https://doi.org/10.57127/kpd.26024438.1274962

# Development of the Perceived Maternal Narcissism Scale

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**Keywords**
maternal narcissism, scale development, reliability, validity

**Abstract**
A mother's pathological narcissistic traits can lead to several adverse childhood experiences. However, there is no measurement tool to assess these detrimental effects of maternal narcissism on the child's perception. The current study aims to develop and examine the psychometric properties of the Perceived Maternal Narcissism Scale (PMNS). In this article, we conducted three studies with 720 participants. In studies 1 and 2, we developed PMNS and evaluated its reliability and validity. Both exploratory factor analysis and confirmatory factor analysis results provided evidence for 23 items and a five-factor solution (lack of empathy, grandiosity, criticism, control-manipulation, and parentification-exploitation) to assess maternal narcissism from the child's perception. Moreover, PMNS scores were significantly associated with parental attitudes and parentification measures. The PMNS demonstrated good reliability in terms of internal consistency and test-retest reliability. Finally, study 3 obtained the PMNS scores from children associated with obtained Narcissistic Personality Inventory-16 and the Pathological Narcissism Inventory scores from their mothers. The results of three studies have shown that the PMNS is a valid and reliable measurement tool to assess mothers' narcissistic traits from the children' perception.

**Anahtar kelimeler**
anne narsisizmi, ölçek geliştirme, güvenirlik, geçerlik

**Öz**
**Anneden Algılanan Narsisizm Ölçeğinin geliştirilmesi**
Annenin patolojik narsisistik özellikleri çocukta olumsuz birçok deneyime yol açabilir. Ancak, anne narsisizminin çocuğun algısı üzerindeki bu zararlı etkilerini değerlendirecek bir ölçüm aracı bulunmamaktadır. Bu çalışma, Anneden Algılanan Narsisizm Ölçeğinin (AANÖ) geliştirilmesini ve psikometrik özelliklerinin incelenmesini amaçlamaktadır. Araştırma, 720 katılımcı ile üç çalışma halinde yapılmıştır. Çalışma 1 ve 2'de Anneden Algılanan Narsisizm Ölçeği geliştirilmiş ve geçerliği ve güvenirliği değerlendirilmiştir. Hem açımlayıcı faktör analizi hem de doğrulayıcı faktör analizi sonuçları, 23 madde ve beş faktörlü bir yapının (empati eksikliği, büyüklenmecilik, eleştiri, kontrol-manipülasyon ve ebeveynleştirme-sömürü) annenin narsisizmini çocuğun algısından değerlendirmek için geçerli olduğunu göstermiştir. Ayrıca, AANÖ puanları, ebeveyn tutumları ve ebeveynleştirme değişkenleri ile önemli ölçüde ilişkilidir. AANÖ, iç tutarlılık ve test-tekrar test güvenirliği açısından iyi bir güvenirlik göstermiştir. Son olarak, çalışma 3'te, çocuklardan elde edilen AANÖ puanları ile annelerin doldurdukları Patolojik Narsisizm Envanteri ve Narsisistik Kişilik Envanteri-16 skorları arasındaki ilişki incelenmiştir. Bulgular bu değişkenler arasında ilişki olduğunu göstermiştir. Üç çalışmanın sonuçları, AANÖ'nün annelerin narsisistik özelliklerini çocukların algılarından değerlendirmek için geçerli ve güvenilir bir ölçüm aracı olduğunu göstermiştir.

**To cite:** Alpay, E. H., & Aydın, A. (2023). Development of the Perceived Maternal Narcissism Scale. *Journal of Clinical Psychology Research, 7*(3), 313-324.

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***Received*** *25.03.2022* ***Revised*** *24.07.2022* ***Accepted*** *06.08.2022*

Personality traits are one of the core determinants of an individual's behavior (Caspi & Shiner, 2006; Roberts et al., 2007). Personality traits play a crucial role in shaping social relationships, such as work-life, peer, and romantic relationships (Donnellan et al., 2005; Ozer & Benet Martínez, 2006) and parent-child interaction (Prinzie et al., 2009). Empirical research has demonstrated the impact of personality traits on parenting, a central task undertaken by most adults. In the process model of the determinants of parenting, Belsky (1984) proposed that the caregiver's personality traits are the core aspect of parenting. Moreover, in this model, Belsky (1984) stated that parents' emotional state, thoughts, and behaviors, which play a vital role in the parent-child interaction, were affected by their personality traits. Considering the importance of the parents' personality in parent-child interaction, the pathological personality traits of the parents negatively affect the child-rearing behavior and, as a consequence, the child's mental health (Affrunti & Woodruff-Borden, 2015; Dutton et al., 2011; Wilson & Durbin, 2012). Parallelly, Laulik et al. (2013) reported that the pathological personality traits of the parents were associated with parenting behaviors such as inconsistent parental discipline, low emotional closeness, and harsh parental behaviors. Another study (Jonason et al., 2012) found that parents' personality was associated with parental ownership, inconsistent parental discipline, low parental communication, and low parental encouragement. These relationships also remained significant when the parent and child's gender were statistically controlled.

As a personality trait, narcissism is related to interpersonal dysfunctions (Ogrodniczuk et al., 2009; Pincus et al., 2009) and negatively affects other individuals (Campbell et al., 2005). Some studies focused on the detrimental effects of pathological narcissism in close relationships. For instance, Foster et al. (2006) reported that pathological narcissism is associated with low emotional intimacy. Similarly, Keller et al. (2014) indicated that narcissistic traits are related to low-level caring and warmth in close relationships.

Considering the importance of the mother's personality characteristics in the mother-child relationship, the mother's narcissistic characteristics also affect this interaction. Growing up with a narcissistic mother can lead to many forms of adverse childhood experiences (Crocker, 2009; Monk, 2001). As in other close relationships, mothers' pathological level of narcissistic characteristics related to lack of empathy (Mcbride, 2008), grandiosity (Donaldson-Pressman & Pressman, 1997; Golomb, 1992), expectation of meeting the emotional needs by the child (Gardner, 2004; Miller, 1987), blaming and criticizing (Brown, 2006; Mcbride, 2008), and manipulative behaviors (Donaldson-Pressman & Pressman, 1994; Miller, 1987).

The effects of a mother's pathological level of narcissistic traits have been described in some studies based on clinical observations. For example, Rappoport (2005) stated that in the narcissistic mother-and-child interaction, the mother expects her narcissistic needs to be met by the child. When the mother's narcissistic needs are not met, the child is punished by physical abuse, emotional withdrawal, or criticism. Consequently, these children feel obliged to meet their mothers' expectations. Similarly, Golomb (1992) suggested that the narcissistic mother systematically prevents the child's development of independence and self-esteem. According to Golomb (1992), the narcissistic mother tends to be demanding, grandiose, chronically cold, and overprotective, and uses the child as her narcissistic extension. Moreover, according to Määttä and Uusiautti (2020), narcissistic individuals, as parents, have a dysfunctional parenting style characterized by excessive control and lack of empathy. Mahoney et al. (2016) stated that narcissistic mothers cannot fulfill parental roles such as caring and meeting the child's emotional needs. Therefore, growing up with a narcissistic mother may lead to insecure attachment patterns in the child. According to the authors, narcissistic mothers perceive their children as a natural extension of themselves. Consequently, they perceive their children's achievements as their success and their failure as their default. The common aspect of the above studies is that the mother's narcissistic characteristics have adverse effects on the mother-child relationship.

The mother's pathological narcissistic characteristics negatively affect the child's mental health. For instance, some empirical studies (Horne, 1998; Leggio, 2018) showed that children who grow up with narcissistic mothers suffer from mental health problems such as depression and anxiety disorders in adulthood. A study (Dentale et al., 2015) reported that parental narcissism predicted the child's mental health problems, including depression and anxiety. This relationship was mediated by reduced parental care, elevated parental shaming, favoritism, and overprotection. Hart et al. (2017) reported a positive relationship between parental narcissism and suboptimal parenting, even when Big Five personality and attachment patterns were controlled.

## Need for a Measure of Perceived Maternal Narcissism Scale (PMNS)

We believe two reasons are essential to developing a scale measuring perceived mothers' narcissistic traits in childhood would be helpful.

First, there is a consensus in some studies that obtaining information from other sources may be more reliable than the self-report method in evaluating personality traits (Clark et al., 1997; Klonsky et al., 2002; South et al., 2011). According to Skodol et al. (2011), impairment in self and interpersonal functioning is the main feature of personality pathology, and individuals with personality pathology have limited insight into the effects of the disorder on themselves and others.

Narcissistic traits at the pathological level can also be evaluated in this context. Moreover, Clifton and colleagues (2004) stated that individuals with pathological narcissistic personality traits have exaggerated self-perception and positively perceive their personality traits. According to Paulhus (1998), the reliability of the answers to socially undesirable self-features, including narcissistic traits, is further reduced when one tries to measure them. In light of this information, we believe that to investigate the effects of a mother's narcissistic traits on the parent-child interaction, collecting data from the child would be more reliable than the self-report method.

Second, there is a negative relationship between narcissistic traits and age. For example, Cramer (2011) stated that narcissistic traits tend to decrease with age. Supporting this, Foster et al. (2009) reported that narcissistic traits steadily decrease between the ages of 15 and 54. Therefore, we considered it necessary to develop a retrospective measurement tool to take more reliable information about how mothers' narcissistic traits were perceived in childhood.

Considering the above two reasons, we believe a new scale should be developed to facilitate empirical studies on the effects of the mother's narcissistic characteristics on the child. Moreover, we think that the development of this scale will help to understand the mother-child relationship during childhood in psychotherapy. For this purpose, we planned to develop a reliable and valid measurement tool that allows evaluating the narcissistic characteristics of the mother from the child's perspective.

This research consisted of three studies: In study 1, we aimed to develop an item pool based on the theoretical framework and assess content validity. Moreover, we examined the factorial structure of the scale. In study 2, we tested the reliability and validity of the scale. Finally, in study 3, we investigated the relationship between children's scores from the PMNS and mothers' scores from other self-report narcissism measures.

## Study 1: Item Generation and Factor Structure

The aim of study 1 was to develop an item pool for the new measure of perceived mothers' narcissistic traits and obtain a final scale through exploratory factor analysis (EFA). This study hypothesized that EFA would have yielded a multidimensional construct measuring perceived maternal narcissism.

### *Item Generation and Content Validity*

We used two methods to develop an initial pool of 77 items for the Perceived Maternal Narcissism Scale (PMNS). First, we investigated narcissism measures (the Narcissistic Personality Inventory [Raskin & Hall, 1979, 1988], Pathological Narcissism Inventory [Pincus et al., 2009], the Grandiose Narcissism Scale [Foster et al., 2015]) to identify items adapted for use in the PMNS. We included items such as, "I think I am a special person." An item for the PMNS adapted from this scale is, "She considered herself more special than anyone else." Second, we conducted a review of the existing literature on maternal narcissism. For instance, Donaldson-Pressman and Pressman (1994) developed a conception that they termed the "narcissistic family" as one of the dysfunctional family dynamics. According to the authors, some determinants include lack of trust, unavailability, unpredictability, tension, role reversal, triangulation, entitlement, mind reading, reactive stance, abuse (verbal, physical, and sexual), and neglect are common to narcissistic parents. At the end of these processes, an initial item pool of 77 items, including both positive and negative items, was generated.

Before collecting data, we evaluated the items' content validity ratios (CVR). Twelve experts (two of them had PhD degree in developmental psychology, eight had PhD degree in clinical psychology, and two were experts in measurement and assessment) were requested to evaluate the scale's content validity. For this purpose, we prepared a 'Form for Experts' in which every item was rated on a three-point Likert scale (1 = necessary, 2 = useful but unnecessary, and 3 = unnecessary). After expert feedback, we excluded the items that scored lower than .54 (12 items) as Lawshe's (1975) suggestions. In the current study, the content validity index (CVI) of the 65-item scale was calculated as .79, indicating good content validity (Tilden et al., 1990). We decided on the level of the frequency rating on a four-point Likert (from 1-never to 4-always) for all items.

## METHODS

### *Participants*

Data of study 1 consisted of 303 adult participants (64.2% females and 35.8% males) with an age range between 18-45 ($M$ = 26.39, $SD$ = 7.71). All participants were Turkish-speaking residents of the Mersin and Adana provinces of Turkey. We collected data with the assistance of seven graduate psychology students (survey team) from September 2018 to February 2019. The first author gave the survey team a full-day administration training. Next, they started to collect data with the snowball sampling method. Our survey included demographic questions (age and gender) and the 65-item PMNS. Before the survey, all participants signed an Informed Consent Form to participate in the study. No reward was offered to the participants. Inclusion criteria for the study were: (1) aged between 18 and 45 years old, (2) lived with mother until at least 12 years old, and (3) signed Informed Consent Form.

**Table 1. Factor Loadings for the Items of the Perceived Maternal Narcissism Scale (*N* = 321)**

| Items | Factor numbers | | | | |
|---|---|---|---|---|---|
| | **1** | **2** | **3** | **4** | **5** |
| 1. She understood my feelings.* | **.860** | -.039 | -.016 | -.025 | -.036 |
| 23. She would support me when I failed.* | **.851** | .126 | .076 | -.209 | -.186 |
| 11. She did not like me to disclose my negative emotions. | **.801** | -.150 | -.003 | -.085 | .098 |
| 65. She supported my decisions.* | **.740** | .111 | -.029 | .059 | -.114 |
| 35. She would be concerned with how I look outside rather than how I feel. | **.448** | .167 | .059 | .216 | -.008 |
| 58. It was easy to please her.* | -.113 | **.889** | .075 | -.004 | -.018 |
| 57. She would blame me instead of trying to solve problems. | .150 | **.739** | -.035 | -.046 | .132 |
| 54. She would make me feel that I caused her illnesses (headache, stress). | .069 | **.682** | .050 | -.002 | .087 |
| 55. She would blame me when I experienced something bad. | .188 | **.684** | -.138 | .102 | -.016 |
| 63. She would act as if the world was revolving around her. | .058 | .127 | **.700** | .066 | -.076 |
| 46. She liked to be the focus of the topics that were spoken. | -.088 | .145 | **.808** | -.013 | -.091 |
| 12. She considered herself more important than anyone else. | .070 | -.096 | **.776** | -.128 | .149 |
| 3. My mother expected her motherhood to be praised by the others | .124 | -.251 | **.714** | .098 | .019 |
| 33. She used to do good things for me only when others could see them. | -.115 | .138 | **.575** | -.021 | .041 |
| 48. I would feel like she was trying to control me. | .034 | .108 | -.087 | **.744** | -.008 |
| 20. She would frequently ask questions on matters that were special to me. | .190 | -.114 | .022 | **.645** | .150 |
| 52. She tried to control my decisions. | .226 | .051 | -.004 | **.636** | -.011 |
| 2. She wanted to be in the center of my life. | -.365 | -.137 | .128 | **.652** | .058 |
| 53. She would interfere with everything about me. | .103 | .051 | .084 | **.435** | -.009 |
| 10. I used to meet her emotional needs. | -.063 | -.027 | .053 | -.089 | **.871** |
| 57. I would do what she was supposed to do as a parent | -.062 | .181 | -.064 | -.163 | **700** |
| 9. She gave me more responsibility than a child can bear. | .330 | -.281 | .015 | .123 | **.679** |
| 62. When she felt bad, she would wait for me to do something to make her feel better. | -.263 | .101 | -.012 | .114 | **.590** |

***Note.*** * Reverse items

### *Data Analysis*

Since there were no participants with more than 5% missing value, we included all participants in the study. For missing data imputation, we used the mean substitution method. We tested the normal distribution assumption with skewness and kurtosis values. All items were normally distributed (max skewness = .81, max kurtosis = −1.24). To determine the factorial structure of PMNS, we conducted a series of EFA analyses using maximum likelihood estimation with Promax rotation. In the EFA analysis, we used the Promax rotation method because we assumed that dimensions would have been correlated with one another. All analyses were conducted with SPSS 21 software.

## RESULTS

### *Exploratory Factor Analysis (EFA)*

We ran EFA several times until all remaining items with a minimum loading of .30 and cross-loadings of over .20 were excluded from the analysis. Finally, 23 items were loaded in 5 factors (based on criteria of eigenvalues greater than 1), explaining 57.16% of the variance. In addition, the KMO value (.94) and Bartlett's test ($\chi 2$ = 6029,036; $p$ < .001) results indicated sampling and correlation adequacy for the factoring procedure.

The items clustering around a dimension (consisting of 6 items and accounting for 17.569% of the total variance) represented the mother's absence of interest, lack of care, and empathy (i.e., She supported me when I failed). These items align closely with the mother's empathy deficiency. Therefore, we have labeled this factor “Lack of empathy”. The items clustering the second factor (six items accounted for 12.120% of the total variance) reflected the mother's grandiose and exhibitionist behaviors toward other people (i.e., My mother expected her motherhood to be praised by others). We have labeled this dimension as “Grandiosity-exhibitionism”. The third factor consisted of five items (accounted for 11.258% of the total variance) representing the mother's judgmental and critical attitudes towards her child (i.e., My mother blamed me instead of solving problems). Therefore, we have named this dimension “Criticism”. The fourth factor (six items, accounting for 8.579% of the total variance) has been labeled “Control-manipulation”. This dimension reflected the mother's controlling and manipulative behaviors in her relationship with the child. Finally, the last factor (four items, accounting for 7.415% of the total variance) has been labeled “Parentification” due to items containing the mother's loading of her responsibilities to the child. Table 1 displays the findings of the EFA.

### Study 2: Validity and reliability of PMNS

The aim of study 2 was to evaluate the validity and reliability of the PMNS. Our hypotheses regarding the scale were as follows: (1) The five-factor solution of the scale obtained from EFA will be confirmed using confirmatory factor analysis (CFA), (2) Total scores

and dimensions of the PMNS will be negatively correlated with scores of emotional warmth, and positively correlated with overprotective and rejection dimensions of the Perceived Parenting Attitudes in Childhood – Short Form (EMBU-C) and parentification dimension of the Inadequate Boundaries Questionnaire (IBQ), (3) The PMNS total and subscales scores will show good internal consistency providing evidence for the scale's reliability, and (4) The PMNS total and subscales scores will demonstrate stability in a 3-week test-retest interval.

### *Participants*

The data comprised 316 participants (65.5% females and 34.5% males) from the community sample living in Turkey's Adana, Mersin, and Hatay provinces. The mean age of the sample was 27.79 years (*SD* = 8.63), and the age range was 18-45. We administered the PMNS to 71 participants twice as a subsample of the main sample with a random extraction method to test re-test reliability. The mean age of these participants was 25.16 years (*SD* = 6.28), and the age range was 18-45. In this study, we used the same inclusion criteria in study 1.

### *Measures*

***Perceived Parenting Attitudes in Childhood – Short Form*** The s(hort)-EMBU is a 23-item reliable and valid equivalent (Arrindell et al., 1999) of the original 81-item EMBU (Swedish acronym for Egna Minnen Beträffande Uppfostran, Perris et al., 1980). The scale consists of three subscales representing parental attitudes: emotional warmth, overprotective, and parental rejection. The EMBU-C was designed to evaluate both mothers and fathers. In the current study, we used the mother form of the scale. Turkish form of the S-EMBU demonstrated good reliability and validity (Dirik et al., 2015). In Turkish form, internal consistency coefficients for perceived maternal attitudes were .75, .72, and .64 for emotional warmth, overprotection, and rejection, respectively. In the present study, Cronbach's alpha internal consistency coefficients were calculated as emotional warmth, overprotection, and rejection .82, .76, and .74, respectively.

***Perceived Maternal Narcissism Scale (PMNS)*** We used the 23 items and five-factor structure of the PMNS obtained from EFA in study 1.

***The Inadequate Boundaries Questionnaire (IBQ)*** The IBQ was developed by Mayseless and Scharf (2000) to assess boundary violations in the parent-child relationship. The scale consists of 35 items and five dimensions: guilt induction, no boundaries, parentification, triangulation, and psychological control. In the current study, we used the parentification dimension, which consists of eight items and defines functional and/or emotional role changes. Cronbach's alpha was calculated as .76 for the parentification scale in the original study. Bellur and Aydın (2019) adapted the IBQ in Turkish and reported Cronbach's alpha score of .76 for the parentification dimension. In this study, the parentification subscale demonstrates good internal consistency ($\alpha$ = .85).

### *Data Analysis*

We used the same procedure from study 1 about missing value imputation in study 2. We calculated descriptive statistics to examine the current study's mean and standard deviation for all measures. We calculated skewness-kurtosis values to assess normal distribution. All PMNS items were reasonably normally distributed (max skewness = .66, max kurtosis = .95). We examined the convergent validity of the PMNS by the correlation coefficients among the PMNS dimensions and overall scores, the dimensions of EMBU-C, and the parentification dimension of the IBQ. We evaluated the reliability of the PMNS by Cronbach's alpha coefficient and test re-test method. The Cronbach's alpha coefficient values equal to or more than .70 are considered acceptable internal consistency for the PMNS. We examined the scale's stability over time by applying the PMNS to 71 participants (45 were female, and 26 were male; $M_{age}$ = 24.13 years, $SD_{age}$ = 1.46) in three-week intervals. We used confirmatory factor analysis (CFA) with a different sample (Sample 2) to confirm the five-factor solution identified in study 1. We evaluated the model fit of the CFA by several fit indices, including Chi-square ($\chi$2), the goodness-of-fit index (GFI), the comparative fit index (CFI), the standardized root mean square residual (SRMR), and the root means square error of approximation (RMSEA). Values of GFI and CFI greater than .90 and SRMR and RMSEA values less than .08 (Hu & Bentler, 1999; McDonald & Ho, 2002) were assumed to be an acceptable fit. We used SPSS 21 to conduct all analyses, except CFA, which was conducted using "lavaan" version 0.5-22 (Rosseel, 2012) in the R 3.3.1 program.

## RESULTS

### *Confirmatory Factor Analysis (CFA)*

Results of the CFA showed that the five-factor model was an acceptable fit to the data [$\chi 2$ (496, $N$ = 331) = 955.867, $\chi 2$/df = 1.92, RMSEA = 0.058, CFI = 0.91, GFI = 0.85, and NNFI = 0.90]. Moreover, factor loadings were statistically significant ($p < .001$), and standardized values ranged from .76 to 87. Findings from the five-factor solution CFA in sample 2 supported evidence of the solution identified in the five-factor EFA in sample 1. Figure 1. displays the standardized factor

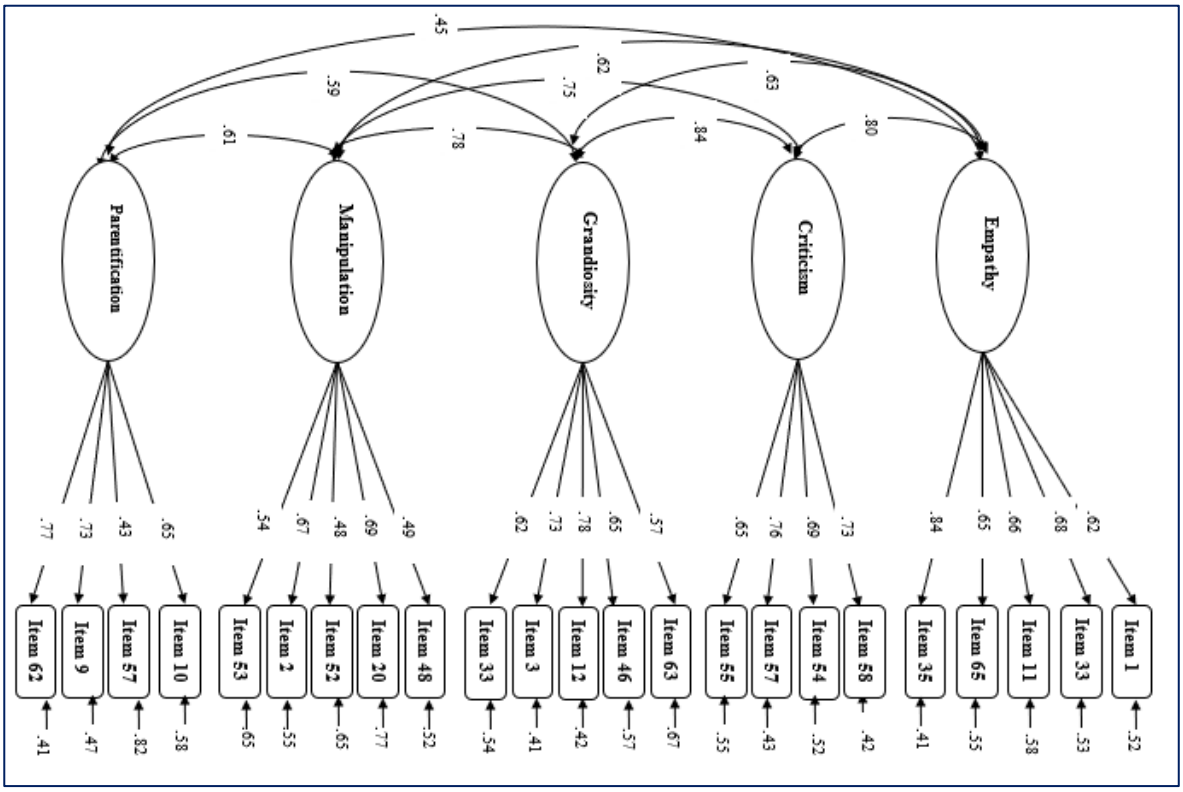


**Figure 1. Confirmatory Factor Analysis Results of the Five-Factor Solution of the PMNS**

**Table 2. Pearson's Correlation Analysis Results among Variables**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Lack of Empathy | - | .677** | .772** | .471** | .390** | .851** | -.666** | .399** | .634** | .185** |
| 2. Grandiosity | - | - | .767** | .489** | .601** | .857** | -.433** | .364** | .583** | -.102 |
| 3. Criticism-Accusation | - | - | - | .583** | .498** | .887** | -.455** | .491** | .656** | -.095 |
| 4. Control-Manipulation | - | - | - | - | .470** | .750** | -.124* | .682** | .482** | .129* |
| 5. Parentification | - | - | - | - | - | .680** | -.195** | .238** | .359** | .349** |
| 6. PMNS total score | - | - | - | - | - | - | -.489** | .550** | .684** | .012 |
| 7. Emotional warmth | - | - | - | - | - | - | - | -.055 | -457** | -.273** |
| 8. Overprotection | - | - | - | - | - | - | - | - | .446** | .094 |
| 9. Rejection | - | - | - | - | - | - | - | - | - | .060 |
| 10. Parentification | - | - | - | - | - | - | - | - | - | - |

***Note.*** *$p < .01$, **$p < .001$.

loadings and intercorrelations of dimensions on the data from sample 2.

### *Convergent Validity: Correlations with Relevant Variables*

The PMNS dimensions were positively associated with overprotection (lack of empathy $r = .399$, $p < .001$; grandiosity $r = .364$, $p < .001$; criticism-accusation $r = .491$, $p < .001$; control-manipulation $r = .682$, $p < .001$; parentification $r = .238$, $p < .001$) and rejection (lack of empathy $r = .634$, $p < .001$; grandiosity $r = .583$, $p < .001$; criticism-accusation $r = .656$, $p < .001$; control-manipulation $r = .482$, $p < .001$; parentification $r = .359$, $p < .001$). Moreover, the PMNS dimensions negatively related to the emotional warmth (lack of empathy r = -.666, $p < .001$; grandiosity $r = -.433$, $p < .001$; criticism-accusation $r = -.455$, $p < .001$; control-manipulation $r = -.124$, $p < .05$; parentification $r = -.195$, $p < .001$) which can be considered a positive parental attitude and the parentification dimension of the PMNS positively correlated with the parentification subscale of IBQ ( $r = .349$, $p < .001$). The total score of the PMNS was positively associated with overprotection ($r = .550$, $p < .001$), rejection ($r = .684$, $p < .001$), and negatively related to emotional warmth ($r = -.489$, $p < .001$). Correlations between the PMNS total and subscale scores and other relevant constructs were demonstrated in Table 2.

### *Reliability*

### *Internal Consistency*

We examined the internal consistency of the PMNS through Cronbach's alpha coefficients. We calculated Cronbach's alpha coefficients for lack of empathy, grandiosity, criticism-accusation, control-manipulation,

**Table 3. Correlations between the PMNS Scores and Mother Scores of PNI-16, NPI-40 Total, and NPI-40 Dimensions Scores**

| PMNS | PNI-40 Total | PNI -40 (Grandiosity) | PNI -40 (Vulnerable) | NPI-16 |
|---|---|---|---|---|
| 1. PMNS-Empathy | .185* | .152* | .165* | .268** |
| 2. PMNS-Grandiosity | .325** | .294** | .184** | .395** |
| 3. PMNS-Criticism | .456** | .437** | .424** | .517** |
| 4. PMNS-Control | .405** | .378** | .383** | .279** |
| 5. PMNS-Parentification | .362** | .314** | .341** | .462** |
| 6. PMNS Total Score | .445** | .444** | .481** | .443** |

***Note.*** $^{*}p < .01$, $^{**}p < .001$.

and parentification as .89, .85, .85, .89, and .73, respectively. Moreover, Cronbach's alpha for the overall scale was calculated as .92.

### *Test-retest Reliability*

The correlation coefficients in a 3-week interval showed high stability on all factors and total scores. The test-retest correlation coefficients were calculated as .71 for the total score, .70 for lack of empathy, .66 for criticism-accusation, grandiosity, and control-manipulation, and .63 for parentification. Furthermore, the test-retest correlation coefficient of the total score was calculated as .72.

## Study 3- Relationship Between the PMNS and Mothers' Narcissism Scores

Studies 1 and 2 suggested that the PMNS is a valid and reliable measurement tool. The third study aimed to test whether the PMNS scores are related to mothers' self-report narcissism scores.

### *Participants*

Data was collected from mothers and their adult children in the third study. Participants were graduate students enrolled from the Eastern Mediterranean University Psychology Department participant pool. The data were collected between 21-28 January 2020. We prepared two separate online surveys (the child form consisted of PMNS and the mother form comprised of Narcissistic Personality Inventory-16 [NPI-16] and Pathological Narcissism Inventory [PNI-40]) using the Google Form. Online surveys were applied to adult children and their mothers separately. All participants were provided informed consent at the beginning of the survey, and all students were allocated course credits for taking part. Data of study 3 consisted of 105 adult children and their mothers. Of the children, 68% ($n$ = 72) were female and 32% ($n$ = 33) were male. The average age of the mothers was 46.46 years ($SD$ = 5.34), with an age range of 38-62, while the average age of the children was 20.65 years ($SD$ = 1.89) with an age range of 18-27. In this study, we used the inclusion criteria used in study 1.

### *Measures*

***Narcissistic Personality Inventory-16 (NPI-16, Ames et al., 2006)*** is a 16-item self-report tool developed to assess grandiose narcissism. NPI-16 was created as a short form of the 40-item Narcissistic Personality Inventory (Raskin & Terry, 1988). Turkish form of the NPI-16 demonstrated good reliability and validity (Atay, 2009). In the current study, NPI-16 showed acceptable internal consistency ($\alpha$ = .70).

***Pathological Narcissism Inventory (PNI, Pincus, et al., 2009)*** is a multidimensional self-report questionnaire that assesses narcissistic grandiosity, narcissistic vulnerability, and overall level of pathological narcissism. High scores reflect higher levels of pathological narcissism. Turkish version of the PNI demonstrated good reliability and validity (Büyükgüngör, 2016). In this study, we calculated Cronbach's alpha internal consistency coefficient of the vulnerable, grandiosity dimensions, and total score of the PNI as .87, .84, and .94, respectively.

***Perceived Maternal Narcissism Scale (PMNS)*** was applied to participants to assess perceived maternal narcissism during childhood.

### *Data Analysis*

Before submitting the survey, all respondents were required to answer all items; thus, no values were missing. We calculated the descriptive statistics (frequency and percentages of participants' gender and mean age) and skewness-kurtosis scores. All variables were reasonably normally distributed (max skewness = .48, max kurtosis = −.77). The associations between variables were examined using Pearson correlations. Data were analyzed using the SPSS program version 22.

## RESULTS

The findings of the correlation analyses showed that all dimensions of PMNS were positively associated with NPI-16 and PNI-40 scores. Besides, the total score of PMNS positively correlated with NPI-16 and PNI total score, vulnerable, and grandiosity

dimensions scores obtained from their mothers. Table 3 presents the correlation coefficients of the variables.

## DISCUSSION

This study aimed to address a gap in the literature in measuring mothers' narcissistic traits by their children's perceptions. For this purpose, we conducted three studies. Our first objective was to develop an item pool and determine the factorial structure of the PMNS. Our second objective was to evaluate the validity and reliability of the scale. Finally, our last objective was to examine the relationship between PMNS scores obtained from adult children and narcissism (with PNI and NPI-16) scores from mothers. The three studies presented in this article indicate that the PMNS is a valid and reliable tool to assess the mother's narcissistic traits perceived by their child.

In the first study, we examined the factorial structure of PMNS through EFA. Findings from EFA indicated that the PMNS comprised 23 items that loaded onto five factors. We named these factors as (1) lack of empathy, (2) grandiosity, (3) criticism, (4) control-manipulation, and (5) parentification. The first factor was "Lack of Empathy." This conception has been an essential determinant in defining narcissism since the diagnosis criteria for Narcissistic Personality Disorder were first included in the Diagnostic and Statistical Manual of Mental Disorders (DSM III; American Psychiatric Association [APA], 1980). Moreover, lack of empathy, defined as "reluctance to accept or share others' feelings and needs," is a diagnostic criterion of the Narcissistic Personality Disorder in DSM-5 (APA, 2013). The relationship between lack of empathy and narcissism has been stated by many theorists (Akhtar, 1989; Cooper, 1998; Kernberg, 1985; Kohut, 1966) and supported by empirical studies (e.g., Baskin-Sommers et al., 2014; Lowicki & Zajenkowski, 2017; Munro et al., 2005; Trumpeter et al., 2008). The second factor was related to the mother's grandiose characteristics, including seeking admiration, self-centeredness, and inability to tolerate. Therefore, this factor was named "Grandiosity-exhibitionism". Studies based on narcissism (Millon & Davis, 1996; Pincus & Lukowitsky, 2010; Rhodewalt & Peterson, 2009) pointed out that grandiosity is one of the main factors of pathological narcissism. According to Pincus (2013), self-glorification and the need to be liked are normal aspects of personality. However, these aspects become pathological in case of getting intense.

Similarly, Cain and colleagues (2008) stated that the self-representation of narcissism is related to grandiose thoughts, emotions, and behaviors (e.g., arrogance, exhibitionism, overconfidence). Furthermore, Foster and Campbell (2007) indicated that narcissistic individuals with grandiose self-sense are dominant and hostile in interpersonal relationships. The third factor was related to the critical and judgmental characteristics of the mother. Therefore, we named the third dimension "Criticism-accusation". Criticism is defined as feedback containing a negative evaluation made by other people in social interaction (Kamins & Dweck, 1999). Rappoport (2005) stated that parents with pathological narcissism can punish children who cannot meet their needs in various ways, such as physical abuse, arousing guilt, emotional withdrawal, and criticism. The fourth factor was associated with the mother's control of the child's life and intervening in the child's privacy combined in the same dimension. In light of this evidence, this dimension was named “Control–manipulation”. Individuals with high levels of narcissistic traits may feel a strong need to have control over others. Behaviors aimed at controlling others can take the form of demanding others to obey or comply with their standards (Dickinson & Pincus, 2003). Some researchers (Jonason et al., 2012; Jones & Figueredo, 2013; Rauthmann, 2012) stated that individuals with pathological narcissism tend to be manipulative and controlling in social interactions. Furthermore, Rappoport (2005) stated that individuals with pathological narcissism are afraid of not being approved by others. Therefore, they try to control other people's behaviors to protect their self-esteem. Finally, the fifth factor was named “Parentification”. Parentification was defined as a problematic family dynamic in which the roles of the parent and child reverse (Boszormenyi-Nagy & Spark, 1973). Similarly, Chase (1999) defined parentification as a process in which the role between the parent and child is reversed, and the child sacrifices his own emotional needs to meet the parent's emotional needs. Studies based on clinical observations indicated the relationship between narcissism and parentification. For instance, Donaldson-Pressman and Pressman (1994) stated that the narcissistic mother expects to meet her own needs from her child instead of taking care of and nurturing the child.

In the second study, we examined the five-factor solution of the PMNS through CFA in sample 2. The findings of the CFA demonstrated that the five-factor solution of PMNS is a good fit for the data. These findings indicated that the multidimensional structure of PMNS was further supported by CFA relying on Sample 2. The results give evidence that the PMNS is a multidimensional measurement tool. Studies showed that measurement tools to develop assessment narcissism are mostly multidimensional. For example, Raskin and Terry (1988) developed a 40-item Narcissistic Personality Inventory to assess grandiose narcissistic traits. The scale comprises seven dimensions: exhibitionism, authority, vanity, superiority, entitlement, exploitativeness, and self-sufficiency. Similarly, the Pathological Narcissism Inventory (Pincus et al., 2009) consists of seven dimensions: entitlement rage, exploitativeness, grandiose fantasy, self-sacrificing self-enhancement, contingent self-esteem, hiding the self, and devaluing.

Individuals' reports of their perception of mothers' narcissistic traits were positively associated with

negative parental attitudes (overprotection and rejection) and negatively related to emotional warmth, which can be considered a positive parental attitude. Besides, the parentification dimension of the PMNS correlated with the parentification subscale of the IBQ. According to these results, it can be considered that the mother's high level of narcissistic traits is related to negative parenting attitudes in mother-child interaction. These findings supported the convergent validity of the PMNS. Some studies showed that parental psychopathology is related to parenting practices (Berg-Nielsen et al., 2002; Lieb et al., 2000; Moreira et al., 2019). In a study (Harvey et al., 2011) conducted with mothers diagnosed with personality disorders, maternal psychopathology predicted maternal negativity, laxness, and lack of warmth. Furthermore, Dentale et al. (2015) reported a negative relationship between the mother's narcissistic characteristics and parental care. Furthermore, they indicated a positive relationship between maternal narcissism and overprotection, favoritism, and shame/humiliation.

Finally, we examined the reliability of the PMNS using internal consistency and test re-test reliability methods. The PMNS total score and dimensions showed good internal consistency. Moreover, the correlations between the PMNS subscales and total scores at the first and second administrations were significant in a 3-week interval. In sum, the PMNS demonstrated good reliability both in terms of internal consistency and test-retest reliability.

In the third study, we examined the association between the PMNS scores and the NPI-16 and PNI scores obtained from mothers. As expected, the dimensions and total score of the PMNS were positively associated with the mother's narcissism scores measured with the NPI-16, PNI total score, and dimensions. The correlations between the PMNS, NPI-16, and PNI scores proved that the PMNS scores reflect the mother's narcissistic traits.

### Limitations and Future Directions

Notwithstanding the potential importance of the PMNS in assessing perceived maternal narcissism, the findings should be considered with several limitations. First, we collected data from participants living in Mersin and Adana provinces of Turkey. We suggest that the repeatability of existing results should also be examined with different samples and adapt the PMNS in different languages to determine its cross-cultural equivalence. Second, in all three studies, we used self-report questionnaires. To further validate the PMNS, longitudinal studies that observe narcissistic mother-child interaction are necessary. Third, we focused on the mother's narcissistic traits instead of parental narcissism. We suggest that future studies develop a scale to evaluate the narcissistic traits of fathers. Finally, The PMNS does not contain items to evaluate vulnerable narcissistic characteristics (e.g., contingent self-esteem, self-sacrificing, and self-enhancement). Future studies may improve the dimensions of the PMNS. Despite these limitations, our findings have demonstrated good internal consistency, construct, and convergent validity of the scores of the PMNS and provided support for this scale as assessing perceived maternal narcissistic traits in childhood.

To our knowledge, this is the first measurement tool to assess how mothers' narcissistic traits are perceived by their children. We believe that evaluating mothers' narcissistic traits from the child's perspective through the PMNS would lead to developing intervention programs to reduce the adverse impacts of narcissistic mothers on adult children. Moreover, there are limited empirical studies about maternal narcissism because of the difficulties in accessing the mothers of adult participants. Therefore, the present research will provide a measurement tool for future studies on maternal narcissism. The utility of the PMNS will be its ability to assess mothers' narcissistic traits perceived by children in empirical studies.

Furthermore, parenting attitudes are influenced by personality. Therefore, we believe the PMNS will be a helpful tool in terms of providing information on how the mother's narcissistic characteristics will affect parenting. In other words, The PMNS is an important measurement tool in determining how mothers' narcissistic traits affect their parenting practices. Finally, we think the scale will also be helpful in clinical practice. It is crucial to evaluate the adverse effects of mothers' pathological level narcissistic tendencies on the child and to make interventions in psychotherapy.

## DECLARATIONS

***Compliance with Ethical Standards*** This study was approved by the authors' university (Mersin University; 04/02/2019-018) research ethics committee.

***Conflicting of Interest*** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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