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Selected family determinants of the narcissistic style of behavior

Abstract:

Background. Although the narcissistic personality disorder is well-known in psychological literature, the issue of psychosocial determinants of the narcissistic behavioral style is still prone to do the research. So is in case of the study of the specific character of parental attitudes and traumatic experiences in the subjects' childhood and adolescence.

Objectives. The aim of the study was an analysis of the situation in the families of respondents with dominant characteristics of narcissistic personality, with a particular emphasis on the retrospective assessment of parental attitudes.

Methodology. The group of 78 students with narcissistic behavioral style were selected for the study. The control group consisted of individuals who did not display this type of behavior. The Structured Clinical Interview for DSM-IV Personality Disorder Research SCID II (First et al., 2014), referring to narcissistic behaviors, was used along with a questionnaire of the authors' own design which contained demographic details as well as information on the situation in the subject's family of origin and traumatic experiences, if any, and The Questionnaire for Retrospective Parental Attitudes (KPR-Roc developed by Mieczysław Płopa (2008).

Results. The research demonstrated that parental attitudes, particularly of mothers who were found to be excessively demanding and inconsistent in interactions with their children, were of special relevance for the formation of the narcissistic personality style, whereas when it comes to fathers, it was primarily a lack of consistent behavior that was significant. It was also observed that the families of origin of individuals with this person-

ality type often used violence and physical punishment, and often struggled with parents' addictions.

Conclusions. The research confirmed the significant influence of family interactions on the formation of narcissistic personality traits.

Keywords: narcissistic style of behavior; narcissistic personality disorder; adverse childhood experiences; parental attitudes.

1. Introduction

Narcissism is associated with a tendency to focus excessively on oneself, to create an idealized self-image in order to be noticed and admired by others. Narcissistic individuals tend to be seductive and apply various forms of manipulation, seeking to gain dominance and control over others. Then again, they lack self-confidence and live the lives pervaded by the experience of existential emptiness (Wenta and Łatkowska, 2017, p. 177).

A clear distinction between narcissistic personality disorder and behavioral style is hard to determine (Gościński, 2017, p. 154). It is generally accepted that if the beliefs in one's uniqueness and desire for recognition do not significantly affect one's adaptability or interfere with relationships with others, the type of behavior can be identified as the narcissistic style of functioning.

Some researchers (Alarcón and Sarabia, 2012, p. 21) believe that the diagnosis of NPD (Narcissistic Personality Disorder) should be omitted from the DSM-5 classification due to the lack of sufficient research but the disorder has been included as a personality disorder (American Psychiatric Association, 2013, pp. 669–672; Wright and Edershire, 2017, p. 76).

Research shows that approximately 1%–2% of the general population display narcissistic personality traits (Dhawan *et al.* 2010, p. 333; Caligor, Levy and Yeomans, 2015, p. 417; Weinberg and Ronningstam, 2022, p. 368), even though most people receiving an NPD diagnosis have no prior awareness of having any kind of disorder (Ronningstam, 2011, p. 90).

The first attempts to describe narcissistic behaviour were made by Karl Abraham, Robert Waelder, Sigmund Freud and John C. Nemiah (Levy *et al.*, 2007, pp. 234–235). However, the concept of narcissism as a personality type or disorder was already developed in the second half of the twentieth century by object relations theorists, namely Heintz Kohut and Otto Kernberg (Caligor *et al.*, 2015, p. 420; Schmidt A., 2019, pp. 138–139). Narcissistic behavior has been also ap-

proached from the cognitive perspective by Theodore Millon and Jeffrey Young (Beck, Davis and Freeman, 2016, p. 267).

In line with the psychodynamic theory, narcissistic individuals compensate for their feelings of weakness, inferiority, shame, inadequacy, and the fear of experiencing them, by affirming their worth through seeking gratification from their social environment. They focus on making the best impression they can through appearance, health, and behaviors designed to show their uniqueness and to have their accomplishments recognized. By manipulating others, they try to determine the qualities and behaviors can elicit admiration (Schalkwijk *et al.*, 2021, no. 676733, pp. 2–3); Weinberg and Ronningstam, 2022, p. 369). They try to be in control of their emotions, but in extreme situations, an intense explosion of accumulated negative energy can occur (McWilliams, 2021, pp. 192–193).

In Heintz Kohut's theory, narcissism is an essential element of personality which develops during the life course, featuring in perception, thinking and acting. Kohut suggests that narcissistic personality disorder may result, among other reasons, from a primary defect in the area of the "grandiose" self, while compensatory structures develop in the other specific area (the image of the ideal parent) in the attempt to repair the self in the direction of coherence. (Gościński and Mocek, 2008, p. 15). "The image of the ideal parent does not transform into a tension-regulating psychic structure, but resembles a primordial, transient object that is needed to provide narcissistic balance" (Kohut, 1971, p. 12).

Otto Kernberg emphasizes the role of the narcissistic mother whose behavior seems normal in many ways (e.g., she is a good organizer), but who is often indifferent to the child, lacks empathy, and is in many situations maliciously aggressive. This unleashes frustration, tension and the related behaviors as the means of self-protection against envy and hatred. In fact the mother's hidden "cold" hostility towards the child can provoke compensatory behaviors (defense against being devalued by others), expressed in the search for admiration and discovery of one's greatness. Kernberg says that narcissists suffer from polarized, rigid, and poorly articulated mental representations of themselves and others (Kernberg, 1985, p. 39). The narcissistic self-view is predominantly positive, and dominated by all-good and ideal features at a surface level. The opposite negative, all-bad, and vulnerable features are projected onto others (Frączek, 2017, pp. 294–295; Drożek and Unruch, 2020, p. 181). However, a deeper analysis of narcissists' self-concept reveals a fragile and superficial structure, with a vague sense of the self that is particularly sensitive to any potential ego-threats (Caligor *et al.*, 2018, p. 514).

According to the cognitive approach, narcissistic disorders are caused by incorrect cognitive beliefs and a distorted way of processing information about oneself and other people's behavior. A person with dominant narcissistic traits often receives critical messages or information about dissimilarity of their traits to people around them from parents and other people. As a result, they develop some cognitive schemas, e.g. "I am an exceptional person", "I deserve a different, preferential treatment", "I can avoid certain norms because I'm different". The feelings of uniqueness intensify when such a person's self-esteem is threatened. It also motivates their search for ways to behave and act that will yield admiration: "I need to be successful in confirmation that I am better than others", "If I am not successful, I'm a failure"(so-called conditional beliefs) (Beck, Davis and Freeman, 2016, pp. 271–275). These beliefs promote certain attitudes: "To keep my status as an important person, I must expect submissiveness from others", "If others don't comply, they should be punished", so the consequence of conditional beliefs is the formation of instrumental beliefs: "always try to assert your superiority"

According to social learning theory (Millon and Grossman, 2005, pp. 342–347), the source of narcissistic disorder is primarily the influence of adults, especially parents, who overpraise the child, overestimate their achievements, and in various situations emphasize their uniqueness. The child, who constantly has adults' focus and attention, becomes convinced that because they are so special they deserve more, and that others should give them their time. Parents who are excessively protective, prevent the child from experiencing frustrations or failures, satisfy the child's needs without showing any feelings or their own needs reinforce the child's belief that they deserve more while the needs of others are insignificant.

Some concepts of narcissism are linked directly to the therapy of this personality disorder. Schema Therapy (ST) is an interesting approach that has been introduced in the treatment of people with personality disorders. ST assumes that personality disorders result from maladaptive schema modes, namely "self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life" (Young *et al.*, 2003, p. 7). Furthermore, childhood experiences of unmet basic needs (i.e. physical, psychological or emotional), paired with negative or traumatic interactions with caregivers, would interfere with the development of child's autonomy, ability to connect with others, sense of self-worth, realistic expectations and boundaries. As a result, narcissists can develop three adult schema modes: (i) the detached self-stimulator mode, which serves to create distance from others (and from intimacy with others) in order to cut off any uncomfortable emotion, (ii) the self-aggrandizer mode, which in-

volves a tendency to feel superior and the need for appearing to have, and for having, high social status at the expense of an authentic self, and (iii) the lonely child mode, which represents the underlying condition of a narcissist and mirrors their condition of feeling unloved and easily hurt by others (Behary and Dieckmann, 2011, pp. 446–450).

The psychodynamic approach to therapy of narcissism is usually based on theories of Otto Kernberg and Heinz Kohut. The main goal of the therapy is to help a person to understand the origin of conscious and unconscious anger, analyzing the negative transference towards a therapist and to refer to specific defense mechanisms (splitting, projection, projective identification) (Millon *et al.* 2005, p. 413). Otto Kernberg claims that a patient develops a narcissistic transference, which requires lengthy and consistent working through (Kernberg, 2018, pp. 156–178). Narcissistic transferences is usually at a high, stable level of functioning or at a fluctuating, borderline level. The therapy of patients with severe narcissistic pathology, as well as patients presenting borderline personality organization ought to be approached with an interpretive psychoanalytic stance from the very beginning of treatment. The early analysis of the alternation of primitive unconscious dyadic relations in the transference generally facilitates their psychodynamic treatment. The therapy pays a lot of attention on the consequences of those previous relations to a present relation with the therapist. The growing understanding of the therapeutic relation enables the patient reaching insight into the dysfunctional relations with other people.

According to Heinz Kohut (Millon *et al.* and Davis, 2005, pp. 413–414) the grandiose narcissism is the effect of the development inhibition as a result of insufficient empathy in early childhood. The therapy deals with past frustration based on a proper empathy and reflection from the therapist, which helps to overcome the need of keeping the grandiose self.

Mentalization-Based Therapy (MBT; Fonagy, Gergely and Jurist, 2002, pp. 70–72) follows the assumption that patients with personality disorders have significant deficits in mentalization (awareness of their own and of others' mental states), which results from early experiences with caregivers who did not provide an adequate mirroring of the child's internal states. According to Robert Drozek and Brandon Unruh (2020, p. 5) and Charlotte van Schie *et al.* (2020, pp. 7–8), the childhood experiences of a narcissistic person involve the parental overvaluation of the child's qualities in relation to self-confidence and power, while under-mirroring manifestations of emotional vulnerability such as insecurity and the need for closeness

Underlying biological causes may also be found among the determinants of narcissistic behavior. Research shows that this abnormality is more common in men

(Grijalwa *et al.*, 2015, pp. 262–306). Obviously, apart from genetic factors and gender roles, the patriarchal upbringing style that has been dominant for centuries may have played a significant role. Some studies suggest that, taking into account genetic factors, there is a high (40%) probability of inheriting certain narcissistic traits (Luo *et al.* 2014, p. 54; Cai *et al.*, 2015, p. 8). Studies on twins found some specific traits co-occurring with a 77–79% probability (Torgersen, 2000, p. 416).

It seems crucial to consider the heterogeneity of the various manifestations of narcissism that have been stressed in contemporary theories (e.g., Di Pierro and Fanti, 2021, pp. 212–214) Miller *et al.*, 2017, pp. 294–296), which treat narcissism as a multifaceted construct. Aaron L. Pincus and Mark. R. Lukowitsky (2010, p. 3) have provided an interesting conceptualization of pathological narcissism, which clearly distinguishes between its adaptive and pathological expressions, and takes into the account both vulnerable and grandiose manifestations of pathological narcissism. According to these authors, adaptive narcissism reflects the ability to maintain a stable and positive self-image, as well as to cope with the needs for validation and affirmation through adequate self and emotion-regulation processes. Thus a normal personality to some extent includes adaptive narcissistic tendencies (e.g., Ronningstam, 2016, p. 11). Pathological narcissism, on the other hand, involves an intense need for validation and recognition in the context of impaired self-regulating processes (Pincus and Lukowitsky, 2010, p. 3), as shown by its association with several maladaptive correlates, such as unstable self-esteem (Di Pierro, Mattavelli and Gallucci, 2016, pp. 5–7), dysfunctional eating, perfectionism and aggression (Lambe *et al.* 2016, pp. 7–9; Di Pierro *et al.*, 2022, pp. 5352–5353).

The subject of the present study is the analysis of social, mainly family, interactions in relation to individuals with dominant narcissistic traits.

2. Method

2.1. Research objectives, problems

The aim of the research presented in this paper is the analysis of the familial origins of various abnormalities in personality development typical of narcissistic behavior. The importance of biological factors in the formation of abnormal behaviors is often found in the literature but, as previously emphasized, a significant role is also played by social factors.

The subject of our study was an analysis of the situation in the families of students with dominant characteristics of narcissistic personality, with a particu-

lar emphasis on the retrospective assessment of parental attitudes. The research sought answers to the following questions:

- Are there any differences regarding anxiety-triggering situations in childhood between individuals with and without narcissistic personality style (in their own assessment)?
- Are there any differences regarding the specific character of traumatic experiences between individuals with and without a narcissistic personality style?
- Which parental attitudes were preferred by mothers in the retrospective assessment of their sons and daughters who exhibit a narcissistic personality style?
- Which parental attitudes were preferred by fathers in the retrospective assessment of their sons and daughters who exhibit a narcissistic personality style?

2.2. Materials and methods

Group characteristics: A total of 387 students from different faculties (including 113 males and 274 females) of local university and university of technology participated in the study. All students completed the Questionnaire for Retrospective Assessment of Parental Attitudes (KPR-Roc) by Mieczysław Płopa (2008) and a detailed questionnaire including questions about demographic data (gender, education, family structure), as well as about family atmosphere, childhood fears and experiences of traumatic situations. A set of questions relating to a specific aspects of functioning in terms of narcissistic behavior were also asked. These were developed on the basis of the Structured Clinical Interview for DSM-IV Personality Disorder Research SCID II (First *et al.*, 2014). Subjects were selected from among those who exhibited at least six characteristic behaviors indicative of narcissistic traits (78 subjects: 33 females and 45 males). They were asked to self-assess of their own behavior. As the research did not involve detailed observation of the respondents and no information was gathered from the people in their immediate environment, it was assumed, on the basis of the data gathered, that they display a style typical for a narcissistic personality rather than having a narcissistic personality.

The comparison group consisted of students who reported none or at most one symptom from the studied traits (117 individuals). Based on the SCID II scale, 17 diagnostic questions were formulated to measure the severity of narcissistic personality style or narcissistic personality disorder, according to DSM-5. The respondents answered yes/no questions, and the scores were “1” for the positive

and “0” for the negative answer. The more points the respondent scored, the greater the severity of narcissistic personality style (or narcissistic personality disorder traits). Individuals who scored at least six were included in this sample. The diagnostic questions are presented below:

1. Are your achievements and talents often underestimated by others?
2. Has anyone ever told you that you think too highly of yourself?
3. Do you think a lot about the power, fame or recognition you will achieve one day ?
4. Do you often think about the perfect love that will happen to you?
5. Do you always demand to see the person at the highest level in an organization if you need to sort something out?
6. Do you think it is important to spend time with people who are influential or extraordinary?
7. Is it important to you that people pay attention to you and admire you?
8. Do you feel that you don't have to follow certain social rules or principles if they bother you?
9. Do you feel that you are the kind of person who should be treated in a special way?
10. Do you often use others to further your own ends?
11. Do you often put your own needs ahead of the needs of others?
12. Do you often expect people to do what you want them to do because of who you are?
13. Are you really NOT interested in other people's feelings or problems?
14. Have people ever complained that you don't listen to them or care about their feelings?
15. Are you often jealous of others?
16. Do you feel that others are extremely envious of you?
17. Do you think that few people are worthy of your time and attention?

The Questionnaire for Retrospective Parental Attitudes (KPR-Roc) developed by Mieczyslaw Plopa (2008) includes 50 items relating to the assessment of parental behaviour, where respondents refer to each statement on a five-point scale. The scale is characterized by high theoretical relevance in the structural aspect and the reliability index of the measurements ranges from 0.84 to 0.93 (Cronbach's alpha). It measures the intensity of attitudes: acceptance/rejection, demands, autonomy, inconsistency, and protection. Acceptance is understood as a positive attitude towards the child, showing affection, creating a sense of security, with rejection being its opposite.

The category of *demands* refers to respecting parental instructions and the parents' use of certain punishments for failure to meet expectations. An attitude of *autonomy* refers to the extent to which the child is given age-appropriate freedom. *Consistency* refers to predictable caregiver behavior in specific situations, whereas the lack of consistency is expressed in variability of behavior, different responses in similar situations. A child can be punished or rewarded for the same behavior depending on the parent's mood. *Protecting* Overprotecting is not allowing the child to take risks in appropriate situations. The young adults in our sample evaluated their parents' attitudes in retrospect. Some theorists assume that the image of parents in this situation may be distorted by a mixture of factors. On the other hand, the retrospective subjective view of parental attitudes seems to be more relevant in terms of the individual's personality and functioning than the descriptions of the interactions declared by the parents (Plopa, 2004, pp. 293–294).

Statistical calculations were performed on anonymized data using IBM SPSS 26. The study's design and the analysis were not preregistered.

The sample and its situation was characterized based on the analysis of percentage distributions of the frequency of qualitative data and the Chi-square test. The interaction of specific personality traits with parental (mother's and father's) influence was examined using Pearsons-r correlation. The assumptions to apply this test were as follows: normal distribution, linear relationship and independence of observations. A cut-off level for committing a type 1 statistical error, involving the rejection of a null hypothesis assuming the lack of statistically significant differences, was 0.05. The assumptions were verified at the two-sided significance level.

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3. Results

The analysis of the results yielded only one correlation between the choice of university courses and the intensity of narcissistic traits, namely it turns out that most people in our sample, who revealed a narcissistic style of behavior, studied Business Management (out of 35 students, as many as 42.9% revealed this type of trait).

Considering the education of the parents, no significant differences were found between the groups – Chi-square = 4.79, df-3; $p = 1.188$, even though the mothers of the subjects with a narcissistic behavioral style were more likely to

have a college education (39.5%), compared to the mothers of students not exhibiting narcissistic behavior (25.7%); No apparent differences were found in relation to the education of fathers (Chi sq. = 0.23; df-3, $p = 0.973$). In the two groups students most often rated the atmosphere in the family of origin as rather good (53.8% and 50.8%, respectively), although a small percentage (6% and 6.7%) felt that it was not so good.

As researchers looked into the fears/anxieties currently experienced by the respondents, they found that the people in both groups most frequently indicated not having someone close (65.4% of people with narcissistic behavioral style and 63.2% of people in the comparison group). However, statistically significant differences between the groups occurred in the category of 'failing at relationships with others' (Chi sq. = 7.83; df-1; $p = 0.005$). Participants in the comparison group chose this answer more rarely.

A category of childhood traumas was also examined. The respondents were asked to choose a relevant trauma (if it occurred) from the list provided. They could also specify other factors which generated high stress in childhood.

Table 1. Family traumas

Traumas	NSB group		Control group		Chi sq.	p (2-sided asymptotic significance)
	N = 78	%	N = 117	%		
Death of a parent	5	6.4	13	11.1	1.23	0.267
Death of a sibling or another close person	9	11.5	7	6.0	1.92	0.166
Breaking up with a boyfriend or girlfriend	18	23.1	15	12.8	3.50	0.061
Mother or father losing a job	3	3.8	6	5.1	0.17	0.680
Parents' divorce	4	5.1	6	5.1	0.0	–
Serious illness in the family	17	21.8	19	16.2	0.96	0.327
Road accident	12	5	11	9.4	1.20	0.273
Failing at important exams	10	12.8	12	10.3	0.31	0.578
Long-term separation linked to being abroad	12	15.4	14	12.0	0.47	0.493
Physical or mental disability of a family member	5	6.4	5	4.3	0.44	0.507
Serious family conflict	25	32.1	20	17.1	5.90	0.015
Loss of cashflow	11	14.1	10	8.5	1.50	0.221
Debt	3	3.8	4	3.4	0.02	0.888
Alcohol, drugs and hazard addiction of a family member	13	16.7	8	6.8	4.71	0.030
Violence	22	28.2	13	11.1	9.29	0.002

The results presented in Table 1 demonstrate that people with a narcissistic personality style statistically significantly more often (32.1%) reported that conflicts between family members were the source of severe stress compared to people in the control group (17.1%), (Chi sq. = 5.90; df-1; $p = 0.015$). Addiction was also significantly more prevalent in narcissists' families (Chi sq. = 4.71; df-1; $p = 0.030$). The study also revealed that violence was a source of trauma in the case of people with dominant narcissistic behaviors (the problem was reported by 28.2% of people, while in the control group it was 11.1%). The difference is statistically significant at Chi sq. = 9.29; df-1; $p = 0.02$.

Table 2. Symptoms that have persisted in relation to traumatic events (PTSD)

Symptoms	NSB group		Control group		Chi sq.	p (2-sided asymptotic significance)
	N = 78	%	N = 117	%		
Memories	26	33.3	26	17.9	2.95	0.086
Bad dreams related to the trauma	11	14.1	6	5.1	4.74	0.029
Reliving the trauma	14	17.9	11	9.4	3.06	0.080
Strong discomfort in the situations reminiscent of the trauma	18	23.1	12	10.3	5.91	0.015

The respondents were asked to report on symptoms that might have persisted for an extended period of time in relation to a particular traumatic event (Table 2). The study showed that people with narcissistic personality style were statistically significantly more likely to experience tormenting dreams related to the traumatic events (Chi sq. = 4.74; df-1; $p = 0.029$). Respondents in the core group were also significantly more likely to experience severe discomfort in situations that resembled the event (Chi sq. = 5.91; df-1; $p = 0.015$).

The research also sought to determine the parental attitudes that might have affected individuals with a narcissistic behavioral style. In order to answer this question, Plopa's Parental Attitudes Questionnaire was used. The results are presented in Table 3.

Table 3. Parental attitudes of mothers in the assessment of respondents with a narcissistic behavioral style, by gender (r-Pearson correlation)

Parental attitudes	Male students		Female students	
	Pearson's correlation	2-sided significance	Pearson's correlation	2-sided significance
Acceptance	-.065	0.502	-.201**	0.001
Demands	.234*	0.014	.185**	0.003
Autonomy	-.024	0.803	-.248**	0.000
Inconsistency	.237*	0.013	.238**	0.000
Protection	.048	0.620	.117	0.06

*correlation significant at the level of 0.05

**correlation significant at the level of 0.01

The results in Table 3 show that in the case of male students a significant correlation was found regarding their mothers' excessive demands ($r = 0.234$) and a simultaneous lack of consistency in attitudes ($r = 0.237$). On the other hand, mothers were significantly more often assessed by their daughters as unaccepting ($r = 0.201$), excessively demanding ($r = 0.185$), restricting autonomy ($r = -0.248$) and at the same time behaving inconsistently ($r = 0.238$).

Table 4. Parental attitudes of fathers in the assessment of the respondents with narcissistic behavioral style, by gender (r-Pearson correlation)

Parental attitudes	Men		Women	
	Pearson's correlation	2-sided significance	Pearson's correlation	2-sided significance
Acceptance	-.113	0.247	-.0219**	0.001
Demands	.172	0.078	.187**	0.003
Autonomy	-.061	0.535	-.198**	0.002
Inconsistency	.276**	0.004	.253**	0.000
Protection	-.018	0.852	.012	0.847

*correlation significant at the level of 0.05

**correlation significant at the level of 0.01

Analyzing the retrospective assessment of fathers' parental attitudes (Table 4), when it comes to sons the only correlation ($r = 0.276$) was found between the fathers' inconsistent behavior and the sons' narcissistic behavioral style. More often, correlations were demonstrated in relation to daughters; the female subjects who exhibited narcissistic behaviour were significantly more likely to describe their fathers as unaccepting ($r = -0.219$), excessively demand-

ing ($r = 0.187$), autonomy-restricting ($r = -0.198$) and inconsistent in behaviour ($r = 0.253$).

Table 5. Parental attitudes in the retrospective assessment of respondents with narcissistic behavior style

Parental attitudes	Mothers		Fathers	
	Pearson's correlation	2-sided significance	Pearson's correlation	2-sided significance
Acceptance	-.169**	0.001	-.197**	0.000
Demands	.211**	0.000	.196**	0.000
Autonomy	-.177**	0.001	-.153**	0.004
Inconsistency	.252**	0.000	.275**	0.000
Protection	.081	0.119	-.007	0.895

*correlation significant at the level of 0.05

**correlation significant at the level of 0.01

Analyzing parental attitudes in relation to the total group of individuals with narcissistic personality style (Table 5), one can find a significant importance of excessive demands ($r = 0.211$) and inconsistency ($r = 0.252$) on the mother's part. In the case of fathers' attitudes, it was found that they were often inconsistent in behavior: $r = 0.275$). In contrast, no relationship was found between overprotective attitudes and narcissistic traits.

4. Discussion

The study presented demonstrates that no significant differences were found between the groups with regards to the retrospective assessment of the family atmosphere. However, subjects with narcissistic personality traits significantly more often (32.1%), compared to the control group (17.1%), mentioned serious conflict between family members as a traumatic childhood experience ($p = 0.015$).

Moreover, people with narcissistic personality style described their childhood experiences and attitudes differently than the controls. The analysis of childhood fears experienced by the respondents in both groups showed that most of them were scared of the dark (55.9%), and basements and other dark rooms (56.9%). The subjects with narcissistic personality behavior (52.6%) significantly more often feared responses of their friends (0.001), and specific people in their immediate environment (statistically significant difference $p = 0.014$). As

many as 41% of people with narcissistic personality behavior style signaled fear of physical punishment, compared to only 18.8% of those in the control group (statistically significant differences: $p = 0.001$). The specificity of these fears may be due to abnormal interactions between parents and children. People with narcissistic personality style significantly more often declared the problem of addiction in one of the family members (statistically significant differences between groups: $p = 0.030$), which is often suggestive of the presence of abnormal relationships in the family.

When asked about childhood traumas, almost one-third of respondents with narcissistic personality traits declared that they experienced violence in their immediate environment, which makes them statistically significantly different from those in the control group ($p = 0.002$). The fear of being judged by others is usually a result of experiencing criticism and violence from significant others, which in turn may cause low self-esteem, fear of rejection and the need to compensate for deficiencies by focusing on oneself and one's strengths. As many as 52.6% of the narcissistic respondents reported fear of losing good relationships with friends, which is significantly different from those in the control group ($p = 0.005$). The respondents with narcissistic traits significantly more often reported tormenting dreams ($p = 0.029$) and strong discomfort in situations resembling this event ($p = 0.015$) as the consequence of childhood traumatic experiences. When analyzing these results, one should be aware that the respondents could make a subjective interpretation of events experienced in the past. As research by other authors have indicated, people with personality disorders, not only narcissistic ones, usually tend to exaggerate experiences (Zashchirinskaia and Isagulova, 2023, p. 69). The perception of the intensity of childhood traumas depends, among others, on the interaction of individual characteristics, genetic, temperamental and environmental factors (Zhang, T. *et al.*, 2011, pp. 829–830).

The results presented seem to be consistent with the assumptions by various theorists that the source of narcissistic disorders may be parenting interactions dominated by strict or overly submissive parental behavior (Lan and Ma, 2024, p. 650). Analyzing parental interactions with individuals with narcissistic behavioral style with respect to gender, we found that mothers were often too demanding ($r = .234$) and inconsistent ($r = .237$) towards sons (in their retrospective assessment). On the other hand they tended to restrictively limit their daughters' autonomy ($r = -.248$), show lack of acceptance ($r = -.201$), and exhibit inconsistent behaviors towards them ($r = .237$). Considering fathers' attitudes toward sons and daughters, regardless of the child's gender, fathers often displayed inconsistency ($r = .276$ for young adult males and $r = .253$ for females). Additionally, daughters had a sense of not being accepted by their fathers ($r = -.0219$).

Considering the interactions of respondents with narcissistic behaviour style regardless of gender, the study showed that mothers in particular were assessed as excessively demanding ($r = 0.211$) and inconsistent ($r = 0.252$), and their behaviour was often associated with the lack of acceptance for the child ($r = -0.169$) and restricting the child's of autonomy ($r = -0.177$). When it comes to children, negative self-talk may trigger compensatory behaviors by seeking admiration from others. At the same time, a mother who is distanced from the child may conceal her negative attitudes by emphasizing the child's strengths, which in turn provokes self-centeredness. Often, too, parents' excessive demands may be related to a failure to satisfy their own ambitions, hence the child is delegated to various tasks and undertakes these compensatory actions to earn love. This in turn triggers the drive to succeed in order to be admired.

Similarly, fathers were mainly characterized by inconsistent behaviors ($r = 0.275$), which might be related, among other things, to substance abuse, as indicated by the participants' responses. Individuals with narcissistic behavioral style were statistically significantly more likely to report the problem of addiction of one of their family members ($p = 0.03$), compared to those in the control groups. Numerous studies confirm that alcohol or drug addiction by a parent leads to significant disruptions in interactions with children, and particularly inconsistent behavior, which triggers a sense of inferiority and loss, and at the same time the child's need for self-esteem (Cierpialkowska and Grzegorzewska, 2016, pp. 52–57). Sadly, our research shows that more than 28% of people with narcissistic behavioral style admitted to the presence of violence in the family (statistically significant differences between groups: $p = 0.002$), and 41% declared that they felt a strong fear of physical punishment (statistically significant differences between groups: $p = 0.001$). According to Heinz Kohut's theory it is primarily lack of love, trust and closeness with the child, as well as hostility, lead to the formation of an unstable self-image and lack of internalization of the primary idealizations of the parents, which in turn hinders the process of the development of compensatory structures, and leads to abnormal personality development (Gościński and Mocek, 2008, p. 20).

5. Conclusion

The group of NSB people doesn't seem heterogeneous. Surprisingly, our findings suggest that upbringing in stable, nuclear families may foster the appearance of NSB. Such parents face the challenge to reduce overprotection, focusing on their children which could be reached by enabling other people (e.g. teachers)

taking care and responsibility of the children and adolescents more frequently. This would balance family members and other people influences towards children and adolescents and as a consequence, improve self-esteem as based on social experience to a greater degree. Added to the previous studies on NSB or even narcissistic personality disorders, the present research emphasizes the role of inconsistent behaviors showed towards NSB individuals by both parents and intensive fear referring to social evaluation. It could be the consequence of dysfunctional parental personality patterns, like emotional instability, labile self-image, impulsiveness, the dependance on gratification from other people, tendency to use their children as the tool to stabilize their self-confidence and bragging about their offspring in a social environment. As a result, children and adolescents develop personality features lacking the inner feeling of being accepted as a person. They try to achieve conditional approval and wait anxiously for positive social evaluation. They feel that parental appraisal and approval depend on them and they can attempt to gain the acceptance of the parents and then the appreciation from other people. According to Benjamin (1996, p. 146), children feel conditional love and acceptance from their parents. But if they fail, make mistakes, parents can withdraw their love and admiration. They can expect gratification from a social circle but doubt its stability. So they desperately attempt to score the approval from other people.

On the other hand, people who display NSB come from families with serious conflicts, suffered from neglect, violence, criticism, anxiety symptoms, didn't trust other people as may have been exposed to maltreatment and had adverse childhood experiences in childhood. The programs of monitoring and helping such families as well as introducing family therapies could be addressed to change family relations, parental attitudes and as the result of this – the experience of children.

In conclusion, our research confirmed the relationship between family interactions and the narcissistic behavior. However, parental interactions should be considered as the effect of the circularity of certain abnormalities in the family, i.e., certain parental interventions are not only the result of their character, but also of the situation or the child's behavior, which may be also under the influence of biological factors. These results seem significant from the perspective of psychotherapeutic work.

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