms which may trigger depression in distinct pathways. Detailed literature indicated that emotion regulation difficulties, lack of self-esteem and higher perceived stress are related constructs with depression and narcissism separately. However, there is relatively limited research about how these factors affect depressive symptoms in grandiose and vulnerable narcissistic people. Therefore, current study is designed to investigate the mediating roles of emotion dysregulation, insufficient self-esteem and intense perceived stress on the relationship between two types of narcissism and depression. With this aim, current research tries to answer following questions:

1. What kind of relationship is there between vulnerable narcissistic personality traits and depression level?

2. Is there a significant relationship between self-esteem and vulnerable narcissistic personality traits? If there is, to what extent does self-esteem mediate the relationship between vulnerable narcissistic traits and depressive symptoms?
3. Is there a significant relationship between participants' emotion regulation difficulties and their vulnerable narcissistic personality traits? If there is, to what extent does emotion dysregulation mediate the relationship between vulnerable narcissistic traits and depressive symptoms?
4. Is there a significant relationship between perceived stress and vulnerable narcissistic personality traits? If there is, to what extent does perceived stress mediate the relationship between vulnerable narcissistic traits and depressive symptoms?
5. What kind of relationship is there between grandiose narcissistic personality traits and depression?
6. Is there a significant relationship between self-esteem and grandiose narcissistic personality traits? If there is, to what extent does self esteem mediate the relationship between grandiose narcissistic traits and depressive symptoms?
7. Is there any significant relationship between emotion regulation difficulties and grandiose narcissistic personality traits? If there is, to what extent does emotion dysregulation mediate the relationship between grandiose narcissistic traits and depressive symptoms?
8. Is there any significant relationship between perceived stress levels and grandiose narcissistic personality traits? If there is, to what extent does perceived stress

mediate the relationship between grandiose narcissistic traits and depressive symptoms?

In addition, in the light of the previous researches hypotheses of the study are:

1. There will be a positive correlation between narcissistic vulnerability and depressive symptom severity.
2. The impact of vulnerable narcissism on depression will be mediated by low self-esteem.
3. Higher scores of depressive symptoms will be observed among people who have vulnerable narcissistic traits and emotion regulation deficits.
4. Perceived stress will have a mediating effect and change the relationship between narcissistic vulnerability and depressive symptom severity.
5. There will be a positive correlation between narcissistic grandiosity and depressive symptom severity.
6. Higher scores of depressive symptoms will be observed among people who have grandiose narcissistic traits and emotion regulation deficits.
7. Perceived stress will have a mediating effect and change the relationship between narcissistic grandiosity and depressive symptom severity.
8. Grandiose narcissists have higher self-esteem scores and this affects the relationship between grandiose narcissism and depression negatively.

CHAPTER 2

METHOD

2.1 Participants

The current study was completed with 352 people, 146 (41.5%) of whom were male and 206 (58.5%) were female. Ages of participants were between 18 and 65 (M=37.9, *SD*=14.54). Most of the participants were university students or graduates (62.2 %). About marital status, the sample includes mostly single (45.4%) and married (47.2%) people. Majority of participants were employed (58.8%). The exclusion criterion for the study is not having a current psychiatric diagnosis. Detailed demographic information about participants is shown in Table 2.1.

Table 2.1

Demographic Characteristics of the Sample

	N	Percentage (%)
Age Groups		
From 18 to 30	163	46,3
From 30 to 65	189	53,7
Gender		
Woman	206	58,5
Man	146	41,5
Education Level		
Primary School	3	0,9
Secondary School	4	1,1
High School	41	11,6
University Graduation	219	62,2
Post graduation	85	24,1
Working Status		
Yes	207	58,8
No	145	41,2
Marital Status		
Single	160	45,4
Engaged	7	2,0
Married	166	47,2
Divorced	11	3,1
Widow	8	2,3

2.2. Instruments

2.2.1. Socio-Demographic Information Form

A socio-demographic information form (see Appendix B) was presented which includes questions about age, gender, education level, working status, occupation, marital status and current psychological health.

2.2.2. Difficulties in Emotion Regulation Scale (DERS)

Difficulties in Emotion Regulation Scale (DERS) was developed by Gratz and Roemer in 2004 to determine difficulties in recognizing and managing negative affect. It was a self report measure and had 36 items rated on a 5-point Likert type scale (ranged between 1: almost never and 5: almost always). Some items were scored reversely (1, 2, 6, 7, 8, 10, 17, 20, 22, 24, and 34). Possible scoring was between 36 and 180. Higher scores indicated difficulties in emotion regulation. The DERS covered six subscales; lack of emotional awareness (Awareness), lack of emotional clarity (Clarity), non-acceptance of negative emotions (Non-Acceptance), limited access to emotion regulation strategies (Strategies), lack of control on impulsive behaviors (Impulse), and inability to behave goal-directed (Goals). Cronbach's α was calculated to determine the internal consistency of the DERS items. Results indicate that the DERS had high internal consistency (α = .93). All of the subscales got higher scores than .80 (between .80 and .89) on Cronbach's Alpha. Researchers also looked the test-retest reliability of the scale in a period of 4 to 8 weeks. It was found as .88. They found that DERS has a construct validity; it was 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).

Rugancı and Gençöz (2010) adapted DERS into Turkish. The Turkish version of the scale had similar results in factor structure with the original one. As a whole scale, Cronbach's alpha was found of .94. This indicated a good internal consistency and it was similar to the original version of the scale. For the subscales, Crobach's alpha ranged between .75 and .90. The split-half reliability and test-retest reliability were computed and they found as .95 and .83 respectively. To examine concurrent validity, Rugancı and Gençöz (2010) looked correlations between psychological distress measure (BSI) and DERS. It was found that there was a significant positive correlation and this conclusion showed evidence for concurrent validity. Also for the criterion validity, discriminative power of DERS measures was questioned and it was found adequate.

2.2.3. Narcissistic Personality Inventory (NPI)

Narcissistic Personality Inventory was a 220 items self-report measure developed by Raskin and Hall in 1979 to determine grandiose or overt narcissistic personality traits in people. All items are two-sided; one is compatible with narcissistic traits, other is not. People are expected to choose one of them. Possible scores are between 0 and 40. Raskin and Terry (1988) reduced the scale into 40 items through factor analysis and they found seven factors; authority, exploitativeness, vanity, entitlement, sufficiency, superiority and

exhibitionism. With the new version; NPI-40, Raskin and Terry (1988) found that scale had strong construct, ecological validity and internal reliability with Cronbach's Alpha score of .83. Following studies showed that full scale also had high test-retest reliability within a period of 13 weeks with Cronbach's Alpha score of .81 (del Rosario & White, 2005).

Ames and his colleagues (2006) transformed the 40-item NPI into the 16 item NPI for rising face validity by selecting narcissism representative items rather than other constructs such as leadership, self-efficacy, assertiveness or envy. In 16 item version, people either got 0 or 1 for each item, therefore possible scoring was between 0-16. Researchers designed five studies to test the scale. The scale was found to strongly correlated with NPI-40 (r= .90). In these studies, Cronbach's Alpha scores were found between .65 and .72 which indicated enough internal consistency. Researchers also looked at the test-retest reliability of the scale in a period of 5 weeks and it was found as .85. In these studies; NPI-16 was also found as satisfactory in terms of convergent, divergent, and predictive validity.

NPI-16 was adapted in Turkish by Atay in 2009. Firstly it was tested in a pilot study and internal consistency coefficient was found as .57 through Cronbach's alpha. Later, in a second study, four items which did not correlate with the total scale were changed. With these revised items, the Cronbach's alpha of the NPI-16 rised to .62 which indicated an

adequate internal consistency. Factorial structure of Turkish NPI-16 showed that it included six factors; compatible with the original scale.

2.2.4. Hypersensitive Narcissism Scale (HSNS)

Hypersensitive Narcissism Scale (HSNS) is a self-report measurement which was developed by Hendin and Cheek (1997) to determine covert narcissism traits (vulnerability). All ten items of the scale were derived from the Murray's Narcissism Scale (1938). Assessment was done through 5-point Likert scale (1: not at all, 5: very much). Possible scoring was between 8 and 40. Increased scores indicated more vulnerable narcissistic traits. HSNS's Cronbach's Alpha was .63 which showed a good internal consistency. To assess validity of the scale, the correlation between HSNS and Big Five Inventory (BFI) was looked and it was found to be significantly correlated with extraversion (r = -.28), agreeableness (r = -.44), openness to experience (r = -.18), and neuroticism (r = -.51) domains.

Şengül and her colleagues (2015) adapted the scale into Turkish. In this version, through factor analysis; two items were found uncorrelated and they were excluded from the scale. The revised version included eight items. Factorial structure showed that the scale is comprised of one factor; hypersensitivity. Cronbach's Alpha of Turkish version was .66 which indicated an adequate internal consistency. To assess validity, Şengül and her

colleagues (2015) compared HSNS with Narsissistic Personality Inventory and found no correlation.

2.2.5. Beck Depression Inventory (BDI)

Beck Depression Inventory (BDI) is the most common self-measurement for depression in the world. It was developed by Beck and his colleagues (1961) to assess depressive symptoms in people. The last revision of BDI was BDI-II. It was developed by Beck, Steer, Ball and Ranieri (1996) as compatible to the publication of DSM-IV edition which changed many of the diagnostic criteria for Major Depressive Disorder. BDI-II included 21 items; each of them had four self evaluation assessments rated as 0, 1, 2 and 3. For each item, the person was expected to choose one of the four assessments. Possible scores were between 0 and 63 for this scale. Higher scores correlated with the severity of depressive symptoms. According to Beck and Beamesderfer (1974), the range between 0 and 13 showed minimal depression, 14–19 range indicated mild depression, 20–28 range correlated with moderate depression and finally range between 29 and 63 showed severe depression. BDI-II was found to be positively correlated with the Hamilton Depression Rating Scale with r =. 71 and this indicated good concurrent validity. Scale's internal consistency was very good; Cronbach's Alpha score as .91. Researchers also looked the test-retest reliability of the scale in a period of one week and it was found as .93 which indicated high test-retest reliability.

Beck Depression Inventory was adapted to Turkish by Hisli in 1988. To test concurrent validity, Hisli (1988) looked correlations between Depression subscale of MMPI and BDI. It was found as *r*=.50 which is compatible with validity studies done with original version. In a university sample, Hisli (1988) tested reliability with item analysis and split half methods. Cronbach's Alpha coefficient scores were found as .80 and .74 respectively. This indicated that Turkish version of BDI had a high internal consistency and it was similar to original version of scale.

2.2.6. Perceived Stress Scale (PSS)

Perceived Stress Scale (PSS) was developed by Cohen, Kamarck and Mermelstein (1983). It was a self report measurement to understand what amount people perceive life situations stressfully. It included 14 items which rated on a 5-points Likert type scale (ranged between 0: almost never, 4: almost always). 7 items had positive context and they were scored reversely (4, 5, 6, 7, 9, 10, 13). Possible scoring was between 0 and 56. High scores indicated that the person perceive life events more stressfully. Researchers tested Coefficient alpha reliability for the PSS in three samples; they found as .84, .85, and .86 in each of the three samples. For test-retest reliability, they used two days and six weeks intervals. While test-retest correlation was .85 for two days, it was only .55 for 6 weeks. The scale had also substantial predictive and concurrent validity (Cohen, Kamarck & Mermelstein, 1983).

PSS was adapted to Turkish by Eskin and his colleagues (2013). They tested validity and reliability for scale's 14 items, 10 items and 4 items versions seperately. Cronbach's Alpha of Turkish version of PSS-14 was .84 which indicated a good internal consistency similar to original version of the scale. Researchers also looked at the test-retest reliability of the scale in a period of 4 weeks and it was found as .87. To examine concurrent validity, Eskin and his colleagues (2013) looked correlations between Rosenberg Self -Esteem Scale, Life Satisfaction Scale, Life Event Scores, Beck Depression Inventory and Perceived Social Support Scale. It was found that perceived stress scale is significantly and positively correlated with negative life events and depression, significantly and negatively correlated with life satisfaction, self-esteem and perceived social support from friends and family. Through factor analysis, items of PSS-14 were loaded into two factors; perceived insufficient self-efficacy and perceived stress/distress.

2.2.7. Rosenberg Self Esteem Scale (RSES)

Rosenberg Self Esteem Scale (RSES) was developed by Morris Rosenberg in 1963. It was a self report measurement which included 63 questions and 12 subtests. Self-esteem was one of the 12 subtests designed to assess global self-worth by measuring both positive and negative feelings about the self. It was a 10-item Likert-type scale with items answered in a 4-point scale (strongly agree to strongly disagree). 5 positively worded items (1,2,4,6,7) were normal, 5 negatively worded items (3,5,8,9,10) were reversely scored. Total score was obtained by summing scores of all ten items. The scale ranged from 0-30.

Higher scores indicated higher self esteem. Scores between 15 and 25 were within normal range; scores below 15 suggested low self-esteem. According to Rosenberg (1965), the scale's internal consistency was .77 and minimum coefficient of reproducibility was above .90. In following researches, test- retest reliability for 2 week period was found as .85 and for 7 month period it was found as .63 (Silber & Tippett, 1965, Shorkey & Whiteman, 1978).

Turkish adaptation was done by Çuhadaroğlu in 1986. To test concurrent validity, Çuhadaroğlu (1986) carried out psychiatric interviews with participants. It was found as r=.71. Cronbach's Alpha coefficient was tested through test-retest analysis. In a period of one month test-retest reliability was found .75 which indicated the scale has a good reliability. To test concurrent validity of the scale on adult sample, Korkmaz (1996) correlated RSE with Coopersmith Self Esteem Inventory-Adult Form and they found these two scales' correlation was r=-.54 which showed an adequate concurrent validity. This score was significant but negative. The reason behind is that while high scores in Rosenberg indicated low self-esteem; high scores in Coopersmith indicated high self esteem.

2.3. Procedure

Data collection process was started after Bahçeşehir University Scientific Research and Publication Ethics Committee's permission. Both paper-pencil method and online

survey software program Google Forms were used to gather answers for a package of questionnaires. The data was collected from a non-clinical sample between the ages of 18-65 via the snowball method. People who choose ‘Yes’ to current psychological problems were excluded from study. Participants participated to the study voluntarily and they were informed about if they feel any inconsistency, they can leave the survey. After giving an informed consent form (see Appendix A), socio-demographic information sheet and six self report measures were served to participants (see Appendices). All scales were lasted about 20 to 25 minutes to complete.

CHAPTER 3

RESULTS

In this section, firstly descriptive analyses are presented. Secondly, bivariate correlations between all variables are shown. Then, a three-step hierarchical regression analysis for predictors of depression is reported. Lastly, two separate mediation analyses are presented. Prior to main analyses, data was checked through IBM SPSS Statistics 23.0 to control data entry and missing values. It was found that data entry was accurate and there were no missing values.

3.1. Descriptive Statistics for Variables

Descriptive statistics of total participants showed that skewness and kurtosis values for each variable were within the acceptable range which means that normality assumption

was achieved and there was no univariate outlier. In addition, no multivariate outliers were found. Then; means, standard deviations and minimum-maximum scores were calculated for Narcissistic Personality Inventory, Hypersensitive Narcissism Scale, Beck Depression Inventory, Difficulties in Emotion Regulation Scale, Perceived Stress Scale and Rosenberg Self Esteem Scale (See in Table 3.1).

Table 3.1

Descriptive Statistics of the Measures

Measures	N	Min	Max	M	SD
RSES	352	2.00	30.00	22.83	6.02
HSNS	352	8.00	36.00	22.38	5.05
DERS	352	37.00	161.0	84.55	24.82
PSS	352	.00	54.00	23.51	10.23
BDI	352	.00	52.00	9.9	8.82
NPI	352	.00	13.00	5.51	3.21

Notes. NPI: Narcissistic Personality Inventory, DERS: Difficulties in Emotion Regulation Scale, HSNS: Hypersensitive Narcissism Scale, BDI: Beck Depression Inventory, PSS: Perceived Stress Scale, RSES: Rosenberg Self Esteem Scale.

3.2. Correlational Analyses between Variables

In order to investigate relationships among Narcissistic Personality Inventory, Difficulties in Emotion Regulation Scale, Hypersensitive Narcissism Scale, Beck Depression Inventory, Perceived Stress Scale, Rosenberg Self Esteem Scale, gender and age variables Pearson correlation analysis was examined (See in Table 3.2).

Table 3.2

Bivariate Correlations between Variables

Variable Name	1	2	3	4	5	6	7	8
1.NPI								
2.DERS	.161**							
3.HSNS	.353**	.475**						
4.BDI	.189**	.626**	.398**					
5.PSS	.228**	.638**	.385**	.685**				
6.RSES	-.006	-.547**	-.339**	-.549**	-.514**			
7.Age	-.271**	-.210**	-,062	-.205**	-.365**	.232**		
8.Gender	-.091	-.089	-.124*	-.022	.004	.055	.195**	

*Notes. **p<.01, *p <.05,* NPI: Narcissistic Personality Inventory, DERS: Difficulties in Emotion Regulation Scale, HSNS: Hypersensitive Narcissism Scale, BDI: Beck Depression Inventory, PSS: Perceived Stress Scale, RSES: Rosenberg Self Esteem Scale.

Results showed that there was a significant positive correlation between grandiose narcissism and emotion regulation difficulties; $r = .161$, $p < .01$ which indicates that the more participants had grandiose traits; they experienced more difficulty in emotion regulation in general. Grandiose narcissism was also found significantly correlated with depressive symptoms $r = .189$, $p < .01$ and perceived stress $r = .228$, $p < .01$ which means that higher grandiose narcissistic features were linked to higher stress levels and depression. In addition, two types of narcissism; grandiose and vulnerable are found significantly correlated with each other; $r = .353$, $p < .01$. Grandiose narcissism was found negatively correlated with age $r = -.271$, $p < .01$ which indicates that older participants showed less grandiose traits than younger ones. On the other hand, grandiose narcissism was found unrelated with self-esteem and gender.

Vulnerable narcissism was found positively correlated with difficulties in emotion regulation; $r = .0475$, $p < .01$ which showed that participants who had vulnerable narcissistic traits tend to experience more emotion regulation problems. Also, depressive symptoms ($r = .398$, $p < .01$) and perceived stress ($r = .385$, $p < .01$) were found significantly and positively related to vulnerable narcissism. On the other hand, data showed that vulnerable narcissism was negatively correlated with self esteem ($r = -.339$, $p < .01$) which showed participants who had higher vulnerable narcissistic traits tend to have lower self esteem levels. Another significant correlation was found between vulnerable narcissism and gender ($r = .124$, $p < .05$) which indicated that men and women showed significant differences in their vulnerable narcissism levels; women had significantly higher scores.

As for emotion regulation difficulties, there were significant positive correlations between both depressive symptoms (r= .626, p< .01) and perceived stress scores (r= .638, p< .01). Self-esteem is negatively related to emotion regulation difficulties; r= -.547, p< .01 which means that participants who had lower self-esteem scores experienced more difficulty when regulating their emotions. Age was also found negatively related with emotion regulation difficulties (r= -.210, p< .01); indicating that older participants regulated their emotions better than younger ones. No significant gender difference was found in regulation emotions effectively.

The results for depressive scores showed that it was positively correlated with perceived stress (r= .685, p< .01) and negatively correlated with self esteem (r= -.549, p< .01). Another negative significant correlation was found between depression and age (r=-.205, p< .01) which means that younger participants were experienced more depressive symptoms than older ones. There was no significant gender difference in participants' depressive symptoms.

Finally, results showed a negative significant correlation between self esteem and perceived stress; r= -.514, p< .01 which indicated that participants who had higher self esteem scores perceived lower stress. In addition, age had a positive correlation with self esteem (r= .232 p< .01) and negative correlation with perceived stress (r= -.365, p< .01). Men and women are not significantly different in their self esteem and perceived stress levels.

3.3. Hierarchical Regression Analysis for Depression

A hierarchical multiple regression analysis was designed to investigate the effects of self-esteem, difficulties in emotion regulation, perceived stress, vulnerable narcissism and grandiose narcissism on depression.

Three-step multiple hierarchical regression analyses were conducted in order to examine associated factors with depression. In first step, due to its significant correlation with depression, age was entered to analysis to prevent possible confounding effect. In second step, grandiose and vulnerable narcissism scales were entered into the equation. Finally, three mediators of study; self-esteem, difficulties in emotion regulation and perceived stress were entered to the analysis.

Contribution of the age variable entered in the first block to model was marginally significant (β = -.12, t = -3.9, p< .001) and 4% of the variance was explained by age, the control variable of the study (F (1, 350) = 15.35, p< .001) (See in Table 3.3).

In the second block, vulnerable and grandiose narcissism scales were entered into equation; this entrance accounted for an additional 15% of the variance, F (3, 348) = 27.35, p < .001), and increased the total variance to 19%. In this block, vulnerable narcissism was significant predictor of depression; β = .67, t = 7.4, p< .001. On the other hand, grandiose narcissism did not significantly predict depression (See in Table 3.3).

In third and final block; difficulties in emotion regulation, self-esteem and perceived

stress were entered into equation; all three explained 37% of variation in depression scores (F (6, 345) = 74, p< .001) and with this block, total variance increased to 55%. All three variable were significant predictors of depression; while self-esteem (β = -.30, t = -4.5, p< .001) predicted negatively, difficulties in emotion regulation (β = .08, t = .02, p< .001) and perceived stress (β = .37, t = 8.5, p< .001) predicted depression positively (See in Table 3.3.).

Table 3.3

Summary of Regression Analyses for Depression

Variables	**F**	**df**	**t**	**β**	**R2**
I. Control Variables	15.35	1			4
Age			-3.9**	-.12	
II. Types of Narcissism	27.35	6			19
Grandiose			.01	.08	
Vulnerable			7.4**	.67	
III.Mediator Variables	74	3			55
DERS			.02**	.08	
PSS			8.5**	.37	
RSES			-4.5**	-.30	

Notes. ***p<.001, *p <.01* DERS: Difficulties in Emotion Regulation Scale, PSS: Perceived Stress Scale, RSES: Rosenberg Self Esteem Scale.

3.4. Mediation Analyses

To investigate whether difficulties in emotion regulation, self esteem and perceived stress take mediating roles in the relationship between depression and types of narcissism (grandiose and vulnerable), parallel mediation analysis was designed. A bootstrapping test named 'PROCESS' which was developed by Preacher and Hayes (2008) with 5000 bootstrap re-samples was conducted separately for the two analyses.

3.4.1. Mediators between Grandiose Narcissism and Depression

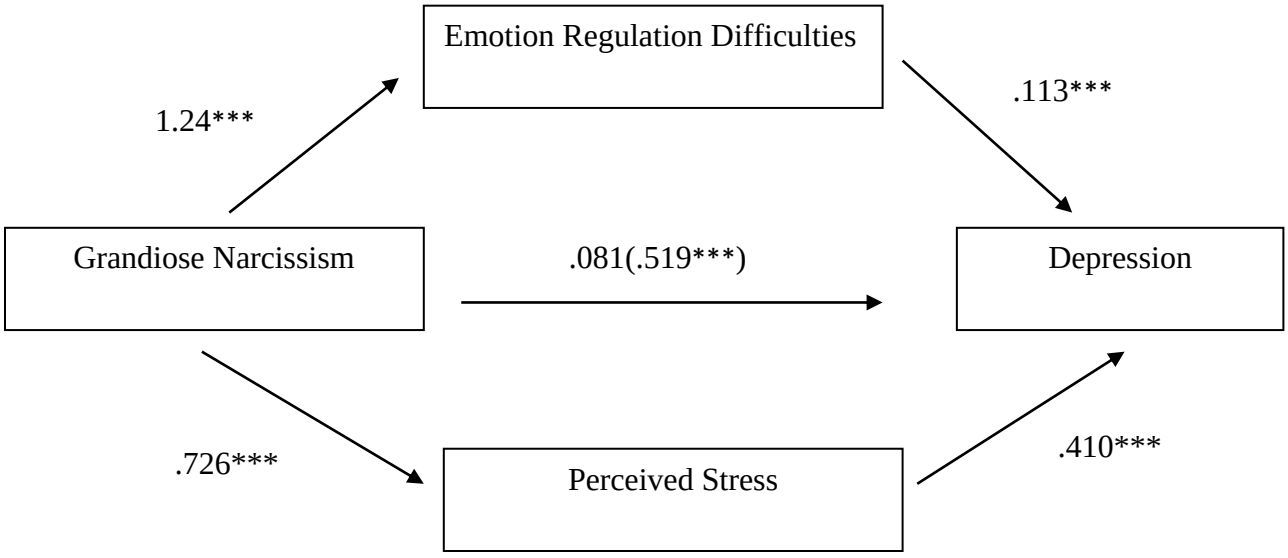
In correlational analysis, there was no significant correlation between self esteem and grandiose narcissism, therefore self-esteem was not added to mediation analysis. In this analysis, grandiose narcissism (PNI) considered as an independent variable whereas depression (BDI) was taken as a dependent variable; emotion regulation difficulties (DERS) and perceived stress (PSS) were used as mediators.

Regarding the relationship between independent variable and mediator variable, direct effect of the grandiose narcissism (IV) on emotion regulation difficulties (M1) was found significant [$\beta = 1.24$, s.e. = .40, $p < .01$; R2 =.26]. Also, there was a significant direct effect of emotion regulation difficulties (M1) on depression (DV) [$\beta = .11$, s.e. = .04, $p < .001$] (See in Figure 1).

Regarding the relationship between independent variable and second mediator, direct effect of the grandiose narcissism (IV) on perceived stress (M2) was found significant [$\beta = .73$, s.e. = .16, $p < .001$; R2 =.52]. Also, there was a significant direct effect

of perceived stress (M2) on depression (DV) [β = .41, s.e. = .04, p <.001] (See in Figure 1).

The total effect of grandiose narcissism (IV) on depression (DV) was significant [β =.52, s.e=.14, p < .001], however grandiose narcissism (IV) did not show a direct effect on depression (DV) [β =.08, s.e=.10, p = .43]. Grandiose narcissism, emotion regulation difficulties and perceived stress together explained 53 % of the variance in depression (F [1, 350] = 12. 98, p < .001). According to bootstrapping results, there was a significant total indirect effect (β = .44, s.e. = .12, 95% CI [.21, .67]). Moreover, emotion regulation difficulties (M1) (β = .14, s.e. = .05, 95% CI [.30, .26]) and perceived stress (M2) (β = .30, s.e. = .07, 95% CI [.15, .45]) uniquely mediated the relationship between grandiose narcissism and depression (See Table 3.4).



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

Figure 1. Indirect Relationship between Grandiose Narcissism and Depression.

Table 3.4.

Mediation Results of Grandiose Narcissism on Depression via Emotion Regulation Difficulties and Perceived Stress

	Coefficient	SE	P	BC Bootstrap 95% CI	
				Lower	Upper
Total Effect of Grandiose Narcissism on Depression	.51	.14	.00		
Direct Effect of Grandiose Narcissism on Depression	.08	.10	.43		
Indirect Effect of Perceived Stress on Somatic Symptoms through Difficulties in Emotion Regulation	.14	.05		.03	.25
Indirect Effect of Grandiose Narcissism on Depression Through Perceived Stress	.29	.07		.15	.46

3.4.2. Mediators between Vulnerable Narcissism and Depression

In this analysis, the mediating role of emotion regulation difficulties (DERS), perceived stress (PSS) and self-esteem (RSE) in the relationship between vulnerable narcissism (HSNS) and depression (BDI) were examined through the bootstrapping 'process macro' method suggested by Preacher and Hayes (2008).

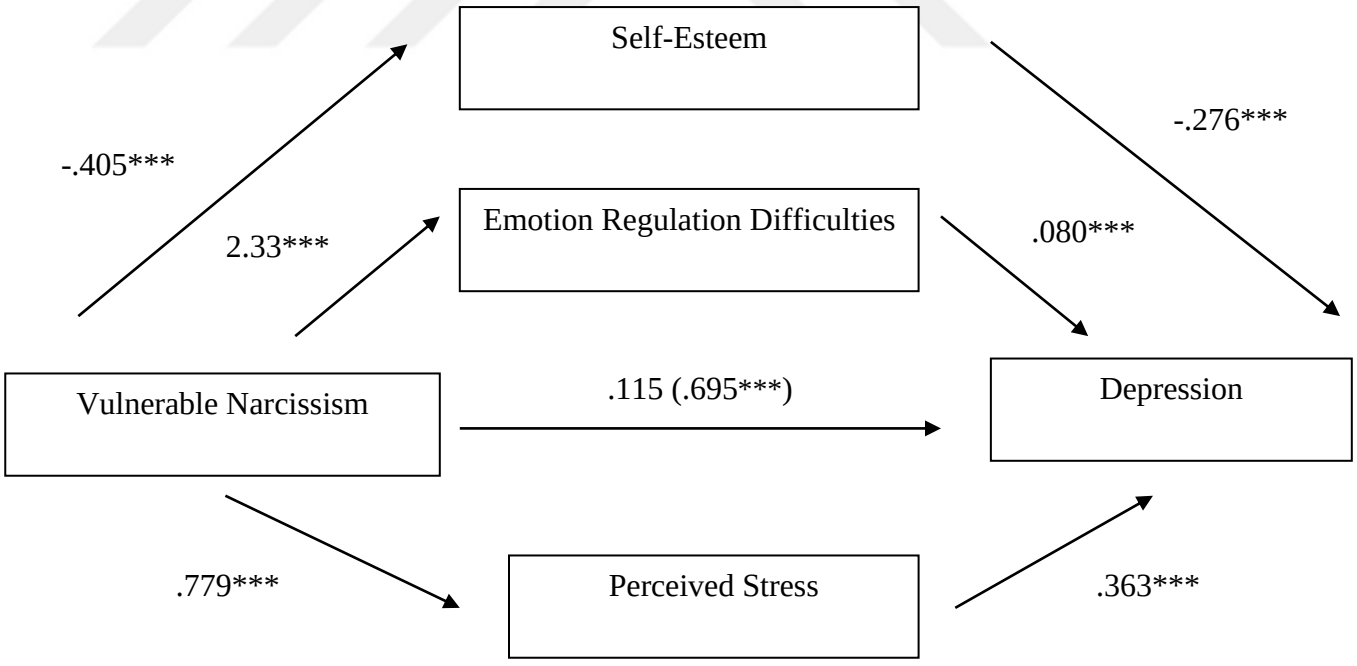
First of all, direct effect of the vulnerable narcissism (IV) on emotion regulation difficulties (M1) was found significant [$\beta = 2.33$, s.e. = .23, $p < .001$; $R2 = .22$]. Also, there was a significant direct effect of emotion regulation difficulties (M1) on depression (DV) [$\beta = .08$, s.e. = .02, $p < .001$] (See in Figure 2).

Also it was found that vulnerable narcissism (IV) also directly and significantly affects perceived stress (M2); [$\beta = .78$, s.e. = .09, $p < .001$; $R2 = .15$]. In addition, there was a significant direct effect of perceived stress (M2) on depression (DV) [$\beta = .36$, s.e. = .04, $p < .001$] (See in Figure 2).

Finally, vulnerable narcissism (IV) showed a negative direct effect on self-esteem (M3) [$\beta = -.40$, s.e. = .06, $p < .001$; $R2 = .11$]. Also, a significant and negative direct effect of self-esteem (M3) on depression was observed (DV) [$\beta = -.27$, s.e. = .06, $p < .001$] (See in Figure 2).

There was a significant total effect of vulnerable narcissism (IV) on depression (DV) [$\beta = .69$, s.e=.08, $p < .001$] but there was no significant direct effect of vulnerable

narcissism (IV) on depression (DV) [β =.11, s.e=.07, p = .11]. Vulnerable narcissism, emotion regulation difficulties, perceived stress and self-esteem together explained 55 % of the variance in depression (F [1, 350] = 65.74, p < .001). According to bootstrapping results, there was a significant total indirect effect (β = .58, s.e. = .07, 95% CI [.44, .72]). Moreover, emotion regulation difficulties (M1) (β = .18, s.e. = .04, 95% CI [.09, .28]), perceived stress (M2) (β = .28, s.e. = .04, 95% CI [.19, .38]) and self-esteem (M3) (β = .11, s.e. = .03, 95% CI [.04, .18]) uniquely mediated the relationship between vulnerable narcissism and depression (See in Table 3.5).



Notes. The unstandardized regression coefficient between vulnerable narcissism and depression controlling for the emotion regulation difficulties, self esteem and perceived stress is in parenthesis.

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

Figure 2. Indirect Relationship between Vulnerable Narcissism and Depression.

Table 3.5.

Mediation Results of Vulnerable Narcissism on Depression via Emotion Regulation Difficulties, Perceived Stress and Self-Esteem

	Coefficient	SE	P	BC Bootstrap 95% CI	
				Lower	Upper
Total Effect of Vulnerable Narcissism on Depression	.69	.08	.00		
Direct Effect of Vulnerable Narcissism on Depression	.11	.07	.11		
Indirect Effect of Vulnerable Narcissism on Depression Through Difficulties in Emotion Regulation	.18	.04		.09	.28
Indirect Effect of Vulnerable Narcissism on Depression Through Perceived Stress	.28	.04		.19	.38
Indirect Effect of Vulnerable Narcissism on Depression through Self-esteem	.11	.03		.05	.18

CHAPTER 4

DISCUSSION

The current study's aim was to search whether emotion regulation difficulties, perceived stress and self esteem play roles on the relationship between two subtypes of narcissism (grandiose and vulnerable) and depression. With this purpose, first step was conducting descriptive analyses about variables. After that, intercorrelations between all variables were examined through Pearson correlation analysis. Then, to investigate which variables predict depression significantly, a three-step hierarchical regression analysis was carried out. Finally, parallel mediation analysis which was designed by Preacher and Hayes (2008) was conducted for two models. Firstly, mediator roles of emotion regulation difficulties and perceived stress on the relationship between grandiose narcissism and

depression were examined. In second model, besides these two mediators, self-esteem was taken as mediator between vulnerable narcissism and depression.

In this section, the current study's findings will be discussed in line with older researches. After discussion of findings, strengths and limitations of study will be reviewed and clinical implications and suggestions for future researches will be submitted.

4.1. Findings Related to Correlations between Measures of the Study

In order to discover possible relationships; Pearson's correlational analysis was conducted between grandiose narcissism, vulnerable narcissism, depression, perceived stress, emotion regulation difficulties and self esteem. All variables were expected to be significantly correlated. Indeed, according to results, rather than self esteem and grandiose narcissism, all variables were significantly correlated with each other.

Firstly, grandiose narcissism and vulnerable narcissism were found to be positively related with each other which implies that these two subtypes of narcissism can go along. This result is compatible with older researches that concluded that people with grandiose narcissistic traits also display vulnerability episodes and most of the time narcissistic people can fluctuate between these two subtypes (Jauk et al., 2017; Gore & Widiger, 2016;

Pincus & Lukowitsky, 2010). Therefore grandiose and vulnerable narcissism are not so distinct from each other; they have moderate positive correlations.

Results also showed that, self-esteem, perceived stress and difficulties in emotion regulation which taken together as mediator variables were significantly correlated. In current study, all three variables were found to have high correlations. Firstly, self-esteem was negatively related with perceived stress. This result is consistent with many other researches that examined relationship with lower levels of self-esteem and increasing stress (e.g; Hubbs et al., 2012; Lee & Kim, 2012). Another negative significant relationship was observed between self-esteem and difficulties in emotion regulation. It means participants who could not regulate their emotions effectively also had lower levels of self-esteem. This result was also compatible with literature which showed that if people understand and regulate their emotions effectively, they maintain positive moods and satisfied with their self-view (Shekar & Pangotra, 2017). In addition, if people have lower levels of self-esteem, intense emotions may affect them intolerable ways and they cannot process their emotions effectively (Ronningstam, 2017). Finally, a strong positive correlation was found between perceived stress and difficulties in emotion regulation. This result is in line with previous researches' assertions about that adaptive emotion regulation strategies help people in perceiving and responding to stressful events (Monteiro, Balogun & Oratile, 2014; Compas et al., 2001).

On the other hand, considering the existing literature (Orth et al., 2016) a positive significant correlation was expected between grandiose narcissism and self-esteem. However, self-esteem and grandiose narcissism were not found to be correlated in the current study. Brummelman and his colleagues (2016) explained self-esteem and narcissism differences. According to them, although these terms were thought to be overlapped; their phenotype, development, origins and consequences make them two separate concepts with different natures. For this reason, the average correlation between Rosenberg Self-Esteem Scale and Narcissistic Personality Inventory was much lower than expected (Brown & Zeigler-Hill, 2004). Brown and Zeigler-Hill (2004) took six different self-esteem scales and looked correlation of each one with NPI. They found that if self-esteem scale includes dominance and an ability to control others; its relationship with NPI was much higher. On the other hand, NPI does not have high correlations with scales like RSES which have items that emphasize being 'as good as most other people'. That was because most of the narcissists see themselves better than other people, but they are not happy with themselves at all (Brummelman, Thomaes & Sedikides, 2016). Therefore, Brown and Zeigler-Hill (2004) argued that the self-esteem measure researchers choose creates great differences on results. Another possible explanation of the unexpected result may be the narcissistic people's self-esteem fragility (Zeigler-Hill, Clark & Pickard, 2008). Because they do not have a stable and secure self view about themselves, their self-esteem level may change with daily stressful experiences or negative achievement events (Zeigler-Hill, Myers & Clark, 2010; Rhodewalt, Madrian & Cheney, 1998). Therefore, it is possible that, in current study, negative and stressful events during global pandemic may affect participants who scored higher on NPI and this may reflected on their views about

themselves. Indeed, the current study found a significant correlation between perceived stress and grandiose narcissism levels.

4.2. Findings Related to Hierarchical Regression Analysis

It was hypothesized in the study that, vulnerable narcissism, grandiose narcissism, difficulties in emotion regulation, low self esteem and perceived stress will predict depressive symptoms. Therefore, with the purpose of defining predictors of depression, a three-step hierarchical regression analysis was carried out. Each steps of analysis will be discussed.

Because it has a negative significant correlation with depression, demographic variable of age was included in first step of analysis to prevent any possible confounding effect. In the current study, younger people reported higher scores of depression. This result was compatible with literature. In their meta-analysis, Kessler and Bromet (2013) found that although age of onset can be change in different regions, median is in early adulthood. Also, World Health Organization (2017) found that depression has a tendency to drop with age in global level. However, in one research it was found that depression reaches highest levels in 80 years old (Mirowsky & Ross, 1992). Researchers explained this finding with physical dysfunction, possible health problems and personal and status losses. In the current study, because age range was 18 to 65 years, only a linear decrement with age was found. If the age range had been chosen wider, results would have been different.

Then, grandiose and vulnerable subtypes of narcissism were participated into analysis. In this part, only vulnerable narcissistic subtype was positively and significantly related with depression. In other terms, participants who show more vulnerable narcissistic traits tend to show more symptoms of depression. These results were compatible with older researches. Many other studies showed that while having a vulnerable narcissistic personality was a risk factor for depression, grandiose narcissistic traits did not predict depression significantly (e.g; Akıncı, 2015; Kealy et al., 2012; Tritt et al., 2010). To explain this difference, Miller (2011) asserted these two subtypes have different emotion related personality traits. While vulnerable narcissists scored high on neurotic trait which is considered a core element for many psychopathologies including depression; grandiose narcissists scored high on traits like extraversion rather than neuroticism (Miller, 2011). On the other hand, Pincus and his colleagues (2014) argued both pathological narcissistic types were prone to depression but grandiose types did not show typical melancholic depressive symptoms like sadness, hopelessness; rather their depression was characterized by worthlessness, boredom or emptiness. In the current study, Beck Depression Inventory was used to assess depressive symptoms; although it was the most widely used scale for depressive symptoms, it focused only general depression symptoms such as mood, sense of failure, self-dissatisfaction, guilt, self-accusation, suicidal thoughts, crying, irritability, social withdrawal, decision making problems, dissatisfaction about body image, work difficulty, sleep difficulties, fatigability, loss of appetite, weight loss, somatic preoccupation, and libido changes (Beck & Steer, 1993). Therefore, it was possible to selection of another scale based on both general depression symptoms and anhedonia which

is a characteristic of empty depression could reveal different results about grandiose narcissists and depression relationship.

In final step of hierarchical regression analysis, emotion regulation difficulties, perceived stress and self-esteem were entered into equation. Firstly, self-esteem was found negatively and significantly related with depression which indicated that participants who had lower self-esteem scores reported higher depressive symptoms. In literature, self-esteem and depression link was exerted by many studies (e.g; Orth & Robins, 2013; Kernis & Martis, 1991). About the nature of close relationship between these two constructs several models were offered; but only 'vulnerability' model which asserts that low self-esteem is a risk factor for depression was supported by various studies (Sowislo & Orth, 2013). Also in their longitudinal design, Orth and his colleagues (2008) found that low self-esteem significantly predicts depression levels in adolescence and young adulthood. To explain this relationship, some intrapersonal and interpersonal pathways were offered (Orth, Robins & Roberts, 2008). First possible reason would be the rejection sensitivity which is a characteristic of people with low self-esteem (Murray et al., 2002). Because they have negative self views about themselves, they interpret others' behaviors negatively also; so they either feel rejected by others or avoid from social relationships completely. Both of these behaviors caused lack of social support and satisfaction in relationships which are factors that lead to depression (Murray et al., 2002). In addition, as intrapersonal pathway, rumination may play a role; it was possible that people with low self-esteem ruminate about negative aspects of self and this disposition may end up with depression (Orth, Robins &

Roberts, 2008). Secondly, difficulties in emotion regulation were found to predict depression effectively. This result was also compatible with older researches. For example in a meta-analysis, researchers analyzed more than one hundred researches and they found that people's usage of ineffective emotion regulation strategies creates a tendency towards depression (Aldao, Nolen-Hoeksema & Schweizer, 2010). Gross and Munoz (1995) examined the big role of emotion regulation in explaining major depressive disorder and they conceptualized depression as 'dysregulation of emotions in which the frequency, intensity, and duration of negative emotions increases and positive emotions are decreased'. In a similar way, depression can be seen as an emotion dysregulation disorder which has negative impacts on interpersonal relations, quality of life and capacity to label (Compare et al., 2014). Finally, in the current study perceived stress was another concept that predicted depression significantly. Many researches showed that stressful events and depression are strongly related (Vinkers et al., 2014). However, perceived stress created the relationship between negative life events and depression (Kuiper, Olinger & Lyons, 1986). It means that when people appraise life as stressful, they are more prone to have depressive symptoms. To explain this relationship, some researchers (e.g; Vinkers et al., 2014; Kendler et al., 2004) offered 'neuroticism' as mediator. They asserted that people who have higher neuroticism scores perceive life as more stressful and this leads to depression.

4.3. Findings Related to Mediation Analyses

In order to examine how two subtypes of narcissism (grandiose and vulnerable) were related with depression, the mediator roles of difficulties in emotion regulation, self-esteem and perceived stress were investigated through two separate parallel mediation analyses. In next section, the findings of these analyses will be discussed in details.

4.3.1. Possible Mediators of Grandiose Narcissism on Depressive Symptoms

First of all, the indirect effect of grandiose narcissism on depression through perceived stress and emotion regulation difficulties was investigated. Self-esteem did not include into equation because it was found uncorrelated with grandiose narcissism in Pearson correlation analysis.

According to the mediation analysis, there was a significant total effect of grandiose narcissism on depression while perceived stress and emotion regulation difficulties affected the relationship indirectly. However, grandiose narcissism did not affect depression directly which means that there was no association between grandiose narcissism and depression after controlling two mediators. In addition, it was found that these two mediators seperately contributed to the indirect relationship between grandiose narcissism and depression. Put it other way, participants who scored high in grandiose narcissistic traits appraised life more stressful and this heightened their depressive symptoms. Also, they

experienced more difficulty when regulating their emotions which, in turn, contributed their depression levels. Therefore, these results showed that grandiose narcissism may be caused depression only through perceived stress and emotion regulation difficulties.

Regarding emotion regulation difficulties, the results of the current study showed that grandiose narcissistic traits had a direct effect on emotion dysregulation. Compatible with the current study, literature showed that, grandiose narcissists cannot regulate their emotions effectively; especially they experience problems in accepting their negative emotions and controlling their impulses (Akıncı, 2015; Zhang et al., 2015; Besser & Priel, 2010). They either experience intense aggression or blame others to hide their unwanted, implicit negative feelings such as shame or fear (Ronningstam, 2017; Ronningstam, 2005). Also grandiose narcissists often act impulsively and this lead to self-defeating behaviors and long term negative consequences such as depression (Miller et al., 2009; Vazire & Funder, 2006).

In terms of perceived stress, the current study found that grandiose narcissistic traits had a direct effect on perceived stress. As shown in literature, grandiose narcissists seek for approval and admiration from others and when they face with conditions that threaten their grandiose self-concept, they perceive high levels of stress (Coleman, Pincus & Smyth, 2018). In their meta-analysis, Coleman and his colleagues (2018) showed that especially social evaluative threat, interpersonal rejection and competitive tasks triggered stress in

grandiose narcissists and they react with anger to these stressful conditions. Negative events only lead to stress when people do not trust their own personal coping resources for managing these negative events (Lazarus & Folkman, 1984). Therefore, these stress reactions of grandiose narcissists may be caused by these events' triggering underlying negative self-beliefs (Besser & Zeigler-Hill, 2011).

Overall, these results showed that grandiose narcissists do not have a better mental health or subjective well-being as Sedikides et al. (2004) and Zhang et al. (2017) asserted.

4.3.2. Possible Mediators of Vulnerable Narcissism on Depressive Symptoms

To determine the pathway between vulnerable narcissism and depression; the mediator roles of self-esteem, perceived stress and emotion regulation difficulties were investigated.

Mediation analysis results showed that there was a significant total effect of vulnerable narcissism on depression while self-esteem, perceived stress and difficulties in emotion regulation indirectly affected the relationship. In other words, all three constructs were significant mediators between the relationship of vulnerable narcissism and depression. People with vulnerable narcissistic traits experienced more difficulties in emotion regulation, they perceived more stress and they had lower levels of self-esteem;

these lead to increased levels of depression. However, vulnerable narcissism did not affected depression directly which indicating that there was no association between vulnerable narcissism and depression after controlling these three mediators.

In terms of emotion regulation difficulties, the current study showed that vulnerable narcissistic traits have a direct effect on emotion dysregulation. This finding is compatible with literature; considerable amount of studies found that vulnerable narcissists cannot regulate their emotions effectively and they mainly experience shame, depression and anger when their expectations about their self-concepts fail (e.g; Akıncı, 2015; Zhang et al., 2015; Dickinson & Pincus, 2003). Like grandiose narcissists, vulnerable narcissists also feel angry but their aggression is generally directed towards the self which is expressed in self-criticism or self-hatred behaviors (Ronningstam, 2017). In contrast to grandiose narcissists who blame others, vulnerable narcissists blame themselves (Köymen, 2019). Self-blame is accepted as a primary feature of depression since Beck (1967)'s cognitive model. Therefore, vulnerable narcissists are prone to depression via their ineffective emotion regulation strategies.

Regarding perceived stress, vulnerable narcissism had a direct effect on perceived stress levels. Similar to grandiose narcissists, vulnerable narcissists perceived high levels of stress towards negative events and as Ng, Cheung, and Tam (2014) reported, when they faced with stressful situations, they cannot easily find adaptive coping strategies. According

to the meta-analysis designed by Coleman and his colleagues (2018), interpersonal rejections and social evaluative threats triggered stress reactions in vulnerable narcissists.

Additionally, it was found that vulnerable narcissism directly and significantly predicts low self-esteem. Strong correlation between low self-esteem and vulnerable narcissism was already shown by many studies (e.g; Rose, 2002; Zhang et al., 2015). Because people with vulnerable narcissistic traits define their self-worth by external validations, their self-esteem levels are fragile (Ryan & Deci, 2000). Unlike grandiose narcissists who act arrogant and dominant towards others to strengthen their self-worth; vulnerable narcissists act in passive ways and only fantasize about self-dominance (Bosson et al., 2008). Because they behave insecurely and avoid show offs; they are deprived of admiration they crave for. Therefore, their self-esteem cannot find enough external support and they live with low self-esteem levels which make them prone to psychological disorders like depression (Dickinson & Pincus, 2003).

To conclude, the present research indicated that due to emotion regulation difficulties, low self-esteem levels and higher perceived stress; vulnerable narcissists are generally maladaptive and prone to depression.

4.4. Limitations and Suggestions for Future Research

There are some limitations of the current study. First of all, the study had a cross-sectional design which does not allow causal relations between the measures of the study. In addition, most of the participants were graduated from university and this may limit the generalizability of results.

Self-report measurement usage was another limitation. Even though responses were taken as anonymous and measures were reliable and valid; participants' motivation to answer in socially desirable manner may have played a role in self-report measurements. Kowalski et al. (2018) examined the role of socially desirable responding in dark triad personalities including narcissism and they found that narcissistic people are prone to answer questions according to the society's expectations. Another problem about self-report measurement is that some constructs are so abstract that people's own views and others' views about them can show great differences. For example, Narcissistic Personality Inventory (NPI) has extraversion-related content (Miller et al., 2009) which creates a self-other discrepancy between ratings. It was found that people who were described by others as narcissistic tended to report themselves as being extremely outgoing, gregarious, and likeable (Clifton, Turkheimer & Oltmanns, 2004). Therefore, future studies may use more implicit measurements or observer-rated assessments for more objective findings about abstract constructs.

Moreover, as mentioned above, findings of the study divided from existing literature about self-esteem and grandiose narcissism relationship. Such difference might be due to the nature of the self-esteem scale. To clarify, as Brown and Zeigler-Hill (2004) asserted in their study, a self-esteem scale which included dominance and control items would have been significantly correlated with grandiose narcissism. Therefore, for future research, it would be better to design analysis with another self-esteem scale rather than Rosenberg to compare results.

Finally, data collection process of the study overlapped with global Covid-19 pandemic and this may affect results. Data collection process was between January and April. After pandemic spread in Turkey on March, people's depression and perceived stress scores would have been raised and this may have created a divergence from older results. Indeed, a study done in America during pandemic revealed that people are eight times more likely to meet a serious mental illness criteria compared to 2018 (Twenge & Joiner, 2020). For this reason, replication of study may reach different results.

4.5. Strengths of Study and Clinical Implications

The current study has both theoretical and practical implications. Firstly, it was the first study that took perceived stress, difficulties in emotion regulation and self-esteem together as mediators in the relationship between narcissism subtypes and depression. The study indicated that all three constructs mediated vulnerable narcissism and depression

relationship. Also, emotion regulation difficulties and perceived stress were significant mediators on the link between grandiose narcissism and depression.

Another theoretical implication of the study was its contribution to understanding of narcissism subtypes. The current study asserted that these two subtypes have more similarities than expected; they had moderate positive correlations which supported the view that these two constructs can be in the same person and the person might fluctuate between these two narcissistic personality traits. Moreover, the current study found that grandiose narcissism was related with perceived stress and difficulties in emotion regulation and it indirectly affected depression. This conclusion indicated that grandiose narcissists are not resilient to mental problems as literature showed. It was hard to say that they have a better subjective well-being than vulnerable narcissists.

On the other hand, the findings of current study have some important clinical implications. Firstly, clinicians should be careful about narcissistic personalities' defenses against their wounded self-esteem. These people use idealization or devaluation strategies commonly and these strategies affect therapists' reactions. Most common effects on the therapists include boredom, detachment, distraction and impatience (Lingiardi & McWilliams, 2017). Also, therapists should bear in mind that patterns of emotion dysregulation will show themselves in relationship with the therapist. As Ronningstam (2017) asserted, identifying the triggers and meanings of intense emotions would be crucial

to preserve a strong therapeutic alliance. Therefore, primary request for treating narcissistic pathology would be patience (McWilliams, 2011).

Secondly, the current study showed internal costs of narcissistic personality such as tendency to experience emotion regulation difficulties and perceive stress which may lead to depression. Therefore, narcissists often come to therapy with depressive symptoms when they perceive life as too stressful to handle or when they could not find effective strategies to regulate their negative emotions. In addition, sometimes these two constructs act together. For example, they avoid their negative emotions with nonadaptive ways such as drinking too much, and these behaviors lead interpersonal problems which are perceived as stress sources by narcissists. However, people with narcissistic traits do not accept their roles in any stressful thing happened in their lives; they run from their mistakes (McWilliams, 2011). Therefore, therapists should create a balance between Kernberg (1975)'s advice of insistent confrontation and Kohut (1971)'s approach of unwavering empathy. While confronting with their roles in stressful life events and their usage ineffective emotion regulation strategies; therapists also should increase their awareness about wounded self-esteem empathically.

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APPENDICES

APPENDIX A

BİLGİLENDİRİLMİŞ ONAM FORMU

Sayın Katılımcı;

Bu çalışma, Dr. İrem Anlı danışmanlığında, Bahçeşehir Üniversitesi Klinik Psikoloji Bölümü yüksek lisans öğrencisi Bengi Ük'ün yüksek lisans tezi kapsamında yürütülmektedir. Araştırmanın amacı; bazı kişilik özelliklerinin, depresif semptomlar ile olan ilişkisini ve benlik saygısının, duygu düzenlemenin ve stres algısının bu ilişkideki rolünü incelemektir. Bu amaç doğrultusunda bazı soruları mümkün olduğunca boş bırakmadan yanıtlamanız istenecektir. Soruları yanıtlamanız yaklaşık olarak 20 ila 25 dakikanızı alacaktır. Sorularda doğru ya da yanlış cevap bulunmamaktır. 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, cevaplamayı bırakabilirsiniz. Verdiğiniz bilgiler gizli tutulacak, sadece araştırmacılar tarafından toplu bağlamda değerlendirilecek ve elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır. Katılımınız için şimdiden teşekkür ederiz.Çalışma hakkında daha fazla bilgi almak için Bahçeşehir Üniversitesi Klinik Psikoloji Bölümü yüksek lisans öğrencisi Bengi Ük (E-posta: bengiukk@gmail.com) ve tez danışmanı Dr. İrem Anlı (E-posta: iremanli@superonline.com) ile iletişim kurabilirsiniz.

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

APPENDIX B

DEMOGRAFİK BİLGİ FORMU

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 Durumunuz:

Bekar ( ) Birlikte yaşıyor ( ) Nişanlı ( ) Evli ( ) Boşanmış ( ) Dul ( ) Ayrı ( )

8. Şu anda herhangi bir psikolojik sorununuz var mı?

Evet ( ) Hayır ( )

APPENDIX C

ROSENBERG BENLİK SAYGISI ÖLÇEĞİ

Yönerge: Aşağıda kendinizle ilgili algınıza dair maddeler bulunmaktadır. Her bir maddenin sizin için ne kadar doğru olduğunu uygun kutucuğun **altına çarpı işareti (X) koyarak işaretleyiniz.**

	Çok Doğru	**Doğru**	**Yanlış**	**Çok Yanlış**
1.Kendimi en az diğer insanlar kadar değerli buluyorum				
2.Bazı olumlu özelliklerim olduğunu düşünüyorum				
3.Genelde kendimi başarısız bir kişi olarak görme eğilimindeyim				
4.Ben de diğer insanların birçoğunun yapabildiği kadar bir şeyler yapabilirim				
5.Kendimde gurur duyacak fazla bir şey bulamıyorum				
6.Kendime karşı olumlu bir tutum içindeyim				
7.Genel olarak kendimden memnunum				
8.Kendime karşı daha fazla saygı duyabilmeyi isterdim				
9.Bazen kesinlikle kendimin bir işe yaramadığını düşünüyorum				
10. Bazen kendimin hiç de yeterli bir insan olmadığını düşünüyorum				

APPENDIX D

NARSİSTİK KİŞİLİK ENVANTERİ

Yönerge: Aşağıdaki her bir tutum çifti içinden, size en uygun olanını seçiniz. 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 söylüyor
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 ısrarcıyımdır
	B.	Hak ettiğim saygıyı genellikle görürüm
7.	**A.**	Gösterişten kaçınırım
	B.	Genellikle fırsatını bulursam 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 bazılarına 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 E

AŞIRI DUYARLI NARSİSİZM ÖLÇEĞİ

Yönerge: 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

3 = Ne tanımlıyor ne tanımlamıyor / Kararsızım

4 = Yansıtıyor

5 = Oldukça tanımlıyor /Doğru/ Kesinlikle katılıyorum

____ 1. Duygularım, başkalarının alayları veya aşağılayıcı sözleriyle kolayca incinir.

____ 2. Bir mekâna girdiğimde sıklıkla kendimin farkında olur ve başkalarının gözlerinin benim üzerimde olduğunu hissederim.

____ 3. Diğer insanların sorunları hakkında endişelenmeksizin kendimde yeterince sorun olduğunu hissederim.

____ 4. Mizaç olarak çoğu insandan farklı olduğumu hissederim.

____ 5. Sıklıkla başkalarının görüşlerini kişisel olarak yorumlarım.

____ 6. Kendimi kolayca kendi uğraşlarıma kaptırır ve başkalarının varlığını unuturum.

____ 7. Bir gruptaki kişilerin en az biri tarafından takdir edildiğimi bilmezsem, o grupla beraber olmaktan hoşlanmam.

____ 8. Diğer insanlar sorunları için zamanımı ve acılarını paylaşmamı isteyerek bana geldiklerinde içten içe kızgın ya da rahatsız olurum.

APPENDIX F

DUYGU DÜZENLEMEDE ZORLUKLAR ÖLÇEĞİ

Yönerge: 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 kutucuğa işaretleyiniz.**

	Neredeyse Hiçbir Zaman	**Bazen**	**Yaklaşık Yarı Yarıya**	**Çoğu Zaman**	**Neredeyse Her Zaman**
1.Ne hissettiğim konusunda netimdir					
2.Ne hissettiğimi dikkate alırım					
3.Duygularım bana dayanılmaz ve kontrolsüz gelir					
4.Ne hissettiğim konusunda net bir fikrim vardır					
5.Duygularıma bir anlam vermekte zorlanırım					
6.Ne hissettiğime dikkat ederim					
7.Ne hissettiğimi tam olarak bilirim					
8.Ne hissettiğimi önemserim					
9.Ne hissettiğim konusunda karmaşa yaşarım					
10. Kendimi kötü hissettiğimde, bu					

duygularımı kabul ederim					
11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım					
12. Kendimi kötü hissettiğimde böyle hissettiğim için utanırım					
13. Kendimi kötü hissettiğimde işlerimi yapmakta zorlanırım					
14. Kendimi kötü hissettiğimde kontrolü kaybederim					
15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım					
16. Kendimi kötü hissettiğimde sonuç olarak yoğun depresif duygular içinde olacağıma inanırım					
17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım					
18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım					
19. Kendimi kötü					

hissettiğimde, kontrolden çıkmış hissederim					
20. Kendimi kötü hissettiğimde, hala işlerimi sürdürebilirim					
21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım					
22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim					
23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılırım					
24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim					
25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım					
26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım					

27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım					
28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım					
29.Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum					
30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım					
31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim bir şey olmadığına inanırım					
32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim					
33.Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım					
34. Kendimi kötü					

hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım					
35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır					
36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur					

APPENDIX G

BECK DEPRESYON ENVANTERİ

Yönerge: Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her maddede o ruh durumunun derecesini belirleyen 4 seçenek vardır. Son bir hafta içerisindeki (su an dâhil) kendi durumunuzu göz önünde bulundurarak, size en uygun ifadeyi bulunuz. Daha sonra o maddenin yanındaki **rakamı yuvarlak içerisine alınız.**

1 (0) Üzgün ve sıkıntılı değilim.

(1) Kendimi üzüntülü ve sıkıntılı hissediyorum.

(2) Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.

(3) O kadar üzgün ve sıkıntılıyım ki, artık dayanamıyorum.

2(0) Gelecek hakkında umutsuz ve karamsar değilim.

(1) Gelecek için karamsarım.

(2) Gelecekten beklediğim hiçbir şey yok.

(3) Gelecek hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3 (0) Kendimi başarısız biri olarak görmüyorum.

(1) Başkalarından daha başarısız olduğumu hissediyorum.

(2) Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.

(3) Kendimi tümüyle başarısız bir insan olarak görüyorum.

4 (0) Her şeyden eskisi kadar zevk alıyorum.

(1) Birçok şeyden eskiden olduğu gibi zevk alamıyorum.

(2) Artık hiçbir şey bana tam anlamıyla zevk vermiyor.

(3) Her şeyden sıkılıyorum.

5 (0) Kendimi herhangi bir biçimde suçlu hissetmiyorum.

(1) Kendimi zaman zaman suçlu hissediyorum.

(2) Çoğu zaman kendimi suçlu hissediyorum.

(3) Kendimi her zaman suçlu hissediyorum.

6(0) Kendimden memnunum.

(1) Kendimden pek memnun değilim.

(2) Kendime kızgınım.

(3) Kendimden nefret ediyorum.

7(0) Başkalarından daha kötü olduğumu sanmıyorum.

(1) Hatalarım ve zayıf taraflarım olduğunu düşünmüyorum.

(2) Hatalarımdan dolayı kendimden utanıyorum.

(3) Her şeyi yanlış yapıyormuşum gibi geliyor ve hep kendimde kabahat buluyorum.

8(0) Kendimi öldürmek gibi düşüncelerim yok.

(1) Kimi zaman kendimi öldürmeyi düşündüğüm oluyor ama yapmıyorum.

(2) Kendimi öldürmek isterdim.

(3) Fırsatını bulsam kendimi öldürürüm.

9(0) İçimden ağlamak geldiği pek olmuyor.

(1) Zaman zaman içimden ağlamak geliyor.

(2) Çoğu zaman ağlıyorum.

(3) Eskiden ağlayabilirdim ama şimdi istesem de ağlayamıyorum.

10 (0) Her zaman olduğumdan daha canı sıkkın ve sinirli değilim.

(1) Eskisine oranla daha kolay canım sıkılıyor ve kızıyorum.

(2) Her şey canımı sıkıyor ve kendimi hep sinirli hissediyorum.

(3) Canımı sıkan şeylere bile artık kızamıyorum.

11 (0) Başkalarıyla görüşme, konuşma isteğimi kaybetmedim.

(1) Eskisi kadar insanlarla birlikte olmak istemiyorum.

(2) Birileriyle görüşüp konuşmak hiç içimden gelmiyor.

(3) Artık çevremde hiç kimseyi istemiyorum.

12(0) Karar verirken eskisinden fazla güçlük çekmiyorum.

(1) Eskiden olduğu kadar kolay karar veremiyorum.

(2) Eskiye kıyasla karar vermekte çok güçlük çekiyorum.

(3) Artık hiçbir konuda karar veremiyorum.

13 (0) Her zamankinden farklı göründüğümü sanmıyorum.

(1) Aynada kendime her zamankinden kötü görünüyorum.

(2) Aynaya baktığımda kendimi yaşlanmış ve çirkinleşmiş buluyorum.

(3) Kendimi çok çirkin buluyorum.

14(0) Eskisi kadar iyi iş güç yapabiliyorum.

(1)Her zaman yaptığım işler şimdi gözümde büyüyor.

(2)Ufacık bir işi bile kendimi çok zorlayarak yapabiliyorum.

(3)Artık hiçbir iş yapamıyorum.

15(0) Uykum her zamanki gibi.

(1) Eskisi gibi uyuyamıyorum.

(2) Her zamankinden 1-2 saat önce uyanıyorum ve kolayca tekrar uykuya dalamıyorum.

(3) Sabahları çok erken uyanıyorum ve bir daha uyuyamıyorum.

16(0) Kendimi her zamankinden yorgun hissetmiyorum.

(1) Eskiye oranla daha çabuk yoruluyorum.

(2) Her şey beni yoruyor.

(3) Kendimi hiçbir şey yapamayacak kadar yorgun ve bitkin hissediyorum.

17(0) İştahım her zamanki gibi.

(1) Eskisinden daha iştahsızım.

(2) İştahım çok azaldı.

(3) Hiçbir şey yiyemiyorum.

18(0) Son zamanlarda zayıflamadım.

(1) Zayıflamaya çalışmadığım halde en az 2 Kg verdim.

(2) Zayıflamaya çalışmadığım halde en az 4 Kg verdim.

(3) Zayıflamaya çalışmadığım halde en az 6 Kg verdim.

19(0) Sağlığımla ilgili kaygılarım yok.

(1)Ağrılar, mide sancıları, kabızlık gibi şikâyetlerim oluyor ve bunlar beni tasalandırıyor.

(2)Sağlığımın bozulmasından çok kaygılanıyorum ve kafamı başka şeylere vermekte zorlanıyorum.

(3) Sağlık durumum kafama o kadar takılıyor ki, başka hiçbir şeydüşünemiyorum.

20(0) Sekse karşı ilgimde herhangi bir değişiklik yok.

(1) Eskisine oranla sekse ilgim az.

(2) Cinsel isteğim çok azaldı.

(3) Hiç cinsel istek duymuyorum.

21(0) Cezalandırılması gereken şeyler yapığımı sanmıyorum.

(1) Yaptıklarımdan dolayı cezalandırılabileceğimi düşünüyorum.

(2) Cezamı çekmeyi bekliyorum.

(3) Sanki cezamı bulmuşum gibi geliyor.

APPENDIX H

ALGILANAN STRES ÖLÇEĞİ

Yönerge: Aşağıda geçtiğimiz ay içerisindeki kişisel deneyimleriniz hakkında bir dizi soru yöneltilmektedir. Her soruyu dikkatlice okuyarak size en uygun **seçeneğin altındaki kutuya bir çarpı işareti (X) koyarak cevaplayınız.** Soruların doğru veya yanlış cevabı yoktur. Önemli olan sizin duygu ve düşüncelerinizi yansıtan yanıtları vermenizdir.

	Hiçbir Zaman	**Neredeyse Hiçbir Zaman**	**Bazen**	**Oldukça Sık**	**Çok Sık**
1.Geçen ay, beklenmedik bir şeylerin olması nedeniyle ne sıklıkta rahatsızlık duydunuz?					
2.Geçen ay, hayatınızdaki önemli şeyleri kontrol edemediğinizi ne sıklıkta hissettiniz?					
3.Geçen ay, kendinizi ne sıklıkta sinirli ve stresli hissettiniz?					
4.Geçen ay, ne sıklıkta gündelik zorlukların üstesinden başarıyla geldiniz?					
5.Geçen ay, hayatınızda ortaya çıkan önemli değişikliklerle etkili bir şekilde başa çıktığınızı ne sıklıkta hissettiniz?					
6.Geçen ay, kişisel sorunlarınızı ele alma yeteneğinize ne sıklıkta güven duydunuz?					

7.Geçen ay, her şeyin yolunda gittiğini ne sıklıkta hissettiniz?					
8.Geçen ay, ne sıklıkta yapmanız gereken şeylerle başa çıkamadığınızı fark ettiniz?					
9.Geçen ay, hayatınızdaki zorlukları ne sıklıkta kontrol edebildiniz?					
10. Geçen ay, ne sıklıkta her şeyin üstesinden geldiğinizi hissettiniz?					
11. Geçen ay, ne sıklıkta kontrolünüz dışında gelişen olaylar yüzünden öfkelendiniz?					
12. Geçen ay, kendinizi ne sıklıkta başarmak zorunda olduğunuz şeyleri düşünürken buldunuz?					
13. Geçen ay, ne sıklıkta zamanınızı nasıl kullanacağınızı kontrol edebildiniz?					
14. Geçen ay, ne sıklıkta problemlerin üstesinden gelemeyeceğiniz kadar biriktiğini hissettiniz?					