

Growing Up with a Narcissistic Mother: Mediating Role of Self-Criticism in the Relationship of Maternal Narcissistic Traits with Depression and Anxiety

Narsisistik Bir Anne ile Büyüme: Anneden Algılanan Narsisistik Özelliklerin Depresyon ve Kaygı ile İlişkisinde Kendini Eleştirinin Aracı Rolü

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ABSTRACT

Objective: This study aims to examine the mediating role of self-criticism in the relationship between narcissistic traits perceived from the mother in childhood and symptoms of depression and anxiety disorders in adulthood.

Method: A total of 512 adults aged between 18 and 45 years (mean age= 31.47, SD= 10.37) were included in the study. Participants completed the Socio-demographic Information Form, Scale of Narcissistic Traits Perceived from Mother, Forms of Self-Criticism and Self-Relief Scale, and Brief Symptom Inventory.

Results: In the model tested using Structural Equation Modeling, perceived maternal narcissism during childhood predicted self-criticism, depression and anxiety disorder symptoms. In addition, self-criticism predicted both depression and anxiety disorder symptoms. Indirect effects were examined with the bootstrap method and self-criticism was found to have a mediating role.

Conclusion: The results suggest that self-criticism mediates the relationship between narcissistic traits perceived from the mother in childhood and symptoms of depression and anxiety disorders. These findings suggest that a mother's narcissistic traits may have a negative impact on mother-child interaction and influence the child's development of a self-critical style. Moreover, high maternal narcissistic traits may increase the risk of depression and anxiety disorder symptoms by contributing to a self-critical thinking style.

Keywords: Maternal narcissism, depression symptoms, anxiety disorder symptoms, self-criticism

ÖZ

Amaç: Bu çalışmada, çocuklukta anneden algılanan narsisistik özellikler ile yetişkinlikteki depresyon ve kaygı bozukluğu belirtileri arasındaki ilişkide kendi eleştirinin aracı rolünün incelenmesi amaçlanmaktadır.

Yöntem: Araştırmaya toplum örnekleminde oluşan ve yaşları 18 ile 45 (Yaş ortalaması= 31.47, SS= 10.37) arasında olan toplam 512 yetişkin dahil edilmiştir. Katılımcılar, Sosyo-demografik Bilgi Formu, Anneden Algılanan Narsisistik Özellikler Ölçeği, Kendini Eleştirinin Formları ve Kendini Rahatlatma Ölçeği ve Kısa Semptom Envanterini doldürmüşlardır.

Bulgular: Yapısal Eşitlik Modellemesi kullanılarak test edilen modelde, çocukluk döneminde algılanan anne narsisizminin kendini eleştiriyi, depresyon ve kaygı bozukluğu belirtilerini yordadığı görülmektedir. Ek olarak, kendini eleştiri de hem depresyon hem de kaygı bozukluğu belirtilerini yordamıştır. Dolaylı etkiler bootstrap yöntemi ile incelenmiş ve kendini eleştirinin aracılık rolünün olduğu görülmüştür.

Sonuç: Bulgular çocuklukta anneden algılanan narsisistik özellikler ile depresyon ve kaygı bozukluğu belirtileri arasındaki ilişkide kendini eleştirinin aracı rolü olduğu göstermektedir. Bu bulgular, bir annenin narsisistik özelliklerinin anne-çocuk etkileşimi üzerinde olumsuz bir etkiye sahip olabileceğini ve çocuğun kendisine karşı eleştirel bir tarz gelişimini etkileyebileceğini göstermektedir. Ayrıca, annenin yüksek narsisistik özellikleri, özeleştirel düşünme tarzına katkıda bulunarak depresyon ve kaygı bozukluğu belirtilerinin riskini artırabilir.

Anahtar sözcükler: Anne narsisizmi, depresyon belirtileri, kaygı bozukluğu belirtileri, kendini eleştiri

Introduction

Narcissism is defined as a personality dimension that includes characteristics including exhibitionism, exploitation, inflated self-esteem, entitlement, and fantasies of success or recognition (APA 2013). Empirical studies show that high levels of narcissistic traits are associated with many negative behavior patterns, such as aggression (Ogrodniczuk and Kealy 2013), manipulation and exploitation (Campbell et al. 2002), lack of empathy (Shaw 2010), exhibitionism (Collins 2006) and grandiosity (Summers and Summers 2006). These negative characteristics caused by narcissism also cause significant interpersonal problems (Ogrodniczuk et al. 2009). For instance, studies indicated that pathological narcissism has detrimental effects on interpersonal relationships such as hostility (Bushman and Baumeister, 1998), an oppressive style (Dickinson and Pincus 2003, Besser and Priel 2010), coldness and emotionally detached attachment behaviors (Smolewska and Dion 2005), and vindictiveness (Miller et al. 2011). These negative experiences in close relationships negatively affect other individuals (Foster and Campbell 2005). Romantic partners and family members who are in a relationship with narcissistic individuals reported that living with these individuals brings significant levels of grief and distress (Bailey and Grenyer 2014, Day et al. 2019).

The mother-child relationship as a form of close relationship is also affected by the narcissistic traits of caregiver. Research based on clinical observations has focused on the effects of mothers with high narcissistic traits on their children. For instance, Wetzell and Robins (2016) stated that pathological narcissistic traits such as exhibitionism, exploitative behaviors, entitlement, fantasies of success or recognition, and lack of empathy negatively affect the parent-child relationship. Golomb (1992), contends that mothers exhibiting high narcissistic traits consistently undermine their children's independence and self-assurance. According to Golomb, narcissistic mothers are characterized as demanding, arrogant, chronically cold, and excessively overprotective, often instrumentalizing their children to fulfill their narcissistic desires. Rappoport (2005), posited that parents with elevated levels of pathological narcissistic traits tend to be controlling, prone to blame, selfish, and often fail to recognize their children's needs. Growing up with a narcissistic mother may have long-term detrimental effects on children. Horne (1998) and Leggio (2018) documented that children raised by mothers with high levels of narcissistic traits tended to develop various mental health problems, notably depression and anxiety disorders, in adulthood. In another study, Dentale et al. (2015) explored the correlation between parental narcissistic traits and their children's psychological vulnerability. In their study, Dentale and colleagues enrolled adult children and their biological parents. The parents completed scales to assess their narcissistic traits, while the adult offspring completed scales evaluating anxiety and depression symptoms. The findings of this study indicated a positive correlation between parental narcissism and the occurrence of anxiety and depression in adulthood (Dentale et al. 2015). In sum, findings from these studies bolster the hypothesis that children raised by parents exhibiting high levels of narcissistic traits often encounter mental health issues in adulthood. According to empirical evidence, the grandiose narcissistic traits of mothers may serve as a contributing factor to the emergence of psychological vulnerability in their children.

Self-criticism is delineated as a response characterized by self-judgment and negative appraisal following personal failures (Gilbert et al. 2004). Alternatively, Shahar et al (2015) defined self-criticism as a persistent and intense pattern breeds hostility and self-humiliation when lofty standards remain unmet. Theoretical frameworks elucidating the developmental roots of self-criticism often pinpoint adverse encounters in parent-child dynamics, such as exposure to excessive criticism, insults, or childhood abuse and neglect. For instance, Blatt (2004) posited that childhood experiences marked by excessive criticism, repeated insults, or various forms of abuse contribute to the development of a self-critical perspective over time.

Empirical research (e.g., Gilbert et al. 2004) supports the idea that adverse early-life experiences such as neglect, abuse, and unrealistic parental expectations are risk factors for the development of a self-critical thinking style. In a longitudinal study, Koestner et al. (1991) inferred that cultivating a self-critical disposition correlates with parents' restrictive and dismissive attitudes. Elevated levels of negative self-criticism have been observed to coincide with various mental health issues. Previous studies indicated that high levels of self-criticism is linked to depressive symptoms (Ehret et al. 2015), social anxiety disorder (Shahar et al. 2015), posttraumatic stress disorder (Harman and Lee 2010), and borderline personality disorder (Levy et al. 2007).

As previously highlighted, the pathological narcissistic traits exhibited by parents, akin to adverse childhood experiences, influence the emergence of symptoms associated with depression and anxiety disorders in adulthood (Dentale et al. 2015, Leggio 2018). However, the precise variables and their respective roles in this relationship remain unclear. One potential variable worth considering is self-criticism. As illustrated earlier, adverse childhood experiences contribute to the development of a self-critical thinking style (Blatt and Zuroff 1992, Gilbert et al. 2004). Therefore, building upon the existing literature concerning early adverse childhood

experiences and self-criticism, we proposed maternal pathological narcissistic traits as an independent variable. An important aspect to consider in this hypothesis is the interplay between depression and self-criticism. Numerous studies in the literature have investigated the association between depression and self-criticism (Luyten et al. 2007, Leadbeater et al. 2014,). However, there remains controversy regarding which variable precedes the other. The literature offers various theoretical frameworks explaining the sequencing of these variables. For instance, Blatt (1974) delineated self-criticism as a personality dimension that emerges as a consequence of a critical and punitive environment during childhood. Similarly, Beck (1983) stated that self-criticism contributes to the development of depression, with heightened self-criticism correlating with more severe depressive symptoms. Furthermore, longitudinal studies conducted in alignment with these assertions indicate that self-criticism emerges in childhood and individuals with elevated levels of self-criticism tend to exhibit depressive symptoms later in life (Dunkley et al. 2009, Sturman et al. 2015). In summary, considering the theoretical frameworks and longitudinal inquiries, it is proposed that an individual's level of self-criticism mediates the relationship between maternal narcissistic traits and symptoms of depression and anxiety disorders. The present study aims to examine the mediator role of self-criticism in the association between high levels of maternal narcissistic traits and symptoms of depression and anxiety disorders (see Figure 1).

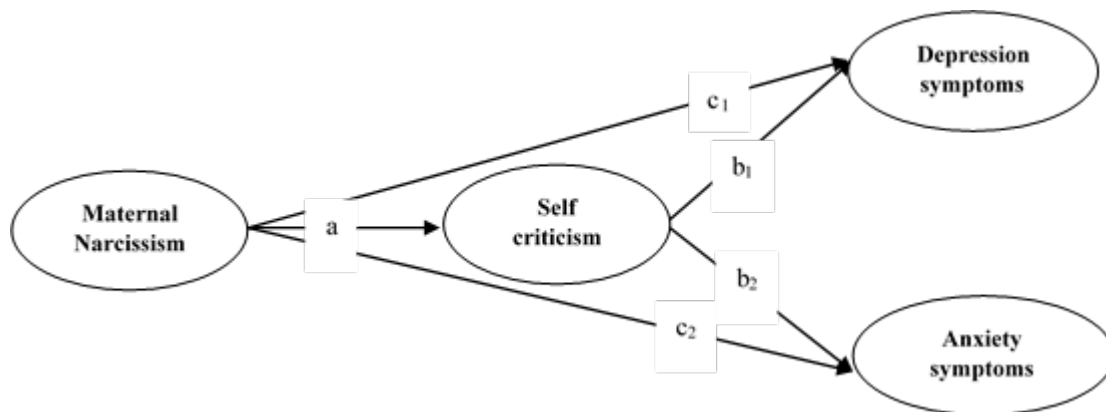


Figure 1. Structural equation model examining the mediator role of self-criticism in the relationship between narcissistic traits perceived by the mother and depression and anxiety symptoms

Methods

Sample

A total of 512 participants, 310 women (59%) and 202 men (41%), participated in the study. The age range of the participants was between 18 and 45. The average age of the participants was 31.47 years (SD = 10.37). Of the participants, 184 (35.9%) were married, 301 (58.78%) were single, and 27 (5.27%) were divorced. In addition, 81 (15.82%) of the participants were primary school graduates, 137 (26.75%) were high school graduates, and 265 (51.75%) were associate degree and bachelor's degree graduates. Among the participants, 29 (5.66%) had a master's degree or higher. The inclusion criteria were a- not currently under the influence of alcohol or drugs, b- being over 18 years of age, and c- not having a psychotic mental health condition such as schizophrenia or bipolar disorder

Procedure

Adult individuals residing in Mersin, Adana, and Diyarbakır took part in the study between May and August 2019. A community sample was gathered using the snowball method by 16 students enrolled (Grade 4) of the Department of Psychology at Mersin University. These students distributed the forms within the cities where they resided, and data were collected face-to-face through written forms. It typically took participants 15-20 minutes to complete the forms. A total of 820 forms were distributed, and 512 forms were returned to the researchers. Upon examination of the received forms, it was found that none of the participants met the exclusion criteria. Participants did not receive any incentives for their involvement. Prior to the data collection process, ethical approval was obtained from the Mersin University Social Sciences Ethics Committee (decision dated 04/02/2019, numbered 018), and all participants were provided with an informed consent form.

Measures

Sociodemographic Information Form

The Sociodemographic Information Form is a form prepared by the researchers to obtain information about the participants' age, gender, marital status, alcohol and substance use, and any mental health problems.

Brief Symptom Inventory (BSI)

The BSI, a short version of the Symptom Checklist-90, is a self-report tool developed to assess symptoms of mental health problems (Derogatis 1992). Consisting of 53 items and nine dimensions, the subscales of the BSI are anxiety, depression, somatization, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideation, phobic anxiety and psychoticism. The scale was adapted into Turkish by Şahin and Durak (1994) and the authors reported that the validity and reliability of the Turkish form of the scale was at an acceptable level. In the present study, the depression and anxiety dimensions of the BSI were used to assess symptoms of depression (Sample item: "Feeling lonely") and anxiety (Sample item: "Fear of traveling by bus, train, subway"). In this study, Cronbach's alpha internal consistency coefficients for depression and anxiety dimensions were 0.90 and 0.88, respectively.

Forms of Self-Criticising and Self-Reassuring Scale (FSCRS)

The FSCRS, developed by Gilbert et al. (2004), is developed to evaluate individuals' typical thoughts and reactions when encountering challenges or difficult situations. This scale comprises 22 items and three dimensions: self-reassurance (SR; Sample item: "I am kind and supportive to myself"), inadequate self (IS; Sample item: "I attribute failures and setbacks to my own inadequacy"), and hated self (HS; Sample item: "I have difficulty controlling my anger and frustration with myself"). Participants rate items on a five-point Likert scale, ranging from 0 (not applicable to me at all) to 4 (completely applicable to me). The positive items on the scale indicate self-reassuring skills, while the negative items reflect critical thoughts and emotions. The scale was translated into Turkish by Bellur et al. (2021). In this study, we used two forms of self-criticism, namely the HS and IS dimensions and Cronbach's alpha internal consistency coefficients were calculated as 0.87 and 0.77 for IS and HS respectively.

Perceived Maternal Narcissism Scale (PMNS)

The PMNS was developed by Alpay and Aydın (2023) to assess the negative effects of the mother's pathological narcissistic traits on the child during childhood. The scale consists of 23 items (Sample item: "My mother liked to be the focal point of conversations") distributed into five dimensions: criticism-blame, lack of empathy, grandiosity, parenting-exploitation, and control-manipulation, reflecting various aspects of the mother's narcissistic traits. Participants rate each item on a four-point Likert scale ranging from 1 (Never) to 4 (Always). In this study, Cronbach's alpha internal consistency coefficients were 0.85, 0.87, 0.85, 0.85, 0.78, and 0.76 for the subscales of criticism-blame, lack of empathy, grandiosity, parenting-exploitation, and control-manipulation, respectively.

Statistical Analysis

First, we examined missing values in the data. There were no more than 25% missing values; therefore, all participants were included for analysis. Then, multiple outliers among the variables were examined with Mahalanobis distance, and there was no data that could be defined as an outlier. In the study, the normal distribution of the data was tested through skewness and kurtosis coefficients. Skewness and kurtosis coefficients of all variables were found to be between +2 and -2, which accepted for normal distribution (George and Mallery 2010). After this stage, the means and standard deviations of the scores obtained from the scales were calculated. The relationship between the variables was examined by calculating Pearson correlation coefficients.

The study investigated the mediator roles of forms of self-criticism in the association between narcissistic traits perceived from the mother and depression and anxiety symptoms, utilizing structural equation modeling. In order to assess the hypothesized model, we used the two-step protocol suggested by Anderson and Gerbing (1988) was adopted. Initially, confirmatory factor analysis was employed to evaluate a measurement model, ensuring that observed variables accurately represent latent variables. Subsequently, in the second step, structural equation modeling was utilized to examine the empirical support for the hypothesis. Within this model, narcissistic traits perceived from the mother served as the independent variable, symptoms of depression

and anxiety disorders as the dependent variables, and forms of self-criticism as the mediator variables.

The adequacy of the model fit was assessed using several parameters, including the ratio of Chi-square to degrees of freedom, Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Tucker Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA). In structural equation modeling, a Chi-square to degrees of freedom ratio of less than 3 is typically considered indicative of a good fit (Tabachnick and Fidell 2007). CFI, GFI, and TLI values equal to or greater than 0.95 suggest a good fit, while values above 0.90 indicate an acceptable level of fit (Joreskog and Sörbom, 1993; Byrne 1994). RMSEA values of ≤ 0.05 are indicative of a good fit, while values falling between 0.05 and 0.08 suggest an acceptable fit (MacCallum and Tucker 1991).

In addition, 'age' was included in the model as a control variable. In order to evaluate the indirect effects in the mediation analysis, the bootstrap method proposed by Preacher and Hayes (2008) was used and the confidence intervals of the indirect effects were calculated. In the present study, 5000 replicate samples were used and 95% confidence intervals for indirect effects were examined. When the confidence intervals do not include zero, it is concluded that the indirect effect is significant. Some studies (Hu and Bentler 1999, Tofighi and MacKinnon 2015) have reported that the sample size should be at least 500, especially in models to test mediation with bootstrap. For this reason, in the current study, attention was paid to ensure that the number of participants was more than 500. While the SPSS 22.0 package program was used for the analyses in the study, the testing of structural equation modeling was carried out with the SEM function in the "Lavaan" version 0.5-22 (Rosseel, 2012) library in the R 3.3.1 program.

Results

Table 1 shows the means and standard deviations of the variables and the results of Pearson correlation analysis in which the relationship between them is examined. According to the results of the analysis, all variables are positively and statistically significantly related to each other.

	Mean	SD	1	2	3	4	5	6	7	8
1. Control	13.30	4.08	-							
2. Empathy	18.13	4.97	.382**	-						
3. Grandiosity	9.43	3.66	.460**	.614**	-					
4. Criticism	9.66	3.83	.520**	.723**	.779**	-				
5. Parentification	8.61	3.03	.348**	.409**	.652**	.541**	-			
6. IS	17.58	7.70	.221**	.250**	.198**	.314**	.214**	-		
7. HS	3.73	2.12	.237**	.317**	.351**	.399**	.361**	.522**	.-	
8. Depression	15.56	10.81	.297**	.270**	.221**	.280**	.254**	.560**	.583**	-
9. Anxiety	12.66	9.86	.215**	.239**	.280**	.271**	.539**	.660**	.776**	.657**

* $p < 0.05$, ** $p < 0.01$. Control: Control-manipulation dimension, Empathy: Lack of empathy dimension, Criticism: Criticism-blame dimension, Grandiosity: Grandiosity dimension, Parentification: Parentification-exploitation dimension, NEB: Hated-self dimension, NEB: Inadequate-self dimension.

Step 1. Measurement Model

First, we created latent variables with observed variables. The items of the depression and anxiety scales were randomly divided into three observed variables. Then, the measurement model formed by the observed variables was tested. When the fit indices of the model were examined, these indices showed that the model was at an acceptable level [$\chi^2(31, N = 512) = 62.569$, $\chi^2/SD = 62.569/31 = 2.01$, RMSEA = 0.055 (90% confidence interval (CI): 0.01 and 0.08), GFI = 0.94, CFI = 0.96 and AGFI = 0.93]. According to the results, all factor loadings ranged between 0.35 and 0.60, meaning that all latent variables were well sampled by the observed variables.

Step 2. Structural Equation Modeling

In the second stage, the mediator roles of forms of self-criticism in the relationship between perceived maternal

narcissistic traits and depression and anxiety disorder symptoms was tested through structural equation modeling. The mediation model included direct and indirect pathways from perceived maternal narcissism through self-criticism and provided a good fit to the data [$\chi^2(31, N = 332) = 62.569, \chi^2/SD = 51.421/30 = 1.71; RMSEA = 0.069, GFI = 0.92, CFI = 0.95, AGFI = 0.96$] (See Figure 2).

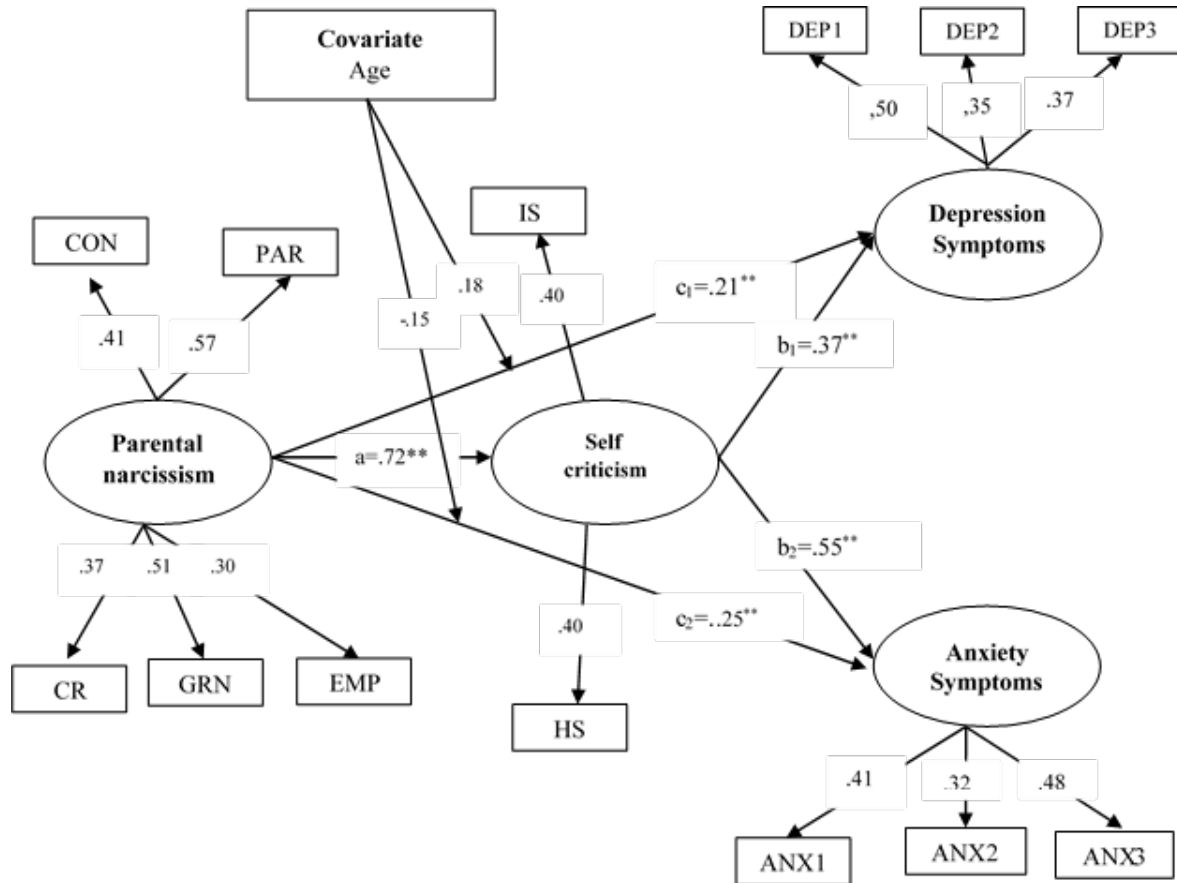


Figure 2. Structural equation model examining the mediator role of self-criticism in the relationship between narcissistic traits perceived from the mother and depression and anxiety symptoms.

CON: Control-manipulation dimension, EMP: Lack of empathy dimension, CR: Criticism-blame dimension, GRN: Grandiosity dimension, PAR: Parentification-exploitation dimension, HS: Hated self dimension, IS: Inadequate self dimension. ANX1, ANX2, and ANX3= Anxiety symptoms, Dep1, Dep2 and Dep3= Depression symptoms.

Findings of the analysis showed that narcissistic traits perceived from the mother predicts the latent variable of self-criticism ($\beta = 0.72, p < 0.01$). Moreover, self-criticism significantly predicted depression symptoms ($\beta = 0.55, p < 0.001$) and anxiety disorder symptoms ($\beta = 0.37, p < 0.001$). In addition, the results showed that the direct effect between perceived maternal narcissism and depression symptoms ($\beta = 0.25, p < 0.01$) and the direct effect from perceived maternal narcissistic traits to anxiety disorder symptoms are significant ($\beta = 0.21, p < 0.05$). Participants' age was included in the model as a control variable in the relationship between narcissistic traits perceived from mother and depressive symptoms ($\beta = 0.19, p > 0.05$) and anxiety symptoms ($\beta = -0.15, p > 0.05$) and it was observed that there was no significant effect on either path.

The mediator role of self-criticism in the relationship between perceived maternal narcissism and depression and anxiety disorder symptoms was tested using Bootstrap standard error estimation. The indirect effect of perceived maternal narcissism on depression through self-criticism [Point estimate = 0.13 (95% CI: 0.016 to 0.124)] was significant. This result suggested that self-criticism mediates the relationship between perceived maternal narcissism and depression symptoms. Moreover, the indirect effect of perceived maternal narcissistic traits on anxiety disorder symptoms through self-criticism [Point estimate = 0.18 (95% CI: 0.22 to 0.85)] was significant. This result suggests that self-criticism mediates the relationship between maternal narcissism and anxiety disorder symptoms.

Discussion

In this study, the mediator role of self-criticism, which is a risk factor in the development of depression and anxiety symptoms, in the relationship between narcissistic traits perceived from mother and depression and anxiety disorder symptoms was tested using structural equation modeling method. As a result of the study, self-criticism mediated the relationship between narcissistic traits perceived from mother and depression-anxiety symptoms.

First, the findings showed that narcissistic traits perceived from the mother predict self-criticism. In other words, it can be said that children who grow up with a narcissistic mother develop a self-critical style. To the best of our knowledge, there is no empirical study that has previously tested this model, but some clinical observational studies are consistent with previous studies (Masterson 1998, Rappoport 2005) suggesting that children who grow up with parents with pathologically narcissistic traits tend to be highly critical of themselves. Furthermore, the existing literature consistently indicates that adverse childhood experiences foster the internalization of a self-critical thinking style, often resulting in self-blame (Gibb 2002, Sachs-Ericsson et al. 2006) and the formation of negative self-schemas (Glassman et al. 2007, Lassri and Shahar 2012). The empirical findings of this study also demonstrate that children raised by mothers exhibiting high levels of narcissistic traits tend to adopt a self-critical thinking style towards themselves.

Another perspective on elucidating the relationship between the narcissistic traits of mothers and self-criticism involves examining defense mechanisms. Leggio (2018) posited that narcissistic individuals project negative emotions onto others as a means of safeguarding their grandiose self-image. Consequently, children raised by narcissistic mothers are often exposed to these projections. Additionally, empirical studies have indicated that narcissistic individuals' inclination to unfairly blame others to protect themselves extends to familial dynamics (Tracy and Robins 2004, Hepper et al. 2010, O'Reilly and Hall 2021,). This process progresses to the next stage, known as projective identification. According to Klein (1999), projective identification initiates when a mother projects her own thoughts, feelings, or beliefs onto the child. Subsequently, the child begins to enact behaviors in line with these projected thoughts, feelings, or beliefs. Malancharuvil (2004) elaborated that the individual begins to internalize the projected behaviors, feelings, and thoughts through internal projection, perceiving them as integral aspects of themselves. When a mother with high narcissistic traits reflects negative emotions like shame and guilt onto her child, the child is likely to internalize these negative emotions through the mechanism of projective identification. These internalized negative emotions, such as shame and guilt, lay the groundwork for the development of self-criticism (Gilbert and Procter 2006).

Another significant finding from the study is that self-criticism serves as a predictor of symptoms related to depression and anxiety disorders. This result aligns with previous findings in the literature (Gilbert et al. 2008, Werner et al. 2019). This observation is corroborated by a proposition put forth by Blatt (2008), who characterizes a self-critical perspective as a mechanism eliciting intense negative emotional responses to personal failures, thus underpinning mental health challenges. In essence, this finding implies that self-criticism could play a role in the development of depression and anxiety symptoms.

Another finding in this study was that narcissistic traits perceived from the mother predicted depression and anxiety disorder symptoms. Similar to this result, Leggio (2018) reported a positive relationship between narcissistic traits perceived from the mother and the experience of depression in adulthood. Dentale et al. (2015) found that both maternal and paternal grandiose narcissism were positively associated with adult symptoms of anxiety disorder and depression. The results of the current study support the findings of previous studies and show that there is a relationship between perceived parental narcissism and the symptoms of anxiety disorder and depression experienced by the participants in adulthood. According to this result, it may be important to evaluate and take into account the narcissistic characteristics of one's mother when working with depressive and anxiety symptoms.

Another finding of this study is the mediator role of self-criticism in the relationship between perceived maternal narcissism and anxiety symptoms. Previous studies have shown that self-criticism has a mediator role in the relationship between negative experiences such as neglect and abuse in early life and anxiety disorder symptoms in adulthood (Rehan et al. 2017). Sachs-Ericsson et al. (2006) reported that self-criticism played a mediator role in the relationship between parental verbal abuse and anxiety. Similar to the mechanism in depression, it can be said that narcissistic characteristics in the mother develop a self-critical style in the child and this critical style increases the symptoms of anxiety disorder. Moreover, age, as a covariate, has no significant effect on this model.

Although the findings of this study provide additional information in terms of understanding the mediator role of self-criticism in the relationship between narcissistic traits perceived from the mother during childhood and

depression and anxiety symptoms, it has some limitations. First, retrospective data collection using a self-report-based scale to assess maternal narcissistic traits is considered to be a limitation. Future studies should elaborate the current findings using alternative research methods and include different procedures such as projective techniques. The second limitation of the study is that inferences about causality cannot be made due to the correlational design. Nevertheless, our findings reveal an essential contribution to the field. Longitudinal studies that will evaluate the effects of narcissistic traits of the mother on the mother-child relationship are thought to bring more enlightening results. The third limitation of the study is the characteristics of the sample. In this study, participants were selected from the community sample. It is thought that the nature of the relationship between these variables will be better understood if the sample is selected from a clinical group in future studies. The fourth limitation of the study is that diagnostic psychological interviews were not conducted with the participants, and the personality characteristics of the participants (themselves) were not evaluated within the scope of the study. Future studies should be supported by clinical interviews with the participants. In addition, this study focused only on the narcissistic traits of the mother. It is thought that addressing the narcissistic traits of the father in future studies will make a significant contribution to the evaluation of the effects of parental narcissism on the child.

Conclusion

In addition to theoretical and clinical observations, this study stands out as one of the initial inquiries to offer empirical evidence that perceptions of narcissistic traits from the mother contribute to the formation of a self-critical mindset, subsequently influencing the development of symptoms related to depression and anxiety disorders. The study's findings are believed to offer insights into the psychological dynamics experienced by adult children of mothers with high narcissistic traits. Consequently, it sheds light on the assessment and intervention strategies aimed at this population.

These findings carry significance in shaping interventions aimed at children raised by mothers with high narcissistic traits. The study's outcomes offer several implications. Firstly, personality traits play a crucial role in a child's development. Therefore, there is a need to enhance parental awareness regarding how their personality traits influence their children through parental studies. Additionally, self-criticism should be recognized as a significant risk factor in interventions for children raised by narcissistic mothers. In this regard, implementing compassion-oriented therapy, as advocated by Gilbert (2014), may be recommended for addressing high levels of self-criticism.

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