۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۴) مستان ۱۳۹۹ مستان ۱۳۹۹ مستان ۱۷۴ و بهداشت، دوره دهم، شماره چهارم، زمستان ۱۳۹۹، پیاپی Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

The structural model of narcissism based on early life traumas, family functioning and methods Mother's perceived parenting with the mediation of emotion regulation difficulty

Kermanian S., 1 Golshani F., *2 Baghdasarians A., 3 Jamhari F. 4

Abstract

Introduction: Narcissistic personality is a stable psychological disorder that poses significant challenges in the psychological adjustment of affected people. As a result, identifying effective factors can be useful in formulating prevention programs. Therefore, the present study was conducted with the aim of investigating the mediating role of emotion regulation difficulty in the relationship between early life traumas, family functioning, and perceived parenting practices of mothers with narcissism.

Method: The present research method is descriptive-correlation of the structural equation modeling type. The statistical population of the present study was all the people aged 20 to 45 in Tehran in 2018 who had referred to psychological clinics for counseling services, of which 350 people were selected by purposeful sampling. Ames', Bernstein's childhood trauma, Epstein's family functioning, Grolink's perceived parenting and Toronto's dyslexia questionnaires were used to collect data. Then, the data were analyzed using SPSS-v.24 and AMOS-v.24 software and with confirmatory factor analysis and structural equation model.

Results: The findings showed that there is a direct and significant relationship between emotion regulation difficulty, early life traumas and family functioning with narcissism (P>0.05). In addition, early life traumas, family functioning and mother's parenting methods perceived as

¹ - PhD student, Department of General Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran. Email address: saharkermanian@yahoo.com; ORCID 0002-0002-7383-2073

² - Assistant Professor, Department of General Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran. (Corresponding Author), Email address: fat.Golshani@iauctb.ac.ir; Code: ORCID 2236 4634 0003 00000

³ - Assistant Professor, Department of General Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran. Email address: sarians;72 @gmail.com, ORCID 8173_8254_00001_00000

⁴ - Assistant Professor, Department of General Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran. Email address: f.jommehri@yahoo.com; ORCID: 0002-3925-5399-0000

^{© 2020} The Author(s). This work is published by family and health as an open access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc/4.0/). Non-commercial uses of the work are permitted, provided the original work is properly cited.

Indirectly and with the mediation of emotion regulation difficulty, they were related to narcissism (P>0.05).

Conclusion: The present study confirmed the role of emotion regulation difficulty, early life traumas, family functioning, and mother's perceived parenting methods in explaining narcissism, which provides clinical experts with the necessary theoretical foundations for developing preventive programs. The theoretical and practical implications of the results and the model presented in the current research have been discussed.

Keywords: emotion regulation difficulty, early life traumas, family functioning, parenting methods, narcissism.

Citation: Kermanian S., Golshani F., Baghdasarians A., Jamhari F.. The structural model of narcissism based on early life traumas, family functioning and methods Mother's perceived parenting with the mediation of emotion regulation difficulty, Family and health, 2020; 10(4): 156-174

Introduction:

Narcissism 1 instruments that has attracted increasing scientific attention in recent years and has led to the expansion of the theoretical, experimental and clinical field in this field. According to Kramer2, narcissism is a set of emotional characteristics, as a result of which a person perceives himself as a superior being and focuses too much on his value or position in the eyes of others (1). Many researchers consider the main root of behavioral, psychological and personality problems to be childhood problems, the type of child-parent relationship and unpleasant experiences and abuse during this period (2). In other words, neglect and abuse during childhood significantly leads to injuries in the child's growth and these injuries extend to adult life as well (3). People's feelings and perception of others and themselves are all influenced by their childhood experiences. Among these, the most important childhood experience goes back to a person's early childhood experience with their primary caregiver (4). The phenomenon of unpleasant, repressed, and recycled memories of childhood abuses, which are called trauma3, has been much discussed in the field of psychiatry and clinical psychology, especially in the last century (3). Psychologically, trauma is defined as an experience that is emotionally painful, disturbing and sudden and often causes lasting physical and mental effects. In other words, harmful events that include threats and physical harm, harming oneself and others, and often cause emotional harm or disorder (5). Zamostani, Slater and Reeves (6) state that early childhood traumas lead to psychological damage and the development of narcissistic personality traits and negatively affect a person's adjustment. Also, there is a significant relationship between childhood problems and traumas with the creation of narcissistic personality traits in adulthood (6,7). Based on this, it can be said that the family, as the first support factor, can have a significant impact on the behavioral, psychological and personality problems of adulthood; Because according to Herbert and Goldenber (8), the family has an important place in the development of people's personality, and most of the people with various personality and psychological problems who lack health and mental health have come from unhealthy families. According to Silborn et al. (9), the important aspect of the family environment is the family's functioning5, which affects the physical, social and emotional health of the family members. In

Kermaniyan

فصلنامه خانواده و بهداشت، دوره دهم، شماره چهارم، زمستان ۱۳۹۹، پیاپی (۴) ۲۴ ص ۱۷۴–۱۵۶ Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

fact, what happens within the family and how it functions can be a key factor in building resilience and reducing current and future risks associated with adverse events and adverse conditions. Research results show that there is a significant relationship between family functioning with narcissistic perfectionism (10) and children's narcissism (11, 12). In another study, the results of Roshanzadeh and Rezaei (13) showed that there is a significant relationship between family functioning and narcissism of teenage girls. Perceived parenting styles and methods can be mentioned among the variables that are related to the context of the family and are among the dimensions of the family and parents' performance and can affect the children's behavioral, psychological and personality problems (14). According to Matjevic, Jovanovica and Ilik (15), the patterns or functional dimensions of the family are reflected in their parenting styles. Parenting styles refers to specific and specific behaviors of parents that individually and in relation to each other affect the developmental consequences and growth of the child and includes the level of responsiveness and demandingness of parents (16) and perceived parenting methods. Perception is a set of behaviors that determine parent-child interactions. This collection appears in a wide range of situations and it is assumed that they provide the means to create a wide interactive space (17). The results of Mechanic and Barry's research (18) showed that there is a significant positive relationship between grandiose narcissism and positive parenting components (positive reinforcement and parental involvement) as well as negative parenting components (unstable discipline and poor supervision). Gentil et al.'s research (19) shows that parenting styles can play an important role in children's narcissism.

According to the conducted research, the basis of many clinical behaviors and psychological problems of therapy seekers is the difficulty in cognitive regulation of emotion (20); Because emotions can play a constructive role in problem solving and information processing, decision making process, and most of the time they should be regulated and managed. Cognitive emotion regulation is an internal and external process responsible for experiencing, expressing and adjusting one's emotions in the service of achieving goals (21) and the difficulty of emotion regulation is defined as the ability to effectively manage emotional states, which is a key factor in the occurrence and maintenance of a large number of problems. It is known psychologically (22). Various researches have shown that people's ability to cognitively regulate emotion can play an important role in adapting to stressful life events (23). Sakzna et al. (24) found that the difficulty in emotional regulation and the use of inefficient cognitive emotion regulation strategies are important and influential factors in reducing the psychological health of 6 family members. The results of Zheng et al.'s research (25) showed that overt narcissism has a negative relationship with lack of emotional awareness and emotional transparency, and latent narcissism is associated with general difficulty in emotion regulation, non-acceptance of emotional responses, difficulty in impulse control, and limited access to emotion regulation strategies. And the lack of emotional clarity has a positive relationship. Garnevsky et al. (26) concluded that there is a clear relationship between experiencing negative events, emotion regulation strategies, and emotional problems. The results of their research showed that the use of some cognitive emotion regulation strategies affects each person's experience of negative life events. Also, the research results of Zalpour et al. (27) showed that there is a significant relationship between cognitive emotion regulation and narcissism.

According to the presented materials and researches and according to the importance of studies in this field and based on the suggestions and limitations of past researches, and the research vacuum that was felt, the researcher tried to achieve the causes and effective factors in the emergence of narcissistic traits from increasing to prevent it and its interpersonal and social problems, and in this way to avoid family expenses and worries in the field of treatment. Therefore, considering narcissism as a dependent endogenous variable, and early life trauma variables, family functioning, mother's perceived parenting methods as exogenous variables, and perfectionism and emotion regulation difficulty as mediating variables, the current research aims to achieve The answer to this question was whether the proposed model of narcissism has a good fit in relation to early life traumas, family functioning, mother's perceived parenting practices, with the mediation of emotion regulation difficulty?

Research method:

According to its purpose, this research is developmental research, and in terms of the method of data collection and analysis, it is a descriptive method, and it is a correlation scheme and structural equation modeling method. The statistical population of the present study consisted of people aged 20 to 45 who referred to psychological clinics in Tehran in 2018 to receive counseling services. The subjects were selected using the purposive sampling method, and according to the entry and exit criteria. The criteria for entering the research were: having literacy and not suffering from psychotic disorders. In the field of optimal estimation for structural equation modeling studies, Klein (28) has proposed a special solution to determine the sample size. In his opinion, the minimum ratio of the sample size for each estimated parameter is 5 people; A ratio of 10 to 1 is considered more suitable and 20 to 1 is considered desirable. In the assumed model of the current research, according to Klein's point of view, 20 parameters are measured. Therefore, to achieve acceptable results (with Using the rule of 20 to 1) a sample equal to 250 participants is sufficient. But since there is a possibility that many questionnaires will be incompletely answered, it was decided to include 350 participants in this research. The tool used in this research was as follows:

Ames Narcissism Questionnaire (2006): This questionnaire was created by Ames (19) and has 16 pairs of statements and its purpose is to measure the characteristics of narcissistic personality. Its response range consists of a pair of items that the respondent must choose one of. Since narcissism has a one-dimensional approach and the use of long questionnaires does not have a suitable clinical and research application, therefore, the introduction of short questionnaires seems mandatory. The Narcissistic Personality Questionnaire is a short self-assessment tool for measuring narcissistic characteristics in non-clinical groups. Mohammadzadeh (29) tested this questionnaire on 342 students in 1387 in a cross-sectional contextualization study. The correlation coefficient between NPI-16 narcissistic personality questionnaire scores and MCMI-II narcissism scale was 0.77 and significant. The test-retest reliability coefficient, the correlation coefficient in determining the split reliability, and the Cronbach's alpha coefficient in measuring the internal consistency were calculated as 0.84, 0.74, and 0.79, respectively. In this study, confirmatory factor analysis was used to determine the validity of the construct, and the goodness of fit indices were RMSEA = 0.04, CMIN/DF = 1.54, GFI = 0.95, and CFI = 0.91, perfect fit of the model with the observation data. They confirm what has been done.

Emotion Regulation Difficulty Scale (2001): The Toronto Emotion Regulation Difficulty Scale is a 20-question test and includes three subscales: difficulty in identifying emotions, difficulty in describing emotions, and objective thinking. The scoring of the questionnaire is based on a 5-point

۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۴) مستان ۱۳۹۹، پیاپی (۹) مستان ۱۷۴–۱۵۶ Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

Likert scale, which is measured and evaluated from completely disagree to completely agree. Scale of difficulty in recognizing emotions: this subscale evaluates the subject's ability to identify his emotions and distinguish between emotions and physical sensations, which includes questions 1, 3, 6, 7, 9, 13 and 14. The scale of difficulty in describing feelings: this subscale measures a person's ability to express feelings and whether he is able to express his feelings in words or not, which includes questions 2, 4, 11, 12 and 17. Externally Oriented Thinking Scale: This subscale examines the level of introspection and deepening of the person's inner feelings and others, which includes questions 5, 8, 10, 15, 16, 18, 19 and 20. The scoring method of the questionnaire is the Likert method. A score of 1 is given to the completely "disagree" answer and a score of 5 is given to the completely "agree" answer. Items 4, 5, 10, 18, and 19 are scored inversely: a score of 5 is given to a completely "disagree" answer, and a score of 1 is given to a completely "agree" answer. The more people score in these subscales, the more problems they have in expressing and recognizing emotions. The psychometric properties of the Toronto scale of emotional dyslexia have been investigated and confirmed in numerous studies. In the Persian version of this scale, Cronbach's alpha coefficients were calculated for the total negative emotional strategy of 85% and the three subscales of difficulty in identifying emotions of 82%, difficulty in describing emotions of 75%, and 72% for objective thinking, which is a sign of good internal consistency of the scale. In this research, confirmatory factor analysis was used to determine the validity of the construct, and the goodness of fit indices were RMSEA = 0.05, CMIN/DF = 2.07, GFI = 0.86, and CFI = 0.90, perfect fit of the model with the observation data. They confirm what has been done.

Childhood Trauma Questionnaire (1994): The Childhood Trauma Questionnaire (CTQ) was designed by Bernstein et al. in 1994, and in 1995, the second version with 53 items was presented and finally in 1998, the final version with 34 items was adjusted. became. Items are answered on a five-point Likert scale from never to always, and five subscales measure physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse. The reliability of this questionnaire has been reported by two test-retest methods and Cronbach's alpha in the range of 0.94-0.79 (30). In the Iranian population, this questionnaire

The study of Ebrahimi et al. (31) was used and the validity and reliability indicators of this questionnaire were evaluated as appropriate. In this study, confirmatory factor analysis was used to determine the construct validity, and the goodness of fit indices were RMSEA = 0.06, CMIN/DF = 2.34, GFI = 0.87, and CFI = 0.89, perfect fit of the model with the observation data. They confirm what has been done.

Epstein et al.'s family function model questionnaire (2007): To check the compatibility of the research subjects, the family function measurement questionnaire was used. This questionnaire is based on McMaster's family functioning model and examines families from a clinical point of view. Since family compatibility is a result of family functioning, it can be used in examining family compatibility (32). This questionnaire has 60 four-choice questions (score one to four) and has seven subscales. whose subscales examine problem solving, communication, roles, emotional companionship, emotional intercourse, behavior control, and overall performance. To score the test, each question is given a score of 1 to 4 using key words: strongly agree: 1, agree: 2, disagree:

3, and strongly disagree: 4 to questions (or statements) that describe unhealthy performance according to According to the answer key, some questions are scored in reverse. The validity of this questionnaire has been reported as 0.91 to 0.93 in several studies in Iran, and the alpha coefficients of the subscale of this tool have been reported as 0.72 to 0.92 (33). D

Research Results:

Demographic findings show that out of 350 participants, 119 (34.0%) were under 25 years old. The age group of 25 to 35 years includes about 46.6 percent (163 people). Approximately 18% of people (63 people) were in the age group of 36 to 45 years and 1.4% were over 45 years old. The frequency distribution of gender shows that most of the participants in the present study were women (52%) (183 women against 167 men). In terms of education, the highest frequency was in the bachelor's education category (38%; 133 people out of 350 people). The descriptive indices of the research variables are presented in Table 1. According to the distribution indices of the variables, the skewness and elongation of the distribution is not significant. The degree of curvature and elongation should be between 2 and 2. In the components of early life trauma, the distributions deviate to some extent from the normal state. However, the amount of deviation is not so much that we consider the distribution to be non-parallel in terms of statistics. Before running the statistical analysis, the assumptions were checked. The Kolmogorov-Smirnov test was used to check the normality of the distribution. The significance of the Kolmogorov-Smirnov index indicates the deviation of the distribution from the normal state. Most of the research variables were normal.

Table 1. Descriptive indices of research variables

sazah	Component	Average	Standard De	viation	Elongation
_ Enmity	_ Enmity	5.39	3.12	-0.22	0.44
	Not accepting	13.70	40.5	-0.13	61.0
Difficulty	emotional				
setting	responses				
	Difficulty in	13.77	4.22	-0.16	0.34
	purposeful				
	behavior				
	Difficulty	14.77	4.82	-0.12	0.40
	controlling				
	impulses				
Hija N	Lack of	15.14	4.77	-0.17	0.40
	emotional				
	awareness				
	Limited	18.62	6.53	0.06	0.56
	access to				
	emotional				
	regulation				
	strategies				
	Lack of	10.64	3.55	0.36	0.66
	emotional				
	clarity				

۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۴) ۲۴ می ۱۳۹۹ میاره چهارم، زمستان ۱۳۹۹، پیاپی (۲۴ و بهداشت، دوره دهم، شماره چهارم، زمستان ۱۳۹۹، پیاپی Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

	physical	6.70	2.93	1.32	1.76
early	sexual	6.09	2.61	11.1	2.77
stages	_ inattention	23.12	99.5	-0.38	-0.37
	_ Malnutrition	7.09	2.99	1.63	1.27
	Emotional	8.35	4.08	1.16	1.68
Livestock oven	Taking care of children	26.76	6.544	-0.33	-0.16
	Support for autonomy	40.26	9.62	-0.03	-0.43
	warmth	31.50	7.89	-0.20	-0.64
	solve the problem	12.57	3.14	0.67	0.32
	Relationship	15.59	3.23	0.28	-0.14
family	The roles	39.21	3.71	0.93	-0.10
worker	emotional hammer	16.59	09.3	0.25	0.01
	emotional intercourse	20.72	5.25	0.08	0.17
	Behavioral control	20.84	3.68	0.22	0.08
	D general operator	28.87	5.48	-0.66	0.12

Lack of emotional clarity (a component of emotion regulation difficulty) and four components of primary traumas, including physical, sexual, malnutrition, and emotional, deviated from the normal state. Statistical inference should not be flawed. In this first model, it was assumed that narcissism is affected by early life traumas, mother's parenting style, and family functioning. Early trauma was expected to increase narcissism. On the other hand, mother's parenting and positive family functioning reduce the amount of narcissism. In the first model, primary traumas (with indicators of physical child abuse, sexual child abuse, neglect or neglect, malnutrition and emotional child abuse), mother's parenting (with indicators of mother's involvement with the child, mother's support for autonomy and mother's warmth) and family functioning (with indicators of problem solving, communication, roles, emotional companionship, emotional intercourse, behavior control and overall performance) independent variables (exogenous) and narcissism (parceled into three indicators) was the dependent or endogenous variable.

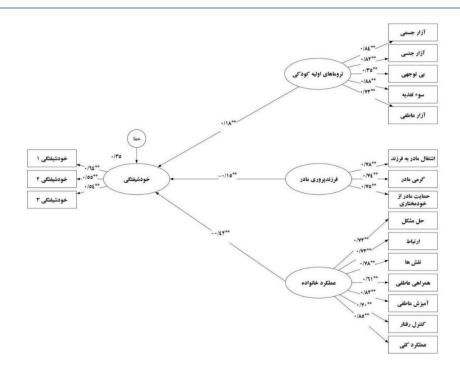


Figure 1. The structural model of the direct relationship between the predictor variables and the criterion variable

This model actually tests all measurement equations (factor loadings) and structural equations using the P statistic. According to this model, the coefficient of path and factor loading is significant at the 95% confidence level, if the statistical value of P is greater than 0.05, the path will be insignificant. The fit indices of the structural equation model are reported in Table 2. as you can

See, chi-square on degrees of freedom (CMIN/DF = 2.87, goodness of fit (GFI = 0.90), adjusted goodness of fit (AGFI = 0.85), root mean square error of estimation (RMSEA 0.07) = and comparative fit (CFI = 0.93) are all within the optimal range and show the optimal fit of the hypothetical model with the experimental data.

Table 2. The fit ind	lices of the direct	relationship st	ructural equat	10n model

index name	Estimated	Limit
Chi-square on degrees of freedom (CMIN/DF)	2.87	Less than3
Good fit(GFI)	0.90	Above0.8
Adjusted Goodness of Fit(AGFI)	0.85	Above0.8
root mean square error of estimation(RMSEA)	0.07	Less than 0.1

http://journals.iau-astara.ac.ir

Adaptive fitness(CFI)	0.93	Above0.9

The assumption of the main model was that the relationship of early life traumas, mother's parenting style and family functioning with narcissism will be not directly, but through the mediating role of emotion regulation difficulty. Based on this hypothesis, early life trauma, parenting style, and family functioning (independent or endogenous variables) lead to difficulty in emotion regulation (mediating or mediating variable) and following difficulty in emotion regulation, narcissism (dependent variable) increases. Finds.

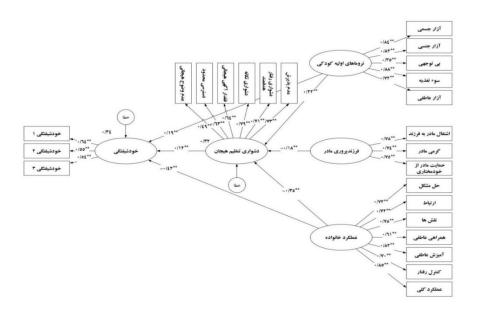


Figure 2. A structural model to investigate the mediating role of emotion regulation difficulty

In this way, primary traumas (with indicators of physical child abuse, sexual child abuse, neglect or neglect, malnutrition and emotional child abuse), mother's parenting (with indicators of mother's involvement with the child, mother's support for autonomy and mother's warmth) and performance

family (with indicators of problem solving, communication, roles, emotional companionship, emotional intercourse, behavior control and general functioning) and narcissism (parceled into three indicators) with the previous indicators and emotional regulation difficulty with six indicators of not accepting emotional responses, Difficulty in performing purposeful behavior, difficulty in impulse control, lack of emotional awareness, limited access to emotional regulation strategies and lack of emotional clarity were included in the model. Figure 2 shows the fitted diagram of the main model with the mediation of emotion regulation difficulty. In the fitted model,

all path coefficients and factor loadings of the structure on the indicators were statistically significant. The following table shows the fit indices of the model.

Table 3. Structural equation model fit indices

index name	taken	limit
square of the degree of freedom	2.90	Less than3
(CMIN/DF)		
Fit goodness(GFI)	0.97	Above0.8
Adjusted goodness of fit) (AGFI	0.91	Above0.8
Root mean square error of estimation (RMSEA)	0.07	Less than 0.1
AdaptiveFit CFI)(0.07	Above0.9

Table 4. The results of path coefficients, p-value statistics for the main mode

As can be seen, the chi-square on degrees of freedom (CMIN/DF=2.90, goodness of fit (GFI=0.97), adjusted goodness of fit (AGFI=0.91), root mean square error of estimation (07 (RMSEA = 0.97) and comparative fit (CFI = 0.97) are all within the optimal range and the very good fit of the mediation role model shows the difficulty of emotion regulation with experimental data. In Table 4, the coefficients of the mediation role structural model can be the difficulty of emotion regulation in the relationship between early childhood traumas, mother's parenting style and family functioning with narcissism was observed with standardized coefficients and coefficient of explanation.

۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۲۴ (۴) مستان ۱۳۹۹، پیاپی Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

way	Direct effect	indire ct effect	total effect	coefficie nt of determi nation 2R
from				
The initial trauma of life On narcissism	0.19**	0.03**	0.221	0.34
Parenting style	-	-0.033**	-0.03**	
Family function	-0.42**	-0.04**	-0.46**	
(f rom Difficulty regulating excitement	0.12**	-	0.12**	0.32
On the difficulty of regulating excitement)				
The initial trauma of life	0.22**	-	0.22**	
Parenting style	-0.18**	-	-0.18**	
Family function	-0.35**	-	-0.35**	

In the third model, 32% of emotional difficulty was explained by early life trauma, mother's parenting style, and family functioning. Also, the amount of explained variance of narcissism with the mediating role of emotion regulation difficulty was significant (R2 = 0.34) early life trauma has a positive effect on emotion regulation difficulty (P<0.01, β = 0.22, in other words with the increase of trauma experience in early life, the possibility of failure in emotion regulation becomes more common. Family functioning (β = -0.35, P < 0.01) and parenting style (β = 0.18, P < 0.01) = - also had a negative effect directly on the difficulty of emotional regulation. This shows that the more favorable the parenting style and the better the family functioning, the lower the difficulty in emotional regulation.

According to the researcher's hypothesis, the difficulty of emotional regulation had a direct positive effect on narcissism (P<0.01, 0.12. (β = 0.12, which means that with the increase in the difficulty of emotion regulation, the amount of narcissism increases. Narcissism is also directly related to Early life trauma had a positive effect (β = 0.19, P < 0.01) and negative effect (β = 0.42, P < 0.01) was significant.

The research hypothesis based on the indirect effect of early life trauma, family functioning and parenting style on narcissism through the mediating role of emotion regulation difficulty can be confirmed. As can be seen, the indirect effect of early life trauma ($\beta = 0.03$, P < 0.01) was

significant. The indirect effect of parenting style (β = 0.03, P < 0.01) and family functioning (β =-0.04, P<0.01) was also negative and significant on narcissism. These findings show that early life trauma directly and indirectly has a significant effect on narcissism. Such a direct effect and the indirect effect of the family on narcissism is significant. Mother's parenting style did not have a direct effect on narcissism, but only through the mediating role of emotion regulation difficulty on narcissism.

Discussion and conclusion:

The present study aims to investigate the mediating role of emotion regulation difficulty in the relationship between early life traumas, family functioning, and perceived parenting practices of mothers with narcissism. The results showed that there is a direct and significant relationship between early life trauma and the difficulty of emotion regulation with narcissism. In addition, early life trauma showed a significant relationship with narcissism indirectly and through the difficulty of emotion regulation; In other words, the difficulty of emotion regulation could mediate the relationship between early life trauma and narcissism. Although, to our knowledge, the indirect relationships of the variables in this hypothesis have not been investigated in the form of a model, however, the direct relationships of these variables have not been investigated in the research literature. For example, Gain and Shaw (36) in a study with a non-clinical young Australian population showed a direct relationship between traumatic childhood experiences and narcissistic symptoms. Starbird and Storey (37) also found in research on the role of adoption in personality disorder traits that there is a significant relationship between traumatic childhood experiences and borderline personality disorder symptoms. In addition, the results of the studies conducted by Wenshai, Jarman, Huxley et al. (38), Ewing (39) and Tallman and Ginsburg (40) also confirmed the direct relationship between traumatic childhood trauma and narcissistic personality symptoms, which is in line with the findings of this study. It was consistent

In addition, regarding the difficulty of emotion regulation, which had a mediating role in this study, there was also strong evidence regarding the relationship between this variable and narcissistic personality. For example, in line with the findings of the present study, Cheshur, Ziegler-Hill, Sauls et al. (41) found that the difficulty of emotion regulation plays an important role in the occurrence of narcissistic personality disorder symptoms. In other studies, Leofler, Hueben, Radkey et al. (42), Caffarel (43) and DiPiro, DiSarno and Maddo (44) also showed that there is a significant relationship between the difficulty of emotion regulation and narcissistic personality. According to the presuppositions related to structural equation modeling, the difficulty of emotion regulation should have a significant relationship with the variable of early life trauma in order to facilitate the indirect relationship of early life trauma with narcissistic personality. In this regard, in line with the findings of the current study, Granfsky, Van Roode, DeRoos et al. (45) showed that traumatic life events are related to maladaptive emotion regulation strategies. Ha, Kim, Lee et al. (46) also found that early life trauma is related to difficulty in emotion regulation. As a result, the findings of the present study are in line with the research background.

In explaining the impact of early life trauma with narcissistic personality disorder, various hypotheses have been proposed, one of which is the stress-vulnerability hypothesis7. According to this model, before suffering from a personality disorder, a person has the characteristics that lead to a personality disorder when faced with traumatic and stressful events (including early life traumas) (47). People who are prone to narcissistic personality disorder grow up in invalidating family environments. In a discrediting environment, a person's feelings are not given importance

نصلنامه خانواده و بهداشت، دوره دهم، شماره چهارم، زمستان ۱۳۹۹، پیاپی (۴) ۲۴ س ۱۵۶–۱۵۶ Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

and are ignored; That is, a person's efforts to express and convey feelings are ignored or even punished. Abusing a child, whether sexual or non-sexual, is an extreme form of discrediting in which parents who commit abuse claim to love the child and at the same time hurt him (48). As a result, early life trauma (including childhood abuse) is one of the factors affecting narcissism.

In explaining the relationship between the difficulty of emotion regulation and narcissistic personality symptoms, it can be stated that people with narcissistic symptoms, with self-aggrandizing and vulnerable characteristics, significantly more than people without narcissistic symptoms in the face of unfortunate events, use maladaptive emotion regulation strategies such as self-blame, and they use catastrophizing (42). However, self-blame and catastrophizing, which are maladaptive emotion regulation strategies, are in contradiction with the indicators and characteristics of narcissism; Because narcissistic people exaggerate and exaggerate their abilities, it is hard for them to tolerate criticism and they get angry in front of it. But people with narcissistic personality traits react to the feeling of humiliation caused by this blame and catastrophizing with self-aggrandizing behaviors such as trying to maintain their superiority over others, which act as a defense mechanism, and this cycle continues until the symptoms worsen. Narcissism continues (43). Therefore, the difficulty in regulating emotions both facilitates the emergence of narcissistic personality and causes the continuation of symptoms.

In addition, considering that early life trauma was indirectly related to narcissistic personality through the mediation of emotion regulation difficulty, it is necessary to clarify the relationship between early life trauma and emotion regulation difficulty. In explaining this problem, it can be said that the early life traumas take away the opportunity to explore the mind of the child and others. In this way, the development of the child's ability to understand the behavior of others and to understand his and their mental state will be interrupted and the person will be in a cycle.

References:

- 1. Cramer P.. Adolescent parenting, identification, and maladaptive narcissism. Psychoanalytic Psychology. 2015;32(4):559.
- 2. Zahedian S.F., Mohammadi M., Samani S.. The Role of Attachment Styles, Parental Bonding and Self Concept in Sexual Addiction. J Clinical Psychology. 2011;3(3):65-73.
- 3. Glaser D.. Emotional abuse and neglect (psychological maltreatment): A conceptual framework. Child abuse & neglect. 2002; 26(6-7):697-714.
- 4. Ahrens K.R., Ciechanowski P., Katon W., Associations between adult attachment style and health risk behaviors in an adult female primary care population. J Psychosomatic Research. 2012; 72(5):364-70.
- 5. Association A.P.. Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub; 2013.
- 6. Zamostny K.P., Slyter S.L., Rios P.. Narcissistic injury and its relationship to early trauma, early resources, and adjustment to college. Journal of Counseling Psychology. 1993; 40(4):501
- 7. Nehrig N., Ho S.S.M., Wong P.S.. Understanding the Selfobject Needs Inventory: Its

relationship to narcissism, attachment, and childhood maltreatment. Psychoanalytic Psychology. 2019; 36(1):53

- 8. Goldenberg H., Goldenberg I.. Family therapy: An overview; 2012.
- 9. Silburn S.R., Zubrick S.R., Lawrence D.M., Mitrou F.G., DeMaio J.A., Blair E.. The intergenerational effects of forced separation on the social and emotional wellbeing of Aboriginal children and young people. Family Matters; 2006(75):10
- 10. Curran T., Hill A.P., Williams L.J.. The relationships between parental conditional regard and adolescents' self-critical and narcissistic perfectionism. Personality and Individual Differences. 2017;109:17-22
- 11. Zeigler-Hill V., Myers E.M., Clark C.B.. Narcissism and self-esteem reactivity: The role of negative achievement events. Journal of Research in Personality. 2010; 44(2):285-92
- 12. Velders F.P., Dieleman G., Henrichs J., Jaddoe V.W., Hofman A., Verhulst F.C.. Prenatal and postnatal psychological symptoms of parents and family functioning: the impact on child emotional and behavioral problems. European child & adolescent psychiatry. 2011; 20(7):341-50
- 13. Roshanzade F., Rezaei A.. Studying the Relationship between Family Function and Narcissistic Teenage Girls. Quarterly Journal of Women and Society. 2017; 7(spatial):183-94
- 14. Ghani FBA., bt Abd Aziz A.. The implication of parenting styles on the Akhlak of Muslim teenagers in the south of Malaysia. Procedia-Social and Behavioral Sciences. 2014;114:761-5
- 15. Matejevic M., Jovanovic D., Ilic M.. Patterns of family functioning and parenting style of adolescents with depressive reactions. Procedia-Social and Behavioral Sciences. 2015;185:234-9.
- 16. Burke MU.. Familial influence on self-efficacy: Exploring the relationship between perceived parenting style, current social support, and self-efficacy beliefs in a sample of nontraditional college students: Capella University; 2006
- 17. Fan J., Zhang L-f.. The role of perceived parenting styles in thinking styles. Learning and Individual Differences. 2014; 32:204-11
- 18. Mechanic K.L., Barry C.T.. Adolescent grandiose and vulnerable narcissism: Associations with perceived parenting practices. J Child and family Studies. 2015; 24(5):1510-8.
- 19. Gentile B., Miller J.D., Hoffman B.J., Reidy D.E., Zeichner A., Campbell WK.. A test of two brief measures of grandiose narcissism: The Narcissistic Personality Inventory-13 and the Narcissistic Personality Inventory-16. Psychological assessment, 2013; 25(4):1120
- 20. Gratz K.L., Tull M.T.. Emotion regulation as a mechanism of change in acceptance-and mindfulness-based treatments. Assessing mindfulness and acceptance processes in clients: Illuminating the theory and practice of change, 2010:107-33
- 21. Gustafsson H., Skoog T., Davis P., Kenttä G., Haberl P.. Mindfulness and its relationship with perceived stress, affect, and burnout in elite junior athletes. Journal of Clinical Sport Psychology, 2015; 9(3):263-81
- 22. Gratz K.L., Roemer L.. Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. J psychopathology and behavioral assessment. 2004; 26(1):41-54

۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۱۳۹۹ ییاپی (۱۳۹۹ مساره چهارم، زمستان ۱۳۹۹ کیاپی (۱۳۹۹ مساله ۱۷۴–۱۵۶ Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

- 23. Eisenberg N., Fabes R.A., Guthrie I.K., Reiser M. Dispositional emotionality and regulation: their role in predicting quality of social functioning. J personality and social psychology. 2000; 78(1):136
- 24. Saxena P. Dubey A. Pandey R.. Role of emotion regulation difficulties in predicting mental health and well-being. SIS J Projective Psychology & Mental Health, 2011; 18(2):147
- 25. Zhang H., Wang Z., You X., Lü W., Luo Y.. Associations between narcissism and emotion regulation difficulties: Respiratory sinus arrhythmia reactivity as a moderator. Biological Psychology. 2015; 110:1-11.
- 26. Garnefski N., Kraaij V., Spinhoven P.. Negative life events, cognitive emotion regulation and emotional problems. Personality and Individual differences. 2001; 30(8):1311-27
- 27. Zalpour KH., Shahidi Sh., Zarrani F., Mazaheri M.A., Heidari M.. Empathy and cognitive emotion regulation in phenotypes of narcissism. Health Monitor Journal of the Iranian Institute for Health Sciences Research. 2015; 14(2):239-47
- 28. Kline R.B.. Principles and practice of structural equation modeling: Guilford publications; 2015.
- 29. Mohammadzadeh A.. Iranian validation of the narcissistic personality inventory-16. Journal of Fundamentals of Mental Health. 2009;11(44):81-274
- 30. Roy A., Carli V., Sarchiapone M.. Resilience mitigates the suicide risk associated with childhood trauma. Journal of affective disorders, 2011; 133(3):59
- 31. Ebrahimi H., Dejkam M., Seghatoleslam T.. Childhood Traumas and Suicide Attempt in adulthood. Iranian J Psychiatry and Clinical Psychology, 2014; 19(4):275-82
- 32. Epstein N.B., Baldwin L.M., Bishop D.S.. The McMaster family assessment device. J marital and family therapy. 1983; 9(2):171-80
- 33. Akhbarati F., Bashardoust S.. The prediction of psychological well-being according to family function and basic psychological needs of students. J Fundamentals of Mental Health. 2016; 18(Special Issue):374-9
- 34. Grolnick WS, Benjet C, Kurowski CO, Apostoleris NH. Predictors of parent involvement in children's schooling. Journal of educational psychology. 1997;89(3):538
- 35. Kharazi A., Karashki H.. The Study of Relationships Between Parents' Perceptions and Self-Regulation Learning. Advances in Cognitive Sciences. 2009; 11(1):49-55
- 36. Nguyen K.T., Shaw L.. The aetiology of non-clinical narcissism: clarifying the role of adverse childhood experiences and parental overvaluation. Personality and Individual Differences. 2020; 154:109615
- 37. Starbird A.D., Story P.A.. Consequences of childhood memories: narcissism, malevolent, and benevolent childhood experiences. Child Abuse & Neglect 2020;108:104656.
- 38. van Schie C.C., Jarman HL., Huxley E., Grenyer BF.. Narcissistic traits in young people: understanding the role of parenting and maltreatment. Borderline personality disorder and emotion

dysregulation, 2020; 7(1):1-10

- 39. Ewing H. A Retrospective Study: Investigating the Role of Childhood Experience and Parenting Style in the Development of Narcissism. 2020.
- 40. Talmon A., Ginzburg K.. The intricate role of dissociation in the relations between childhood maltreatment, self-objectification, and narcissism. Psychological trauma: theory, research, practice, and policy. 2019;11(8):909
- 41. Cheshure A., Zeigler-Hill V., Sauls D., Vrabel J.K., Lehtman M.J.. Narcissism and emotion dysregulation: Narcissistic admiration and narcissistic rivalry have divergent associations with emotion regulation difficulties. Personality and Individual Differences. 2020;154:109679
- 42. Loeffler L.A., Huebben A.K., Radke S., Habel U., Derntl B.. The Association Between Vulnerable/Grandiose Narcissism and Emotion Regulation. Frontiers in Psychology. 2020;11:2732
- 43. Caffarel S.E.. Vulnerable Narcissism, Difficulties in Emotion Regulation, and Relational Aggression in College Students. 2019
- 44. Di Pierro R., Di Sarno M., Madeddu F.. Investigating the relationship between narcissism and emotion regulation difficulties: The role of grandiose and vulnerable traits. Clinical Neuropsychiatry. 2017;14.(3)
- 45. Garnefski N., van Rood Y., De Roos C., Kraaij V.. Relationships between traumatic life events, cognitive emotion regulation strategies, and somatic complaints. J clinical psychology in medical settings. 2017;24(2):144-51
- 46. Huh H.J., Kim KH., Lee H-K., Chae J-H.. The relationship between childhood trauma and the severity of adulthood depression and anxiety symptoms in a clinical sample: The mediating role of cognitive emotion regulation strategies. Journal of affective disorders. 2017;213:44-50
- 47. Cohen L.J., Tanis T., Bhattacharjee R., Nesci C., Halmi W., Galynker I.. Are there differential relationships between different types of childhood maltreatment and different types of adult personality pathology? Psychiatry research. 2014;215(1):192-201
- 48. Orth U., Luciano EC.. Self-esteem, narcissism, and stressful life events: Testing for selection and socialization. J Personality and Social Psychology. 2015;109(4):707
- 49. John SG., Cisler JM., Sigel BA.. Emotion regulation mediates the relationship between a history of child abuse and current PTSD/depression severity in adolescent females. J family violence. 2017;32(6):565-75
- 50. Adkins T., Reisz S., Doerge K., Nulu S.. Adverse Childhood Experience histories in foster parents: Connections to foster children's emotional and behavioral difficulties. Child Abuse Neglect, 2020;104:104475
- 51. Chung MC., Chen ZS.. The interrelationship between child abuse, emotional processing difficulties, alexithymia and psychological symptoms among chinese adolescents. J Trauma & Dissociation. 2020:1-15
- 52. Jacobson S.. The Impact of Parental Narcissistic Personality Disorder on Children and Why Legal Intervention Is Warranted. Cardozo J Equal Rts & Soc Just, 2017;24 315

۱۵۶–۱۷۴ ص ۲۴ (۴) پیاپی (۴) مستان ۱۳۹۹، پیاپی (۳) ۱۸۴ ص ۱۷۴–۱۵۶ Quarterly of family and health, vol10, Issue 4, winter 2021, ISSN: 2322-3065

http://journals.iau-astara.ac.ir

- 53. Herd T., King-Casas B., Kim-Spoon J.. Developmental changes in emotion regulation during adolescence: associations with socioeconomic risk and family emotional context. J youth and adolescence. 2020:1-13
- 54. Nuske HJ., Hedley D., Tseng CH., Begeer S., Dissanayake C.. Emotion regulation strategies in preschoolers with autism: Associations with parent quality of life and family functioning. J autism and developmental disorders. 2018;48(4):1287-300.
- 55. Gong X., Paulson SE.. Effect of family affective environment on individuals' emotion regulation. Personality and Individual Differences. 2017;117:144-9
- 56. Jenaabadi H., Hosaini M.. On the relationship between parents' parenting styles and narcissism in junior high school female students in Birjand. J School Psychology. 2019; 8(3):74-86.
- 57. Kamali Igoli S., Abolmaali-Alhoseini K.. Predicting cognitive emotion regulation strategies according to family communication processes and perfectionism in high school adolescent girls. J Applied Psychology. 2016;10(3):26-38
- 58. Chan S.C.N. The big three multidimensional perfectionism and the big five obsessive-compulsive and narcissistic personality traits: a preliminary study on their distinctive relationships and the specific roles of personality beliefs, parenting styles, and psychosocial adjustment. HKU Theses Online (HKUTO). 2020
- 59. Claudio L.. Can parenting styles affect the children's development of narcissism? A Systematic Review. The Open Psychology Journal. 2016; 9:(1)
- 60. Ioverno S., Carone N., Lingiardi V., Nardelli N., Pagone P., Pistella J.. Assessing prejudice toward two-father parenting and two-mother parenting: The beliefs on same-sex parenting scale. J Sex Research. 2018;55(4-5):654-65.
- 61. Asgarpour F., Karbalaei-Meigooni A., Taghiloo S.. The mediating role of child trauma in the relationship between parenting styles and adaptive cognitive emotion regulation in working children. J Applief Psychology. 2015;9(1):103-21
- 62. Hosseini F., Khayyer M.. The role of cognitive evaluation in explaining the relationship between parenting dimensions and mathematical academic emotions and emotional regulation. Journal of Teaching and Learning Studies, 2011;3(1):17-46
- 63. Morris AS., Criss MM., Silk JS., Houltberg BJ.. The impact of parenting on emotion regulation during childhood and adolescence. Child Development Perspectives. 2017;11(4):233-8
- 64. Morelen D., Shaffer A., Suveg C.. Maternal emotion regulation: Links to emotion parenting and child emotion regulation. Journal of Family Issues, 2016;37(13):1891-916
- 65. Crugnola CR., Ierardi E., Ferro V., Gallucci M., Parodi C., Astengo M.. Mother-infant emotion regulation at three months: the role of maternal anxiety, depression and parenting stress. Psychopathology, 2016; 49(4): 94-285