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**PERCEIVED MATERNAL NARCISSISM AND CLUSTER B
PERSONALITY PATTERNS IN THE SCHEMA THERAPY MODEL**

BY
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To my sister, Damla...

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ÖZET

ÖZGEN, Pınar Ayça. *Anneden Algılanan Narsisizm ve Şema Terapi Modelinde B Kümesi Kişilik Örüntüleri*. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Tezli Yüksek Lisans Programı, 2024.

Anneden algılanan narsisizm, bireyin annesinde algıladığı narsistik özellikler ve davranışlar olarak tanımlanabilir. Bu çalışmanın temel amacı, anneden algılanan narsisizm (AAN) ile B kümesi kişilik örüntüleri arasındaki ilişkide erken dönem uyumsuz şema alanlarının aracı rolünü incelemektir. Örnekleme, 18-60 yaş aralığında 556 katılımcıdan oluşmaktadır. Katılımcılar, Anneden Algılanan Narsistik Özellikler Ölçeği (AANÖ), Young Şema Ölçeği-Kısa Form 3 (YŞÖ-KF3) ve Kişilik İnanç Ölçeği-Kısa Türkçe Formu (KİÖ-KTF) içeren bir çevrimiçi anket seti doldürmüştür. Bulgular, AAN'nin erken dönem uyumsuz şema alanları ve B kümesi kişilik örüntüleri ile anlamlı şekilde ilişkili olduğunu göstermiştir. Ayrıca, aracılık analizleri, AAN ile antisosyal kişilik örüntüleri arasındaki ilişkide kopukluk, zedelenmiş sınırlar, ve yüksek standartlar şema alanlarının aracı rol oynadığını ortaya koymuştur. Borderline kişilik örüntülerinde, kopukluk ve zedelenmiş otonomi ilişkiye aracılık etmiştir. Histrionik kişilik örüntüleri ile AAN arasındaki ilişkiye zedelenmiş otonomi, zedelenmiş sınırlar, diğerleri yönelimlilik ve yüksek standartlar aracılık ederken; narsistik kişilik örüntüleri ile AAN arasındaki ilişkiye kopukluk, zedelenmiş sınırlar, diğerleri yönelimlilik ve yüksek standartlar aracılık etmiştir. Sonuçlar, erken dönem uyumsuz şema alanlarının ele alınmasının, anne narsisizminin kişilik gelişimi üzerindeki olumsuz etkilerini hafifletmede kritik olabileceğini göstermektedir. Bu, şema terapisi kapsamında erken dönem uyumsuz şema alanlarını hedef almanın, anne narsisizminden etkilenen B kümesi kişilik örüntülerine sahip bireylerin tedavisinde etkili olabileceğini göstermektedir.

Anahtar Kelimeler: Anne narsisizmi, B kümesi kişilik örüntüleri, erken dönem uyumsuz şemalar, şema alanları, şema terapi

ABSTRACT

ÖZGEN, Pınar Ayça. *Perceived Maternal Narcissism and Cluster B Personality Patterns in the Schema Therapy Model. Başkent University, Institute of Social Sciences, Clinical Psychology Master's Program with Thesis, 2024.*

Perceived maternal narcissism can be defined as the narcissistic traits and behaviors that an individual perceives in their mother. The main goal of the present study is to examine the mediating role of early maladaptive schema (EMS) domains in the relationship between perceived maternal narcissism (PMN) and cluster B personality patterns. The sample comprised 556 participants aged 18-60. Participants completed an online questionnaire set that included the Perceived Maternal Narcissistic Characteristics Scale (PMNS), the Young Schema Questionnaire-Short Form 3 (YSQ-SF3), and the Personality Belief Questionnaire-Short Turkish Form (PBQ-STF). The findings indicated that PMN is significantly related to EMS domains and cluster B personality patterns. Furthermore, mediation analyses demonstrated that disconnection, impaired limits, and unrelenting standards mediated the relationship between PMN and antisocial personality patterns. In the case of borderline personality patterns, disconnection and impaired autonomy mediated the relationship. Impaired autonomy, impaired limits, other-directedness, and unrelenting standards mediated the relationship between PMN and histrionic personality patterns, while disconnection, impaired limits, other-directedness, and unrelenting standards mediated the relationship between PMN and narcissistic personality patterns. The results indicate that addressing EMSs can be crucial in alleviating the negative effects of maternal narcissism on personality development. This suggests that schema therapy, by targeting these EMS domains, may be effective in treating individuals with cluster B personality patterns influenced by maternal narcissism.

Keywords: Maternal narcissism, cluster B personality patterns, early maladaptive schemas, schema domains, schema therapy

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LIST OF ABBREVIATIONS

NPD	Narcissistic Personality Disorder
APA	American Psychiatric Association
PMN	Perceived Maternal Narcissism
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMS	Early Maladaptive Schema
ASPD	Antisocial Personality Disorder
BPD	Borderline Personality Disorder
HPD	Histrionic Personality Disorder
APP	Antisocial Personality Pattern
BPP	Borderline Personality Pattern
HPP	Histrionic Personality Pattern
NPP	Narcissistic Personality Pattern

1. INTRODUCTION

1.1 Theoretical Framework of Narcissism

The concept of narcissism as a facet of human behavior has ancient origins; it dates back to the Greek myth of Narcissus and its reinterpretation in Homeric hymns. According to this myth, Narcissus is the child of the river god Cephissus and the nymph Liriope (Bergmann,1984). Narcissus is portrayed as a remarkable young man who is admired by many girls and nymphs. Despite the love and affection of those around him, his excessive pride causes him to be indifferent towards their feelings. Echo, a nymph in the myth, was doomed to only repeat the sounds and final words spoken by others. Later, when Echo meets Narcissus, she becomes infatuated with him, however, he cruelly rejects her. Overwhelmed by heartbreak, Echo retreats into the forest and fades away. The gods punish Narcissus for adoring himself so deeply that he becomes trapped by his own reflection. The myth of Narcissus and Echo is often interpreted as a representation of narcissism, illustrating its key characteristics and consequences. Narcissism, as depicted in the myth, is characterized by excessive self-love, a lack of empathy for others, and an obsession with one's own image and desires.

Ellis (1898) was the first author to discuss Narcissus as a literature concept by explaining the idea of autoeroticism. This refers to an individual experiencing sexual pleasure and admiration for themselves. Narcissism gained popularity with Freud's essay "On Narcissism: An Introduction" (1914). Freud suggested that narcissism occurs when a person directs their libido inward, towards themselves, rather than outward to the external world. This inward focus gives rise to the attitude called narcissism (Freud, 1914). Furthermore, Freud viewed narcissism as a specific character type characterized by aggressive tendencies, a need to impress others, and an appearance of independence (Freud, 1961). Otto Kernberg and Heinz Kohut later expanded upon the concept of narcissism. According to Kohut, deficiencies in parental empathy during childhood can lead to adult narcissistic psychopathology. That is, Kohut suggests that narcissism stems from a developmental halt where the child's normal narcissistic needs don't align with the environment's capacity to meet them (Kohut, 1977). If caregivers do not provide sufficient empathic support during crucial developmental stages, children might have difficulty

maintaining healthy self-esteem. As adults, they may fluctuate between an overly inflated sense of self and feelings of inferiority. Consequently, these individuals may seek validation from others to regulate their self-esteem, in an attempt to make up for the empathetic support they missed during their childhood (Kohut, 1977). Moreover, in Kohut's self psychology model, the concept of a "self object" is of significant importance. According to Kohut, a self object encompasses both the developing child and the individuals who help the child in maintaining a stable self structure, a sense of cohesion, and emotional stability. These individuals are considered self objects because the infant is initially unaware that they are separate from themselves. Instead, the infant perceives them as integral parts of their own identity, providing functions that will eventually be internalized as the child's own abilities. Kohut believes that when the empathic fulfillment of these self object needs is lacking, developmental stagnation can occur which, in turn, can lead to pathological narcissism.

Kernberg and Kohut shared the view that narcissistic organizations stem from grandiose self-representations. However, they had differing views about the origins of these self-representations. Kernberg (1975) regarded them as pathological organizations, while Kohut (1971) believed they resulted from a developmental halt in normal psychological growth. According to Kernberg (1970), narcissism is a developmental stage that must be surpassed. It occurs before the oedipal phase and is linked to superego development and the early stages of object relations. Overcoming infant narcissism depends on developing a healthy superego that combines ideal self-images and ideal object images. These idealized images help to compensate for feelings of oral rage and envy. However, if the integration of these idealized images does not occur during the formation of the superego, it may lead to pathological narcissism. This kind of narcissism results in a lack of empathy and a failure to recognize others as separate and whole individuals, which leads to shallow and exploitative relationships. Furthermore, Kernberg highlights that parental attitudes such as being neglectful, inconsistent, devaluing, and empathy-deficient can foster the development of narcissism. Parents tend to fulfill their needs through their relationships with their children and may react angrily when their expectations are not met.

1.2. Narcissism and Narcissistic Personality Disorder

Individuals with narcissistic personality disorder (NPD) exhibit an inflated sense of their own importance (APA, 2013). They are preoccupied with fantasies of success or love

and believe in their own uniqueness. They need excessive admiration, presume rights, and take advantage of others in relationships. They lack empathy and often feel envy towards others or believe others are envious of them. Furthermore, they display arrogant or haughty behaviors (APA, 2013).

Over its extensive history, various forms of narcissism have been identified and defined. An increasing body of research suggests that narcissism is not a singular construct but rather manifests in two main variants: grandiose and vulnerable (Zajenkowski et al., 2016). The distinction between these two main variants of narcissism was first investigated by Wink (1991). Grandiose and vulnerable narcissism both display an exaggerated sense of entitlement and antagonism (Miller et al., 2011). However, these types of narcissism differ in several ways. Grandiose narcissists appear confident, sociable, and charismatic, however, they also display vanity, manipulateness, and aggression (Wink, 1991). Individuals exhibiting grandiose narcissism often maintain their self-esteem by openly boosting themselves, refusing to acknowledge weaknesses, demanding entitlements, expressing anger when expectations are not fulfilled, and devaluing those who challenge their self-esteem (Dickinson & Pincus, 2003). Therefore, grandiose narcissism frequently manifests in maladaptive traits such as self-centeredness, aggression, a sense of entitlement, and a lack of empathy (Roche et al., 2013).

On the contrary, those with vulnerable narcissism typically exhibit fragile self-esteem, instability in emotions, introversion, negative affect, hostility, a need for recognition, a sense of entitlement, egocentricity, and a fixation on grandiose fantasies (Miller et al., 2012). According to Stoessel (2007), vulnerable narcissists may fantasize about grandiosity and entitlement, but these traits are typically not displayed in their interactions with others. They may perceive fantasies of superiority and specialness as unattainable and inappropriate which often leads to shame and disavowal (Stoessel, 2007). That is, the dimension of vulnerability is defined by attributes such as timidity, introspection, and a lack of self-assurance (Wink, 1991). At the same time, it masks unconscious tendencies toward grandiosity, feelings of entitlement, and a propensity for exhibitionism (Wink, 1991). Consequently, this state also involves oscillations in superiority and inferiority (Miller et al., 2011).

The DSM-5 states that narcissism has a spectrum, ranging from sub-clinical presentations with a few traits to its pathological extreme, resulting in a full-fledged personality disorder. In the DSM-5, narcissism is typically linked more to men than women,

with a ratio of 50-75% (APA, 2013). However, female narcissism is still prevalent, but it's often concealed due to societal norms and expectations governing female behavior. For instance, Grijalva and colleagues' (2015) meta-analysis indicates that the vulnerable aspects of narcissism are not gender-specific (see also Miller et al., 2010). There have been also research shows that vulnerable aspects of narcissism are more prevalent among females (Rohmann et al., 2012).

1.2.1. Maternal narcissism

Parents' pivotal role in shaping the lives of their children cannot be overstated. Parents shape and direct their children's behavior with their parenting strategies and actions, continuously over a considerable period of time, in various contexts and circumstances (Achtergarde et al., 2015). The well-being and personality of parents greatly impact their child's development and ability to manage stress, ultimately affecting their well-being (Belsky, 1984). In this context, parents' personality characteristics play a crucial role in parenting, as they define how effectively a person can be as a parent (Alpay, 2020). Parents displaying narcissistic characteristics often display a controlling demeanor, a readiness to place blame, a self-centered outlook, a lack of openness to different viewpoints, a disregard for their children's needs, and a lack of awareness of the consequences of their behavior on their children, and they frequently insist that their children view them in the manner they prefer (Rappoport, 2005). In a sample of adolescents, Horne (1998) examined how parental narcissism correlates with empathy, self-esteem, people-pleasing behavior, conflict with peers, and narcissistic traits. The findings showed that the narcissistic tendencies of mothers yielded a significant and positive correlation with their sons' narcissism and a negative correlation with their sons' expression of empathy. Moreover, the narcissistic tendencies, expressed empathy, and self-esteem of daughters showed significant associations with their mothers' scores which implies a more significant influence from same-sex parental figures on children's behaviors regarding narcissism (Horne, 1998).

Furthermore, according to research on narcissistic parenting, parents who exhibit grandiose narcissism tend to have lower empathy than parents with vulnerable narcissism (Hart, 2017). This research also showed that parents with more grandiose narcissistic traits are more likely to adopt authoritarian or permissive parenting styles when compared to parents without such traits. Furthermore, Horton (2021) studied parental well-being in the

context of parenthood and examined the influence of grandiose narcissism on parent-child relationships. According to the study, there exists a negative association between grandiose narcissism and subjective well-being. As a result, the study suggests that parents with higher grandiose narcissism scores tend to have less satisfaction in their relationship with their children, which eventually leads to a decrease in overall well-being. In a study by Palumbo (2023), adult children rated the grandiose and vulnerable narcissism of their parents. Findings indicated that vulnerable narcissism has a more negative impact on children's self-perception, cognitive patterns, and relationships. In this sense, parents who exhibit vulnerable narcissistic traits may have a greater negative impact on their children than those who exhibit grandiose narcissistic traits (Palumbo, 2023).

As studies have shown, women tend to exhibit more vulnerable narcissistic traits compared to men (Rohmann et al., 2012). When parents display such traits, the negative impact on their children is more severe in cases of vulnerable narcissism than grandiose narcissism (Palumbo, 2023). Consequently, children of mothers with narcissistic traits may face particular challenges in their adulthood. Klein (1932) introduced the term internal object which is the representation of external images that are assimilated into the self. Klein's theory highlights the crucial role of a mother as an external object to be internalized by the child. A positive external object, typically the mother, contributes to the formation of a healthy internal object in the child. Exposure to a negative external object, on the other hand, can lead to the development of a negative internal object, which can result in illness and psychopathology later in adult years (Klein, 1932). Karyl McBride's 2008 book "Will I Ever Be Good Enough?" delves into the ways a narcissistic mother can express her behavior towards her daughter, which may involve either overwhelming control or neglect. McBride also categorizes different personality types that narcissistic mothers may display, including flamboyant extroversion, an emphasis on achievement, psychosomatic manipulation, and emotional dependency. Irrespective of the particular approach to parenting or personality exhibited, the consistent underlying message to the daughter is, "You are inadequate as you are, and you must change and make an effort to earn my love" (McBride, 2008, p. 46-57). Furthermore, Määttä and Uusiautti's (2020) narrative research on maternal narcissism identified three distinct types of childhood experiences among children raised by narcissistic mothers: incompetent childhood, isolated childhood, and denied childhood. Incompetent childhoods were characterized by constant criticism and humiliation which left the children with a constant sense of inadequacy. Isolated childhood involved social withdrawal and

emotional dependency, where children were kept away from friends and other support systems. Denied childhoods were characterized by neglect and emotional abandonment, where children felt like a burden and were often physically and emotionally abused.

Only a handful of studies have delved into the realm of maternal narcissism and its impact on their children. Specifically, research on the perception of maternal narcissism remains scarce. Türker's (2018) research is one of the few studies that investigated the influence of maternal narcissism on adult children. The study aimed to determine whether adult children who perceive their mothers as narcissistic are more likely to develop narcissistic traits. Consequently, perceived maternal narcissism (PMN) predicts the development of vulnerable narcissistic traits in adults, rather than grandiose narcissistic traits (Türker, 2018). Alpay (2020) also investigated how self-criticism mediated the relationship between PMN and psychopathological outcomes in adult children. His research revealed that self-criticism, which is generated by inadequacy feelings and self-loathing, mediates the link between PMN and psychopathology, including depression, anxiety, negative self, somatization, and anger/aggression. More recent research sought to explore the connections between attachment, self-object needs, PMN, and narcissism (Dündar, 2022). Self-object needs were found to be a significant mediator in the association between PMN and narcissism. This finding implies that an individual's self-object needs are impacted by PMN, which in turn influences the individual's narcissistic tendencies (Dündar, 2022).

1.3. Schema Therapy

Schema therapy represents an integrated psychotherapy method that combines cognitive-behavioral, experiential, and psychoanalytic techniques. Schema therapy emphasizes that psychological distress is frequently brought on by early maladaptive schemas (EMSs). An EMS can be understood as a wide-ranging, pervasive pattern encompassing memories, emotions, thoughts, and physical sensations concerning oneself and social relationships (Young et al., 2003). These patterns originate in childhood or adolescence, become more complex with age, and can lead to considerable dysfunction (Young et al., 2003). EMSs usually originate in childhood or adolescence and persist for the duration of a person's life, often manifesting notable levels of dysfunction (Young, 1999; Young et al., 2003). Young and Klosko (1994) suggested that EMSs might have their origins in early life events that were not adequate for satisfying a child's basic needs for safety,

socialization, autonomy, self-esteem, self-expression, and reasonable boundaries. Young identified 18 EMSs across 5 domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and over-vigilance and inhibition.

According to Young and colleagues (2003) describe disconnection and rejection as the first schema domain (p.14-17). This domain manifests when children struggle to establish secure relationships with others. It encompasses the belief that one cannot rely on others for support and that they feel isolated and rejected by those around them. Impaired autonomy and performance refers to the second domain, as defined by Young and colleagues. (2003, p. 14–17), where individuals hold the belief that they lack the necessary skills to live successfully and autonomously. This domain emerged as a consequence of families characterized by excessive protectiveness and a propensity to undermine the child's competence outside of the family. "Impaired limits" defined as the third EMS domain (Young et al., 2003, p.14-17). Individuals who developed EMSs in this domain frequently struggle with impulse control, goal concentration, accepting responsibility, and abiding by rules. Such individuals may overlook the needs and rights of others in their social circles which makes it difficult to work together effectively.

Young's domain four is other-directedness (Young et al., 2003, p.14-17). Individuals neglect their own needs while overemphasizing others' desires and emotions in the pursuit of love, approval, or avoidance of negative outcomes. Frequently, people are required to repress their personal emotions and instincts, which arises from a family environment where children are compelled to conceal their true identities to gain affection and admiration. The domain five that Young identifies is overvigilance and inhibition (Young et al., 2003, p.14-17). People who belong to this schema domain tend to put too much emphasis on self-control, rigid rules, and performance while neglecting aspects of life such as relationships, happiness, and self-expression. A familial environment that prioritizes duty, perfectionism, and rule-following over pleasure and relaxation cultivates a pervasive sense of pessimism and constant vigilance (see Table 1.1.).

Table 1.1. EMSs and EMS Domains

Schema Domains	Early Maladaptive Schemas (EMSs)
Domain 1: Disconnection and Rejection	Abandonment/Instability Mistrust/Abuse Emotional Deprivation Defectiveness/Shame Social Isolation/Alienation
Domain 2: Impaired Autonomy and Performance	Dependence/Incompetence Vulnerability to Harm or Illness Enmeshment/Undeveloped Self Failure
Domain 3: Impaired Limits	Entitlement/Grandiosity Insufficient Self-Control/Self-Discipline
Domain 4: Other-Directedness	Subjugation Self-Sacrifice Approval-Seeking/Recognition-Seeking
Domain 5: Overvigilance and Inhibition	Negativity/Pessimism Emotional Inhibition Unrelenting Standards/Hypercriticalness Punitiveness

1.3.1. Maternal narcissism and EMSs

A child's family is their whole universe (Young, 1999). Family is the source that meets children's basic needs, which are essential for children to flourish and develop in a healthy manner. A number of theoretical perspectives often emphasize the importance of a secure parent-child connection for the healthy development of the child's personality, and this connection relies on the caregiver's capability to attend to the child's basic needs (Jones, 1983; Winnicott, 2021). The schema therapy model examines five categories of emotional needs that are typically found in children, albeit with some minor differences (Stroian, 2021). These categories encompass connection, autonomy and competence, setting sensible

boundaries and practicing self-control, the freedom to express needs and emotions, and spontaneity/play (Young et al., 2003). Functional parents naturally acknowledge these needs and actively support their children in cultivating these essential core needs. Conversely, parents exhibiting narcissistic traits may struggle to fulfill their children's needs. Parental narcissism, whether grandiose or vulnerable, harms children by creating an uncaring, invalidating, and inattentive family environment. A narcissistic parent compels the child to relinquish a substantial part of their identity via compliance and sacrifice because the parent views the child as an extension of themselves (Türker, 2018). The child's authentic self is thus forfeited and replaced with a false, compliant self in order to please their narcissistic parent.

When considering narcissistic parenting by mothers, a diverse array of schemas can emerge in their children. Notably, schemas in disconnection and rejection domain may surface. For instance, *emotional deprivation* schema may develop, as mothers with narcissistic traits may prioritize their emotional needs over their children's, requesting their children to fulfill their emotional requirements instead of behaving like functional parents who attend to their children's needs. The schema of *social isolation/alienation* may also emerge when maternal narcissism leads a child to believe there is something inherently wrong with them which, in turn, enables the mother to exert control over them.

Children exposed to maternal narcissism may exhibit EMSs related to the second domain, impaired performance and autonomy. Exposure to maternal narcissism may lead children to develop *dependence/incompetence* schema. Mothers with narcissistic traits often view their children as extensions of themselves, hindering their ability to function independently. Consequently, this dynamic may ultimately foster a sense of dependence in their children. The controlling tendencies of narcissistic mothers can give rise to the manifestation of an *enmeshment/undeveloped self* schema in their children. In *enmeshment/undeveloped self* schema, children may become deeply entwined with their narcissistic mothers to the extent that their identity becomes closely intertwined with their mothers. Narcissistic parenting by mothers could also result in the development of EMSs in the "impaired limits" domain. Children of narcissistic mothers may have trouble with establishing their boundaries due to their mother's disregard for their limits. The *entitlement/grandiosity* schema might emerge. This schema may develop as a result of parents who pamper their children and set inadequate boundaries, or children develop this schema as a compensatory response to feelings of inadequacy caused by distant and dismissive parenting (Zeigler-Hill et al., 2011). The fourth

domain called other-directedness can be seen as well. For example, the *subjugation* schema may become apparent when children excessively yield control to their mothers in an effort to avoid anger and abandonment.

Children may develop EMSs within the last domain known as overvigilance and inhibition. According to Beck and colleagues (2015), narcissistic schemas involve anticipating entitlement and perfectionism in relation to others, along with continual discontent with perceived imperfections in others. Consequently, children of narcissistic mothers may adopt excessively high standards to evade criticism from their mothers, resulting in the eventual development of *unrelenting standards* schema. The development of a *pessimism* schema is also a potential outcome. Children have optimistic expectations about future conflict resolution when they witness disagreements being successfully addressed (Chaudhry & Shabbir, 2018). On the other hand, the persistence of unresolved conflicts may result in the development of pessimistic expectations and emotional distress in children (Chaudhry & Shabbir, 2018). This is especially crucial in the context of maternal narcissism since such mothers' lack of empathy and insistence on always being right may contribute to the development of a *pessimism* schema in their children.

1.3.2 Schema therapy and cluster B personality patterns

In the DSM-5, personality disorders (PDs) are classified into three clusters, which are A, B, and C (APA, 2013). PDs within cluster B are marked by dramatic, impulsive, and erratic characteristics (Larivière et al., 2010). Cluster B encompasses four subtypes: antisocial, borderline, histrionic, and narcissistic PDs. Antisocial personality disorder (ASPD) is characterized by individuals who consistently engage in exploitative, remorseless, and socially irresponsible behaviors (Goodwin & Guze, 1989). Borderline personality disorder (BPD) is distinguished by impulsive conduct, increased sensitivity to perceived interpersonal offenses, an instability of self-concept, intense and erratic emotions (Gunderson et al., 2018). Histrionic personality disorder (HPD) is also named as dramatic personality disorder, and is marked by a desire to be focus of attention, a theatrical display of emotions, and swiftly changing emotional states (Newlin & Weinstein, 2015). NPD may exhibit diversity but the DSM-5 criteria address this by providing a relatively specific and uniform definition (Caligor et al., 2015). It characterizes NPD as a lack of empathy, a craving for admiration, and grandiosity (in fantasy or behavior) (APA, 2013).

To foster the formation of a healthy personality, it is crucial for parenting styles to be assertive and attuned to the specific developmental needs at various stages of human growth (Basso et al., 2019). In the absence of healthy parenting styles, there is an increased likelihood that an individual may encounter several symptoms, potentially leading to the diagnosis of PDs in adulthood (Batoool et al., 2017; Beigi & HamidehAskari, 2016; Thimm, 2009, as cited in Bosso et al., 2019). In Thimm's (2009) study, being rejected by both parents and receiving less emotional warmth from the mother were found to be associated significantly with cluster B PDs. Considering that mothers with high narcissistic characteristics tend to exhibit lower emotional warmth, this may lead to the development of cluster B personality patterns in their children. Furthermore, according to research by Hart and colleagues (2017), narcissism demonstrated a negative correlation with optimal parenting (characterized as authoritative) and a positive correlation with non-optimal parenting (including authoritarian and permissive styles). Additional mediation analysis revealed that the lack of empathy displayed by individuals with narcissistic tendencies is a predictor of unresponsive caregiving toward their children. This, in turn, is linked to decreased levels of optimal parenting and an increase in non-optimal parenting practices (Hart et al., 2017).

Parental rearing can have a profound influence on children to develop EMSs. Children tend to adopt specific behaviors and perspectives as coping mechanisms within their familial environment. Over time, these coping mechanisms may evolve into deeply ingrained behavioral patterns, carrying forward into adulthood. As a result, individuals may encounter situations that trigger the recurrence of these old, once protective, behaviors. However, in adulthood, these patterns may prove to be maladaptive rather than protective, highlighting the lasting impact of early parental rearing on EMSs. Results of Thimm's study (2009) showed that EMSs were significant mediators in the connection between recalled parental rearing behaviors and the psychological symptoms of PDs, with the influence of depression taken into account. Cluster B PDs may be linked to a variety of EMSs. As demonstrated in a study, individuals with cluster B PDs exhibited significantly higher scores in emotional deprivation, abandonment, mistrust/abuse, social isolation, defectiveness, failure, dependence, vulnerability, enmeshment, subjugation, self-sacrifice, emotional inhibition, unrelenting standards, entitlement, and insufficient self-control compared to those in the control group (Khodarahimi, 2017).

The disconnection schema domain is often linked to early experiences of abuse and neglect (Young et al., 2003), which are common childhood characteristics of cluster B personality disorders. Narcissistic mothers typically exhibit parenting that is emotionally depriving and conditional. Therefore, this study expects to find the disconnection domain present across all cluster B personality patterns. Therefore, this study expects to find the disconnection domain present across all cluster B personality patterns. Additionally, a study by Shorey and colleagues (2014) found that the impaired limits and disconnection domains were positively associated with increased ASPD symptoms. Similarly, Ball and Cecero (2001) found that ASPD severity was associated with early maladaptive schemas related to disconnection, impaired boundaries, and impaired autonomy. Hence, this study expects the disconnection, impaired autonomy, and impaired boundaries domains to mediate the relationship between PMN and the antisocial personality pattern (APP). Furthermore, according to a review by Barazandeh and colleagues (2016), the disconnection domain was most prevalent among individuals with BPD. Considering the emotionally depriving and conditional nature of parenting by narcissistic mothers, the disconnection domain is expected to mediate the relationship between PMN and the borderline personality pattern (BPP).

For HPD, prior research demonstrates that the EMSs of entitlement (Carr & Francis, 2010; Nordahl et al., 2005) and approval seeking (Roediger, 2015) are most predictive of HPD. In addition to the disconnection domain, which is expected in all Cluster B personality patterns, the impaired limits and other-directedness domains are anticipated to mediate the relationship between PMN and the histrionic personality pattern (HPP). Regarding NPD, Young and colleagues (2003) identified entitlement, emotional deprivation, and defectiveness as primary EMSs in narcissism. Secondary EMSs include mistrust/abuse, social isolation, approval seeking, failure, insufficient self-control, unrelenting standards, subjugation, and punitiveness (Young et al., 2003). Considering these EMSs and the maladaptive parenting by narcissistic mothers, this study expects all EMS domains to mediate the relationship between PMN and narcissistic personality pattern (NPP).

1.4. Importance of the Study

The parenting of narcissistic mothers is often inconsistent, as they are expected to display various dysfunctional parenting styles, including emotionally depriving, belittling/criticizing, as well as permissive/boundless. While there have been no direct studies

examining the connection between the parenting styles of narcissistic mothers and the development of EMSs in their children, it is well-established that dysfunctional parenting styles contribute to the development of EMSs in children (Young et al., 2003). For instance, the emergence of the disconnection domain might be linked to emotionally depriving parenting exhibited by narcissistic mothers. Such mothers give love on a condition, they prioritize themselves over their children. In addition, the impaired limits domain might stem from the permissive and boundless parenting style of narcissistic mothers. In the parenting approach of narcissistic mothers, boundaries are not clearly defined, these mothers see themselves as the owners of their children and expect their children to reflect their own image (Boicich, 2017). Therefore, this study is of importance because, to our knowledge, it is the first to directly examine how the perceived narcissism of mothers can contribute to the development of EMSs in their children.

Furthermore, previous studies have explored the influence of maternal narcissism on the development of narcissistic traits in adult children (XX) Nevertheless, there exists a literature gap in exploring the relationship between PMN and other personality patterns. The presence of narcissistic characteristics in mothers, marked by a lack of empathy and an inability to recognize emotional needs, is linked to unmet needs of children, such as the need for love, stability, and care. Various unmet childhood needs can lead to the emergence of the dramatic cluster of personality disorders in their children. In schema theory, cluster B PDs are of particular concern because their characteristics, such as difficulties in responding to stimuli, novelty-seeking tendencies, impulsivity, and dysfunctional cognitive and emotional regulation, align with schema theory's predictions regarding personality problems (Khodarahimi, 2017). Therefore, this study specifically examines cluster B personality patterns, which include APP, BPP, HPP, and NPP. Hence, this study will be the first to investigate maternal narcissism and its contribution to the development of cluster B personality disorders.

1.5. The Aim of the Study & Research Questions

This study seeks to examine the relationship between PMN and cluster B personality patterns within the framework of the schema therapy model. Additionally, this association is intended to be investigated with a special emphasis on EMSs (see Figure 1.1.).

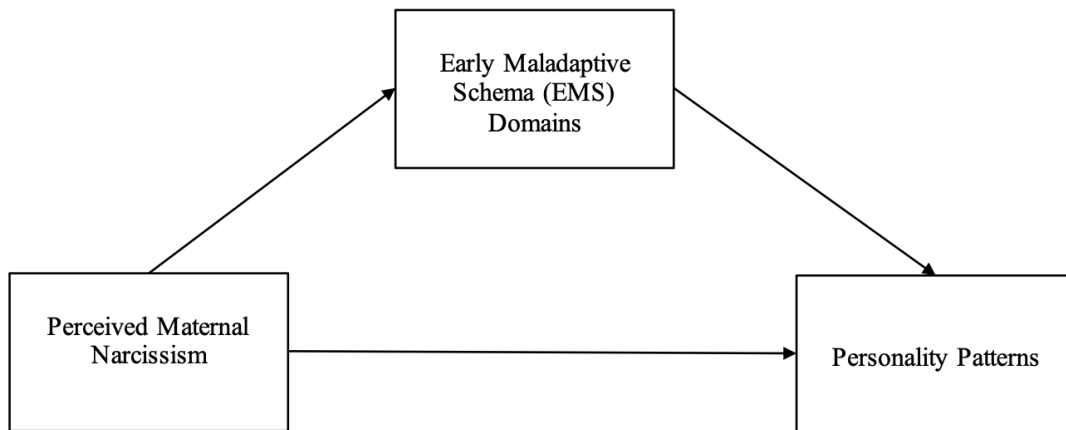


Figure 1.1. The research model

In light of this general purpose, the research questions formulated are listed below:

- 1) Are there significant relationships between PMN, EMSs, and cluster B personality patterns?
- 2) Do EMS domains mediate the relationship between PMN and cluster B personality patterns?

1.6. Hypotheses

The primary hypotheses of this study are as follows:

- 1) PMN would significantly predict all EMS domains.
- 2) PMN would significantly predict all cluster B personality patterns (APP, BPP, HPP, and NPP).
- 3) a) All EMS domains would significantly predict NPP
 b) Disconnection schema domain would significantly predict BPP.
 c) Disconnection, impaired limits, and other-directedness would significantly predict HPP.
- 4) Each of the EMS domains would mediate the relationship between PMN and NPP.
- 5) Disconnection, impaired autonomy, and impaired boundaries schema domains would mediate the relationship between PMN and APP.
- 6) Disconnection schema domain would mediate the relationship between PMN and BPP.

7) Disconnection, impaired limits, and other-directedness schema domain would mediate the relationship between PMN and HPP.

2. METHOD

2.1. Participants

The research sample includes voluntary participants aged 18-60 from various cities in Türkiye. Initially, 716 participants were reached. However, 146 participants who did not fully fill out the questionnaire set were excluded, along with 4 participants who did not accept the informed consent. Three participants who were not raised by their biological mother due to maternal loss and 4 individuals over the age of 60 were not included in the study. Following outlier analyses, the research sample involved 556 individuals after the exclusion of data from 2 people.

In the study, 473 participants were female (85.1%) and 83 were male (14.9%). The age of the participants were between 18 and 60, with a mean age of 28.46 ($SD = 14.1$). Further demographic information about the participants is provided in Table 2.1.

Table 2.1. Characteristics of Sample

Variables		Frequency	Percent (%)
Gender	Female	473	85.1
	Male	83	83
Education	Literate	8	1.4
	Elementary school graduate	2	.4
	High school graduate	180	32.4
	Bachelor's degree	259	46.6
	Postgraduate	107	19.2
Marital Status	Married	133	23.9
	Single	423	76.1
Living with whom	With family	387	69.6
	In a dormitory	36	6.5
	With friends at home	28	5.0
	Alone at home	60	10.8
	With relatives	6	1.1
	Other	39	7.0
Income level	Low	13	2.3
	Low-Middle	49	8.8
	Middle	249	44.8
	Upper-Middle	227	40.8
	High	18	3.2
Is your mother currently living?	Yes	523	94.1
	No	33	5.9
Is your father currently living?	Yes	464	83.5
	No	92	16.5

Note. $N = 556$

2.2. Materials

Participants received an Informed Consent Form to explain the study and secure their voluntary participation. The Demographic Information Form was asked to be filled out by participants to collect personal data. The Perceived Maternal Narcissistic Characteristics Scale (PMNS) assessed how children perceive their mother's narcissistic characteristics. The Turkish version of the Young Schema Questionnaire-Short Form 3 (YYSQ-SF3) evaluated EMSs. Personality Belief Questionnaire- Short Turkish Form (PBQ-STF) measured non-functional beliefs related to PDs, only items corresponding to cluster B PDs were used.

2.2.1. Demographic information form

Participants received a Demographic Information Form before completing the questionnaire set. This form included questions about age, sex, marital status, educational level, economic level, maternal status, upbringing, psychological disorders, and therapy history (see Appendix 2).

2.2.2. The Perceived Maternal Narcissistic Characteristics Scale

Alpay and Aydın (2023) developed the Perceived Maternal Narcissistic Characteristics Scale. This scale assesses how narcissistic characteristics of a mother are perceived by their child. It comprises 25 items categorized into five aspects: criticism/accusation, lack of empathy, grandiosity/exhibitionism, parentification/exploitation, and control/interventionism. Respondents rate items on a 4-point Likert scale ranging from 1 (never) to 4 (always). In this scale, Cronbach's alpha values were .89 for lack of empathy, .85 for entitlement/grandiosity, .85 for criticism/accusation, .89 for control/interventionism, and .73 for parentification/exploitation. The total Cronbach's alpha value of PMNS was found to be .92. In the present study, the internal consistency was found to be .91.

2.2.3. Young Schema Questionnaire-Short Form 3 (YSQ-SF3)

The original version of the Young Schema Questionnaire (YSQ) was designed to identify EMSs in individuals. This questionnaire comprises 205 items and 18 EMSs (Young, et al., 2003). A condensed version composing 75 items was developed to address its lengthy nature, measuring 15 EMSs (Young & Brown, 1999). By adding approval-seeking/recognition-seeking, punitiveness, and negativity/pessimism schemas to this version of the questionnaire, a 90-item self-report inventory known as the Young Schema Questionnaire Short Form-3 (YSQ-SF3) was created. The YSQ-SF3 comprises 18 EMSs grouped into 5 schema domains: Rejection, impaired autonomy and performance, impaired limits, other-directedness, overvigilance, and inhibition

The Turkish version of the YSQ-SF3 was adapted by Soygüt and colleagues (2009). In the study conducted with a sample of Turkish universities, it has been concluded that the scale consists of interpretable 14 dimensions. The Turkish version of YSQ-SF3 consists of 90 items with a 6-point Likert scale (1 = not true of me, 6 = very true of me). During the reliability assessment, Cronbach's alpha values for the factors were between .63 and .80, while the values for schema domains fell between .53 and .81 (Soygüt et al., 2009). The conclusion drawn is that the YSQ-S3 demonstrates validity and reliability as an assessment instrument suitable for utilization in clinical practices and research endeavors conducted within Türkiye. In the current study, the internal consistency scores for EMS domains were found to be between .71 and .95.

2.2.4. Personality Belief Questionnaire- Short Turkish Form (PBQ-STF)

The original scale was developed by Beck and Beck (1991) in order to examine non-functional beliefs related to PDs defined in the DSM. Butler and colleagues (2007) created the Personality Belief Questionnaire - Short Form (PBQ-SF) by selecting 65 items out of the original 126 items. Items correspond to 9 personality disorders which are avoidant, dependent, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic, schizoid, and paranoid. Participants rate each statement based on how well the items align with their beliefs, using a 5-point Likert scale ranging from 0 (not at all) to 4 (totally). The internal consistency of the PBQ-SF was reported to be between 0.81 and 0.92 (Butler et al., 2007). Taymur and colleagues (2011) evaluated the validity, reliability, and psychometric

properties of the Personality Belief Questionnaire-Short Turkish Form (PBQ-STF). The Cronbach's alpha value for the entire 65-item scale was determined to be 0.923. The Cronbach alpha scores for the individual subscales were between 0.61 and 0.85 (Taymur et al., 2011). Bilge and Bilge (2019) subsequently validated the scale, incorporating the Borderline Personality Disorder scale, which was absent in the initial Turkish version. The Cronbach's alpha values fell between 0.70 and 0.84, while test-retest correlations have been found between 0.70 and 0.90. For this study, the version by Bilge and Bilge (2019) was used. This study incorporated items that assess cluster B PDs in the analyses. In the current study, the internal consistency scores for antisocial, borderline, histrionic, and narcissistic scales were found to be .82, .83, .86, and .80 respectively.

2.3. Procedure

The research was conducted with approval from the Ethical Committee at Baskent University. The data was gathered via an online survey form created using Qualtrics. To recruit participants, a survey link was shared on social media websites. Additionally, participants had the chance to enter a draw for a gift voucher as a reward.

2.4. Analysis of Data

IBM SPSS 29.0.2.0 was used to perform statistical analyses on the collected data. Normality and outlier analyses were performed to check whether the data was suitable for research. The Pearson Product-Moment Correlation Coefficient Analysis was used to evaluate the relationships between the variables in the research model (PMN, EMS domains, and cluster B personality patterns). One-way multivariate analysis of variance (one-way MANOVA) was performed to assess if there were significant differences in the variables based on gender. The mediator role of EMSs in the relationship between PMN and cluster B personality patterns was examined through Parallel Multiple Mediator Analysis with the PROCESS Macro v4.2 extension developed by Hayes (2022), specifically employing Hayes PROCESS macro model 4.

3. RESULTS

The present study employed The Pearson Product-Moment Correlation Coefficient Analysis as an exploratory analysis to aid in result interpretation. One-way MANOVA and PROCESS analyses were performed to address the research questions.

3.1. Assessing the Suitability of the Data for Statistical Analysis

Data from Qualtrics was transferred to the IBM SPSS 29.0.2.0 program. After excluding 146 cases with missing data, 3 participants who were not raised by their biological mother due to maternal loss, and 4 individuals over 60 years of age, the remaining data was used for the analyses. Both univariate and multivariate outliers were identified. For univariate outliers, z-scores were calculated, and it was found that the z-score of 1 individual was not between -3.29 and +3.29. For multivariate outliers, Mahalanobis D2 calculation was performed, indicating that the D2 value of 1 individual exceeded the critical value of 13.82. Furthermore, a normality analysis was conducted, and Skewness and Kurtosis values were calculated. Tabachnick and Fidell (2014) indicated that data should fall within the range of -1.5 and +1.5 to satisfy the assumption of normal distribution. The analysis revealed that all values were within the range of +1 to -1, indicating a normal distribution. Hence, the analyses were carried out using data obtained from 556 individuals.

3.2. Descriptive Analysis Results of Research Variables

The study examined the descriptive analysis results for PMNS, and EMS domains. The cluster B personality patterns with subscales of antisocial, borderline, histrionic, and narcissistic personality patterns were analyzed. These results, including the mean, minimum, and maximum values, standard deviation for the main questionnaires and their subscales, and skewness and kurtosis values for the total scores of the questionnaires, are presented in Table 3.1.

Table 3.1. Descriptive Characteristics of the Study Measures

Measures	N	Min	Max	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
PMNS	556	20	82	39.07	12.96	.86	.11
YSQ-SF3	556	93	446	236.33	70.38	.37	-.24
Disconnection	556	23	120	53.35	20.83	.73	-.02
Impaired Autonomy	556	31	174	71.46	28.71	.81	.4
Impaired Limits	556	7	38	22.87	6.30	.03	-.41
Other-Directedness	556	11	63	35.16	10.61	-.02	-.42
Unrelenting Standards	556	9	54	29.56	8.99	.16	-.27
PBQ-STF- Cluster B	556	0	99	38.10	19.51	.23	-.57
PBQ-STF-Antisocial	556	0	28	10.17	5.63	.34	-.32
PBQ-STF-Borderline	556	0	26	8.99	5.73	.45	-.43
PBQ-STF-Histrionic	556	0	26	9.13	5.96	.41	-.63
PBQ-STF-Narcissistic	556	0	28	9.81	5.31	.40	-.23

Note. PMNS: The Perceived Maternal Narcissistic Characteristics Scale; YSQ-SF3: Young Schema Questionnaire-Short Form 3; PBQ: Personality Belief Questionnaire- Short Turkish Form.

3.3. Correlation Analysis Between Research Variables

Pearson's bivariate correlation analyses were conducted to investigate the associations among PMN, EMS domains, and cluster B personality patterns. PMN displayed positive correlations with the total score of YSQ-SF3 ($r = .54^{**}$, $p < .001$) and the total scores of cluster B personality patterns ($r = .31^{**}$, $p < .001$). Furthermore, PMN exhibited correlations with all EMS domains: disconnection ($r = .52^{**}$, $p < .001$), impaired autonomy ($r = .498^{**}$, $p < .001$), impaired limits ($r = .23^{**}$, $p < .001$), other-directedness ($r = .41^*$, $p < .001$), and unrelenting standards domains ($r = .38^{**}$, $p < .001$). Additionally, PMN was positively correlated with APP, BPP, HPP, and NPP ($r = .24^{**}$, $p < .001$; $r = .32^{**}$, $p < .001$; $r = .29^{**}$, $p < .001$; $r = .24^{**}$, $p < .001$).

The total score of YSQ-SF3 demonstrated positive significant correlations with all EMS domains: disconnection domain ($r = .89^{**}$, $p < .001$), impaired autonomy ($r = .92^{**}$, $p < .001$), impaired limits ($r = .89^{**}$, $p < .001$), other-directedness ($r = .89^{**}$, $p < .001$), and unrelenting standards domains ($r = .89^{**}$, $p < .001$).

.001), impaired limits ($r = .53^{**}, p < .001$), other-directedness ($r = .80^{**}, p < .001$), and unrelenting standards domains ($r = .76^{**}, p < .001$). Moreover, the total score of YSQ-SF3 positively correlated with the total score of cluster B personality patterns ($r = .59^{**}, p < .001$), as well as its subscales of APP ($r = .44^{**}, p < .001$), BPP ($r = .66^{**}, p < .001$), HPP ($r = .54^{**}, p < .001$), and NPP ($r = .39^{**}, p < .001$).

The total score of cluster B personality patterns yielded positive significant correlations with five EMS domains: disconnection, ($r = .51^{**}, p < .001$), impaired autonomy ($r = .55^{**}, p < .001$), impaired limits ($r = .33^{**}, p < .001$), other-directedness ($r = .39^{**}, p < .001$), and unrelenting standards domains ($r = .54^{**}, p < .001$). Furthermore, all cluster B personality patterns and EMS domains exhibited positive significant correlations. Specifically, disconnection domain correlated with APP ($r = .38^{**}, p < .001$), BPP ($r = .61^{**}, p < .001$), HPP ($r = .43^{**}, p < .001$), and NPP ($r = .33^{**}, p < .001$); impaired autonomy domain correlated with APP ($r = .35^{**}, p < .001$), BPP ($r = .68^{**}, p < .001$), HPP ($r = .55^{**}, p < .001$), and NPP ($r = .28^{**}, p < .001$); impaired limits correlated with antisocial ($r = .35^{**}, p < .001$), borderline ($r = .25^{**}, p < .001$), histrionic ($r = .20^{**}, p < .001$), and NPP ($r = .36^{**}, p < .001$); other-directedness domain correlated with APP ($r = .30^{**}, p < .001$), BPP ($r = .45^{**}, p < .001$), HPP ($r = .33^{**}, p < .001$), and NPP ($r = .25^{**}, p < .001$); unrelenting standards domain correlated with APP ($r = .44^{**}, p < .001$), BPP ($r = .440^{**}, p < .001$), HPP ($r = .53^{**}, p < .001$), and NPP ($r = .44^{**}, p < .001$). Consequently, when examining the correlation values, it was observed that all variables were positively and significantly correlated. (See Table 3.2.).

Table 3.2. Correlation Findings for the Variables Studied in the Research

Variables	1	2	3	4	5	6	7	8	9	10	11
1- PMNS	-										
2- YSQ-SF3	.540**	-									
3- Disconnection	.522**	.891**	-								
4- Impaired Autonomy	.498**	.920**	.780**	-							
5- Impaired Limits	.229**	.533**	.385**	.383**	-						
6- Other-Directedness	.413**	.798**	.622**	.639**	.400**	-					
7- Unrelenting Standards	.378**	.755**	.537**	.615**	.511**	.627**	-				
8- PBQ-STF-Cluster B	.314**	.593**	.509**	.545**	.331**	.389**	.540**	-			
9- PBQ-STF-Antisocial	.239**	.442**	.381**	.349**	.346**	.304**	.443**	.876**	-		
10- PBQ-STF-Borderline	.315**	.662**	.605**	.679**	.245**	.451**	.440**	.847**	.634**	-	
11- PBQ-STF-Histrionic	.288**	.540**	.434**	.552**	.195**	.330**	.534**	.878**	.652**	.713**	-
12- PBQ-STF-Narcissistic	.236**	.389**	.328**	.279**	.364**	.251**	.441**	.847**	.741**	.561**	-

Note. ** $p < .001$. PMNS: The Perceived Maternal Narcissistic Characteristics Scale; YSQ-SF3: Young Schema Questionnaire-Short Form 3; PBQ-STF: Personality Belief Questionnaire- Short Turkish Form.

3.5. Parallel Multiple Mediator Analysis

Parallel Multiple Mediator Analysis was performed using the PROCESS Macro v4.2 extension that Hayes (2022) developed in the IBM SPSS 29.0.2.0 program to examine whether EMS domains mediate the relationship between PMN and Cluster B personality patterns. The PROCESS macro Model 4 was utilized, where a predictor variable influences an outcome variable through the mediation of multiple mediator variables. Parallel Multiple Mediator Analyses (PROCESS) allow the inclusion of multiple mediator variables in the analysis simultaneously. Analyses were examined using the 5000 resample bootstrapping method with a 95% Confidence Interval (CI) for testing.

The scores from the 5 schema domains, which are disconnection, impaired autonomy, impaired limits, other-directedness, and unrelenting standards, covering the 14 schema dimensions of YSQ-SF3 are determined as mediator variables. Four different mediation models were conducted for the four cluster B personality patterns, namely APP, BPP, HPP, and NPP. According to MANOVA results, gender was found to make a significant difference in the APP $F(1, 554) = 9.61, p = .002, \eta_p^2 = .02$], BPP $F(1, 554) = 4.70, p = .031, \eta_p^2 = .01$], and NPP $[F(1, 554) = 9.38, p = .002, \eta_p^2 = .02]$. Consequently, gender was added as a covariate to control for its effects as a confounding variable.

3.5.1. Analysis results on the mediating role of EMS domains in the relationship between PMN and APP

A mediation analysis was conducted to explore the mediating roles of EMS domains in the relationship between PMN (predictor variable, X) and APP (outcome variable, Y). The EMS domains were disconnection (M1), impaired autonomy (M2), impaired limits (M3), other-directedness (M4), and unrelenting standards (M5) domains. Figure 3.1. demonstrates this model, and in this model paths $a_1, a_2, a_3, a_4,$ and a_5 depict the direct effects of perceived maternal narcissism on 5 EMS domains. Paths $b_1, b_2, b_3, b_4,$ and b_5 depict the direct effects of 5 EMS domains on APP. Additionally, path c' demonstrates the direct effect of PMN on APP, while path c represents the total effect of PMN on APP. In this model, gender was included as a covariate to control for its effects as a confounding variable as it made a significant difference in APP.

The result of the analysis indicated that PMN significantly predicted disconnection (path $a_1; B = .83, p < .001$), impaired autonomy (path $a_2; B = 1.11, p < .001$), impaired limits

(path a_3 ; $B = .11, p < .001$), other-directedness (path a_4 ; $B = .34, p < .001$), and unrelenting standards (path a_5 ; $B = .27, p < .001$) domains. Moreover, disconnection (path b_1 ; $B = .05, p = .004$), impaired limits (path b_3 ; $B = .12, p = .002$), and unrelenting standards (path b_5 ; $B = .21, p < .001$) domains significantly predicted APP. However, impaired autonomy (path b_2 ; $B = -.001, p = .926$) and other-directedness (path b_4 ; $B = -.05, p = .112$) domains did not predict APP. The total effect of PMN on APP was found to be significant (path c ; $B = .10, p < .001$). Furthermore, the direct effect of the PMN on APP (path c' ; $B = .01, p = .699$) was not significant. Therefore, when the mediating effects of EMS domains were included, the previously observed statistical significance in the relation between PMN and APP was no longer present. These findings suggest that disconnection, impaired limits, and unrelenting standards domains fully mediated the relationship between PMN and APP.

Examining the indirect effects, the total indirect effect of EMS domains ($B = .09, SE = .01, 95\% CI [.07, .12]$) was significant. Furthermore, it can be seen that the indirect effect of disconnection ($B = .04, SE = .02, 95\% CI [.01, .07]$), impaired limits ($B = .01, SE = .005, 95\% CI [.005, .03]$), and unrelenting standards ($B = .06, SE = .01, 95\% CI [.04, .08]$) domains was significant, while indirect effect of impaired autonomy ($B = -.001, SE = .02, 95\% CI [-.02, .02]$) and other-directedness ($B = -.02, SE = .01, 95\% CI [-.04, .01]$) was not statistically significant. Indirect effects are represented in Table 3.3.

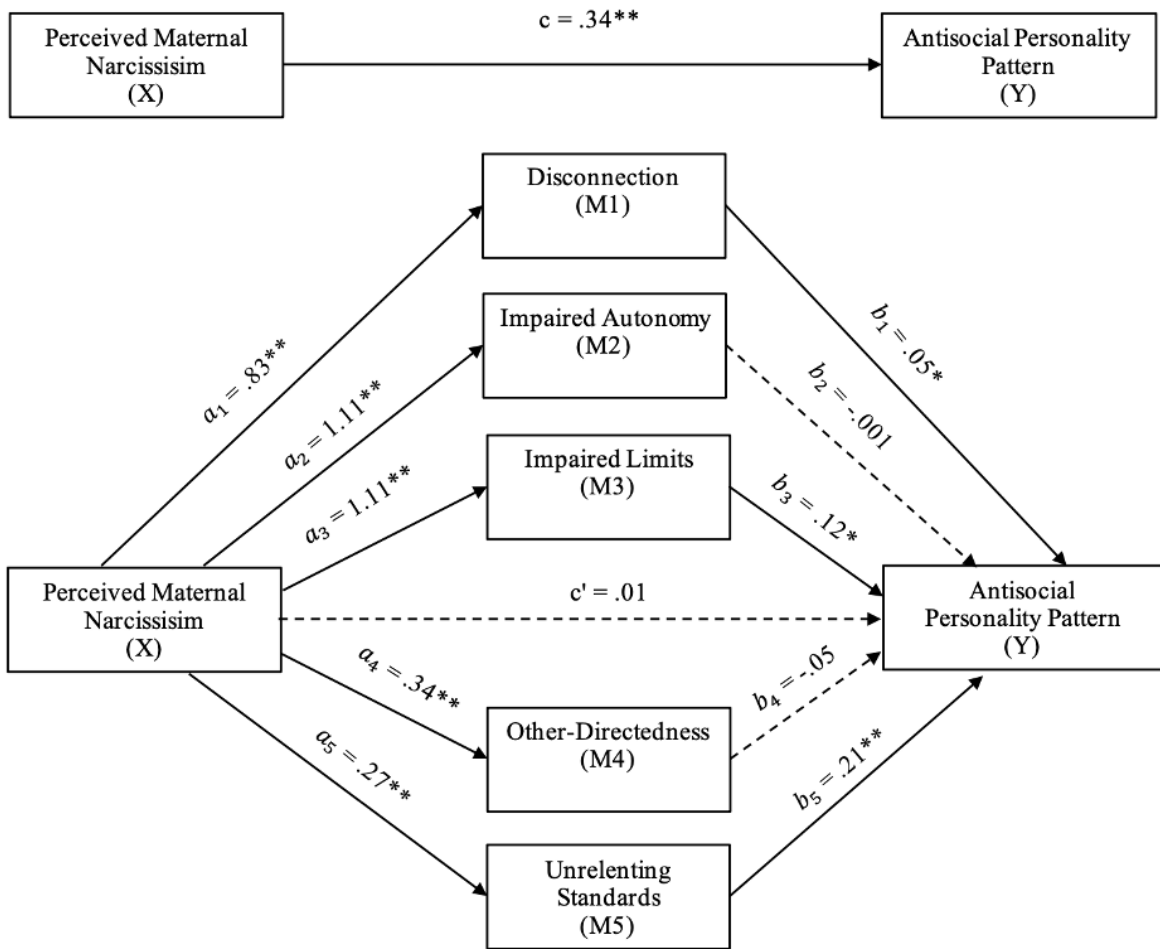


Figure 3.1. Mediation model of PMN, EMS domains, and APP

Note. $*p < .05$, $**p < .001$

Note 2. Unstandardized regression coefficients are presented.

Table 3.3. The Indirect Effects of PMN on APP

Indirect Effects	B	SE	95% Confidence Interval	
			Lower	Upper
Total indirect effect	.09	.01	.07	.12*
Perceived maternal narcissism → Disconnection → Antisocial personality pattern	.04	.02	.01	.07*
Perceived maternal narcissism → Impaired autonomy → Antisocial personality pattern	-.001	.02	-.02	.02
Perceived maternal narcissism → Impaired limits → Antisocial personality pattern	.01	.005	.005	.03*
Perceived maternal narcissism → Other-directedness → Antisocial personality pattern	-.02	.01	-.04	.01
Perceived maternal narcissism → Unrelenting standards → Antisocial personality pattern	.06	.01	.04	.08*

*Statistically significant indirect effect (zero not included in the confidence interval).

Note. SE: Standard Error

3.5.2. Analysis results on the mediating role of EMS domains in the relationship between PMN and BPP

In this mediation analysis, the mediating roles of 5 EMS domains in the relationship between PMN (X) and BPP (Y) were tested. Gender was included as a covariate because BPP was found to differ significantly by gender.

When examining paths from EMS through BPP, results revealed that disconnection (path b_1 ; $B = .06$, $p < .001$), and impaired autonomy (path b_2 ; $B = .11$, $p < .001$) domains significantly predicted BPP. However, domains of impaired limits (path b_3 ; $B = -.05$, $p = .139$), other-directedness (path b_4 ; $B = -.01$, $p = .603$), and unrelenting standards (path b_5 ; $B = .04$, $p = .125$) did not significantly predict BPP. The total effect of PMN on BPP was statistically significant (path c; $B = .14$, $p < .001$). Additionally, there was a significant direct effect of PMN on BPP (path c'; $B = -.03$, $p = .042$). Taking into account the mediating effects of EMS domain, it appears that the previously observed statistical significance in the relation between PMN and BPP remained. These findings suggest a partial mediating role of disconnection and impaired autonomy in the relationship between PMN and BPP (see Figure 3.2.).

Total indirect effect of EMS domains ($B = .17$, $SE = .02$, 95% CI [.14, .21]) was significant. The indirect effects of disconnection ($B = .05$, $SE = .01$, 95% CI [.02, .07]), impaired autonomy ($B = .12$, $SE = .02$, 95% CI [.09, .15]) domains were significant. However, domains of impaired limits ($B = -.01$, $SE = .004$, 95% CI [-.01, .001]), other-directedness ($B = -.004$, $SE = .01$, 95% CI [-.02, .01]), and urelating standards ($B = .01$, $SE = .01$, 95% CI [-.002, .03]) did not demonstrate statistical significance. Indirect effects are represented in Table 3.4.

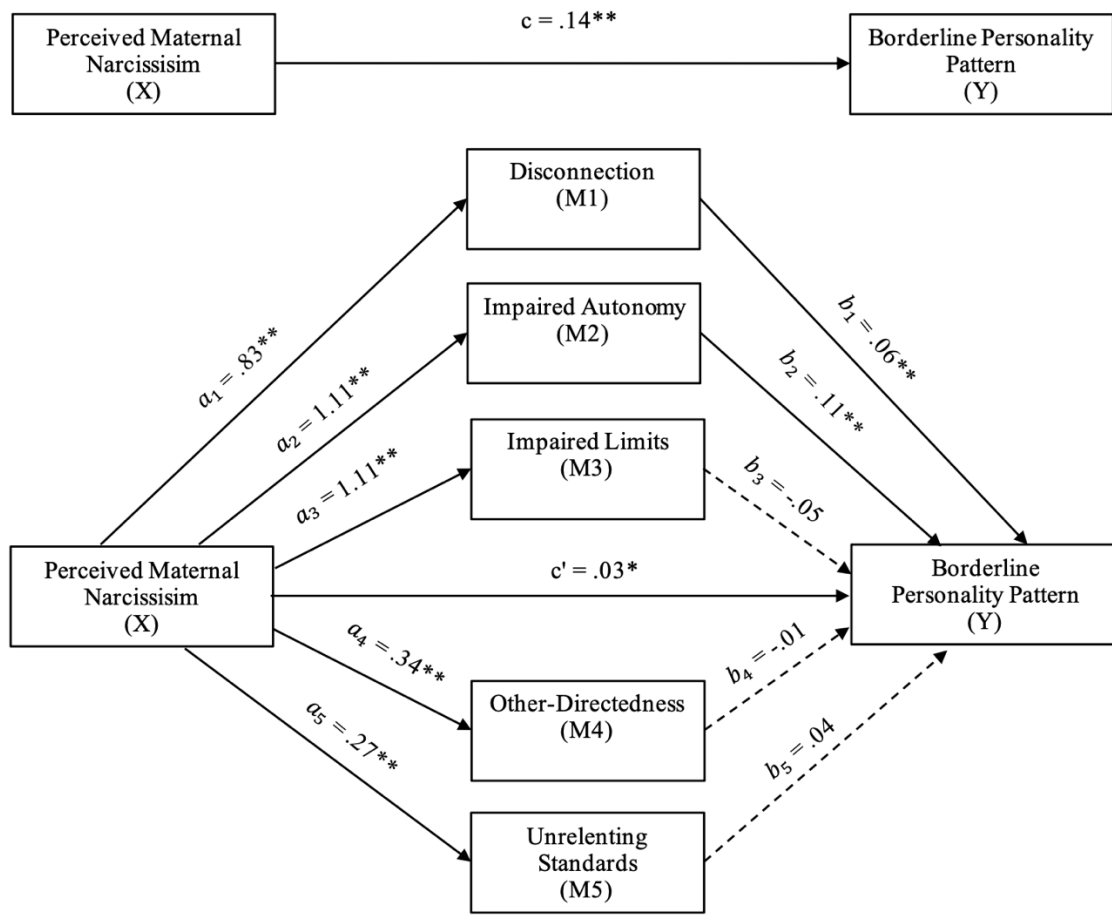


Figure 3.2. Mediation model of PMN, EMS domains, and BPP

Note. * $p < .05$, ** $p < .001$

Note 2. Unstandardized regression coefficients are presented.

Table 3.4. The Indirect Effects of PMN on BPP

Indirect Effects	<i>B</i>	<i>SE</i>	95% Confidence Interval	
			Lower	Upper
Total indirect effect	.17	.02	.14	.21*
Perceived maternal narcissism → Disconnection → Borderline personality pattern	.05	.01	.02	.07*
Perceived maternal narcissism → Impaired autonomy → Borderline personality pattern	.12	.02	.09	.15*
Perceived maternal narcissism → Impaired limits → Borderline personality pattern	-.01	.004	-.01	.001
Perceived maternal narcissism → Other-directedness → Borderline personality pattern	-.004	.01	-.02	.01
Perceived maternal narcissism → Unrelenting standards → Borderline personality pattern	.01	.01	-.002	.03

*Statistically significant indirect effect (zero not included in the confidence interval).

Note. *SE*: Standard Error

3.5.3. Analysis results on the mediating role of EMS domains in the relationship between PMN and HPP

The mediating roles of EMS domains in the relationship between PMN (predictor variable, X) and HPP (outcome variable, Y). The results of EMS domains in relation to HPP revealed that impaired autonomy (path b_2 ; $B = .09, p < .001$), and unrelenting standards (path b_5 ; $B = .30, p < .001$) domains positively and significantly, and impaired limits (path b_3 ; $B = -.12, p = .001$), other-directedness (path b_4 ; $B = -.10, p < .001$) negatively and significantly predicted HPP. However, the disconnection (path b_1 ; $B = .01, p = .588$) domain did not significantly predict HPP. The total effect of PMN on HPP was significant (path c; $B = .13, p < .001$). However, the direct effect of the PMN on HPP (path c'; $B = .00, p = .998$) was not significant. When accounting for the mediating effects of EMS domains, the previously significant relationship between PMN and HPP disappeared. These findings indicate a full mediation of impaired autonomy, impaired limits, other-directedness, and unrelenting standards domains (see Figure 3.3.).

For the indirect effects, the total indirect of EMS domains ($B = .13$, $SE = .02$, 95% CI [.10, .16]) was significant. The domain of impaired autonomy ($B = .09$, $SE = .02$, 95% CI [.07, .13]), impaired limits ($B = -.01$, $SE = .01$, 95% CI [-.02, -.001]), other-directedness ($B = -.04$, $SE = .01$, 95% CI [-.06, -.02]), and unrelenting standards ($B = .08$, $SE = .01$, 95% CI [.06, .10]) domains were significant, whereas disconnection domain ($B = .01$, $SE = .02$, 95% CI [-.02, .04]) was not significant. Indirect effects can be seen in Table 3.5.

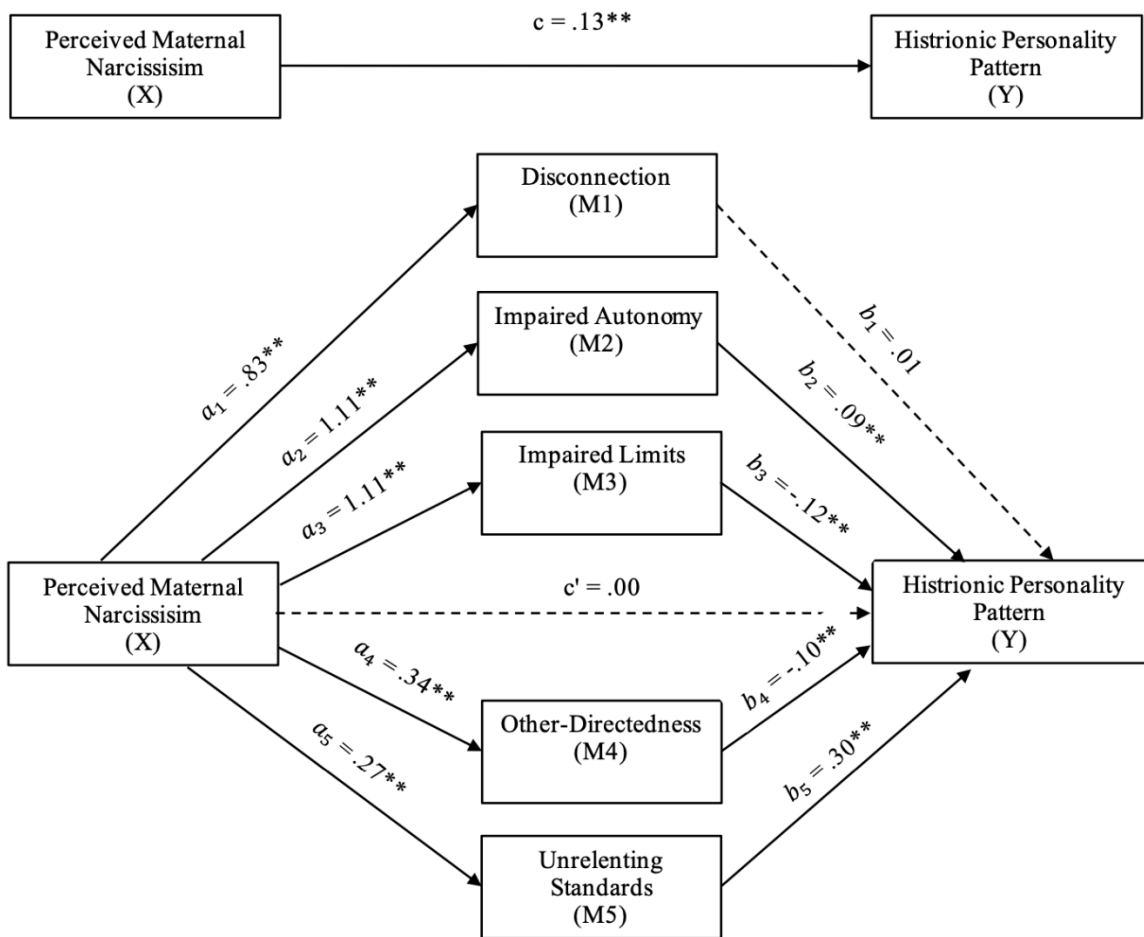


Figure 3.3. Mediation model of PMN, EMS domains, and HPP

Note. $*p < .05$, $**p < .001$

Note 2. Unstandardized regression coefficients are presented.

Table 3.5. The Indirect Effects of PMN on HPP

Indirect Effects	<i>B</i>	<i>SE</i>	95% Confidence Interval	
			Lower	Upper
Total indirect effect	.13	.02	.10	.16*
Perceived maternal narcissism → Disconnection → Histrionic personality pattern	.01	.02	-.02	.04
Perceived maternal narcissism → Impaired autonomy → Histrionic personality pattern	.09	.02	.07	.13*
Perceived maternal narcissism → Impaired limits → Histrionic personality pattern	-.01	.01	-.02	-.001*
Perceived maternal narcissism → Other-directedness → Histrionic personality pattern	-.04	.01	-.06	-.02*
Perceived maternal narcissism → Unrelenting standards → Histrionic personality pattern	.08	.01	.06	.10*

*Statistically significant indirect effect (zero not included in the confidence interval).

Note. *SE*: Standard Error

3.5.4. Analysis results on the mediating role of EMS domains in the relationship between PMN and NPP

In this mediation analysis, the mediating roles of EMS domains in the association between PMN (predictor variable, X) and NPP (outcome variable, Y). The MANOVA results indicated a significant influence of gender on NPP. Consequently, gender was included as a covariate in the mediation analysis.

The results of paths from EMS domains to NPP showed that disconnection (path b_1 ; $B = .04$, $p = .007$), impaired limits (path b_3 ; $B = .15$, $p < .001$), and unrelenting standards (path b_5 ; $B = .24$, $p < .001$) domains significantly predicted NPP while other-directedness domain (path b_4 ; $B = -.07$, $p = .009$) exhibited negative statistical significance. However, impaired autonomy domain (path b_2 ; $B = -.02$, $p = .094$) did not yield statistically significant result which suggests that impaired autonomy domain does not serve as a mediator in the relationship between PMN and NPP.

PMN demonstrated a significant total effect on NPP (path c ; $B = .10$, $p < .001$) while the direct effect of the PMN on NPP (path c' ; $B = .03$, $p = .168$) was not significant. Hence, when the mediating effects of EMS domains were taken into account, the previously

observed statistical significance in the relation between PMN and APP was no longer present. These findings implies a full mediating effect of disconnection, impaired limits, other-directedness, and unrelenting standards domains (see Figure 3.4.). The finding of the indirect effects revealed that disconnection ($B = .04, SE = .01, 95\% CI [.01, .07]$), impaired limits ($B = .02, SE = .01, 95\% CI [.01, .03]$), other-directedness ($B = -.03, SE = .01, 95\% CI [-.04, -.01]$), and unrelenting standards ($B = .07, SE = .01, 95\% CI [.04, .09]$) domains was significant. In contrast, the indirect effect of impaired autonomy ($B = -.02, SE = .01, 95\% CI [-.05, .004]$) was not found to be significant. Indirect effects are represented in Table 3.6. A summary of all the findings regarding the analysis of the mediator variables is presented in Table 3.7.

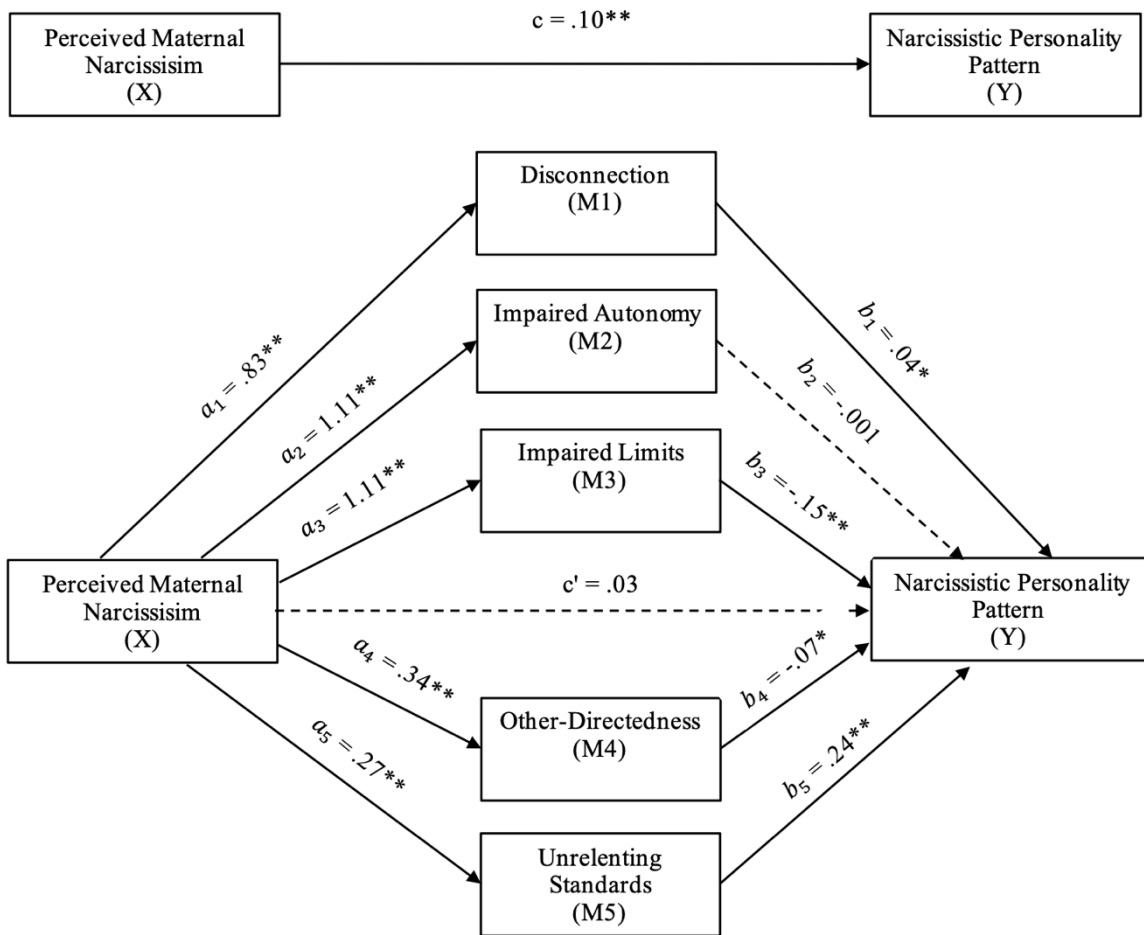


Figure 3.4. Mediation model of PMN, EMS domains, and NPP

Note. $*p < .05$, $**p < .001$

Note 2. Unstandardized regression coefficients are presented.

Table 3.6. The Indirect Effects of PMN on NPP

Indirect Effects	<i>B</i>	<i>SE</i>	95% Confidence Interval	
			Lower	Upper
Total indirect effect	.07	.01	.04	.1*
Perceived maternal narcissism → Disconnection → Narcissistic personality pattern	.04	.01	.21	.07*
Perceived maternal narcissism → Impaired autonomy → Narcissistic personality pattern	-.02	.01	-.05	.004
Perceived maternal narcissism → Impaired limits → Narcissistic personality pattern	.02	.01	.01	.03*
Perceived maternal narcissism → Other-directedness → Narcissistic personality pattern	-.03	.01	-.04	-.01*
Perceived maternal narcissism → Unrelenting standards → Narcissistic personality pattern	.07	.01	.04	.09*

*Statistically significant indirect effect (zero not included in the confidence interval).

Note. *SE*: Standard Error

Table 3.7. Summary Table of Mediator Variable Analysis Results

Predictor Variables	Mediator Variables					Outcome Variables
	D	IA	IL	OD	US	
PMN	+	-	+	-	+	APP
PMN	+(p)	+(p)	-	-	-	BPP
PMN	-	+	+	+	+	HPP
PMN	+	-	+	+	+	NPP

Note. D: Disconnection; IA: Impaired Autonomy; IL: Impaired Limits; OD: Other-directedness; US: Unrelenting Standards; PMN: Perceived Maternal Narcissism; +: full mediation; -: no mediation; APP: Antisocial Personality Pattern; + (p): partial mediation; BPP: Borderline Personality Pattern; HPP: Histrionic Personality Pattern; NPP: Narcissistic Personality Pattern.

4. DISCUSSION

The present study examined the associations between PMN, EMS domains, and cluster B personality patterns and to investigated the mediating role of EMS domains in the relationship between PMN and Cluster B personality patterns. The results revealed that PMN was associated with all EMS domains as well as borderline, narcissistic, histrionic, and antisocial personality patterns. Mediation analyses demonstrated the key role of specific EMS domains in associating PMN with different cluster B personality patterns. In this section, the results of the analyses of the relationships between the variables in the study are evaluated. This is followed by a discussion of the results of the analyses of the mediating role of the EMS domains in the relationship between PMN and Cluster B personality patterns. Finally, the clinical implications of the research are assessed and, the limitations and suggestions for future research are provided.

4.1. Evaluation of the Relationship Between PMN and EMS Domains

The findings of this study demonstrated that PMN is associated with all EMS domains and cluster B personality patterns. This supports the initial hypothesis that PMN would be significantly related to both EMS domains and cluster B personality patterns. Although there are currently no studies in the existing literature that directly examine the connection between PMN and EMS domains, this finding aligns with the current schema therapy literature. According to Young and colleagues (2003), dysfunctional parenting styles are the primary factors that lead to the development of EMSs. That is, the central concept of schema posits that EMS domains are influenced by perceived parenting styles, and these EMS domains play a mediating role in the relationship between perceived parenting styles and psychological symptoms (Soygüt & Çakır, 2009). This finding can be interpreted as a consequence of narcissistic mothers' dysfunctional parenting styles, a concept defined by Young (1994). This is because, narcissism is linked to non-optimal parenting which is characterized by low empathy and unresponsive caregiving toward their children (Hart et al., 2017). This is in contrast to the positive association of non-narcissistic individuals with optimal parenting (Hart et al., 2017). Mothers with narcissistic characteristics may exhibit emotionally depriving, belittling/criticizing, overprotective/anxious, permissive/boundless,

conditional/achievement focused, and normative parenting which, in turn, may lead to the development of EMSs in children.

Examining the EMS domains individually, PMN was notably and positively related to disconnection schema domain. This positive relationship may suggest that children who perceive their mothers as narcissists might feel emotionally unfulfilled and their needs for love, stability, and care will not be met in the future. This perception could be attributed to emotionally depriving parenting that narcissistic mothers are likely to exhibit. Children raised with emotionally depriving parenting may not feel valued and loved which, in turn, can prevent them from forming secure attachments with others. Furthermore, the positive relationship between PMN and the disconnection schema domain may also be influenced by belittling/criticizing parenting style that is expected to be observed in narcissistic mothers. These mothers can be overly critical and judgmental towards their children which makes the children feel unaccepted and undervalued. This, in turn, may make children internalize negative beliefs about their worth, leading to the development of the disconnection domain. PMN was also found to have a positive relation with impaired autonomy domain. When EMSs in the impaired autonomy domain develop, children struggle to form their own identities and establish their lives when they reach adulthood (Young et al., 2009). This finding can be explained by overprotective parenting that mothers with narcissistic tendencies could demonstrate. They may inhibit their children from making their own decisions and living authentically. Their extreme control stifles the child's individuality as they dictate the child's thoughts, emotions, and actions (Apter, 2012). Consequently, the child relies on the mother's approval and direction which prevents them from developing individuality (Apter, 2012).

The positive relation of PMN with impaired limits domain emphasizes the importance of PMN on the healthy development of boundaries in children. Children who developed EMSs in impaired limits domain may have difficulties in self-discipline, respecting the needs of others, and reaching their life goals. This finding suggests that narcissistic mothers may exhibit permissive/boundless parenting in that they would not guide their children properly. Boundaries are often absent because the narcissistic mother believes she owns her children and expects them to reflect her image (Boicich, 2017). Therefore, such mothers may forget that their children still need the guidance necessary for all children. Furthermore, the positive relation between PMN and other-directedness domain suggests that children who perceive their mothers as narcissistic may place other's needs above their own. Instead of relying on their beliefs, they may seek validation and approval from others. Children develop EMSs in

the other-directedness domain when their caregivers provide love on the condition of fulfilling their own emotions, desires, and needs which prioritize themselves over their children (Young et al., 2011). This conditional/achievement focused parenting style is also an expected parenting style that narcissistic mothers exhibit. These mothers may give attention and nurturance in proportion to the achievement and status of their children. This may lead children to believe that their need for love and nurturance can only be fulfilled when they meet their mothers' standards. Any efforts that fall short of these mothers' desires are met with ridicule and harsh criticism (McBride, 2009). Lastly, as per the findings, the positive association between PMN and unrelenting standards domain shows how children's perception of their mother's narcissistic tendencies may lead to the development of perfectionism. This might be related to normative parenting that mothers with narcissistic tendencies exhibit. These mothers could be perfectionists, and their strict rules should be obeyed.

4.2. Evaluation of the Relationship Between PMN and Cluster B Personality Patterns

As far as known, this is the first study exploring the relationship between PMN and cluster B personality patterns. Results of the study indicated that PMN was positively associated with cluster B personality patterns. This finding indicates that having a mother with narcissistic characteristics is associated with the likelihood of developing cluster B personality patterns. A significant finding of this study is the positive relationship between PMN and APP. Although genetic factors play a role, research has indicated that early experiences with family, caregivers, and the environment that are restrictive, exploitative, and punitive can contribute to the development of ASPD (Köroğlu & Bayraktar, 2010). In the context of narcissistic mothers, their expected punitive parenting style might explain one of the reasons that APP develops in children. Supporting this, Määttä and Uusiautti's (2020) investigation into adult daughters of narcissistic mothers revealed that their mothers use violence as a means of punishment. In their study, the daughters reported instances of physical abuse, neglect, and emotional rejection from their narcissistic mothers (Määttä & Uusiautti, 2020). These traumatic experiences represent significant factors that have been consistently associated with the development of ASPD. The literature shows that exposure to physical and sexual abuse during childhood significantly increases the risk of developing ASPD later in life (DeLisi et al., 2019). Furthermore, a recent study found that individuals with ASPD perceive their mothers as more normative, belittling/criticizing, emotionally

depriving, exploitative/abusive, permissive/boundless, and punitive compared to the healthy group (Biçer, 2023). The characteristics of narcissistic mothers are in line with these perceptions as such mothers often exhibit detrimental behaviors.

Additionally, a positive relationship between PMN and BPP was revealed. Given the inconsistent, emotionally depriving, and neglectful parenting often exhibited by narcissistic mothers, this finding is compatible with the established literature that maladaptive parenting, parenting styles, and parenting psychopathology are important elements for BPD diagnosis (Kaur & Sanches, 2022). Specifically, maternal overprotection and inconsistency were found to be predictors of developing BPD (Bezirgianian et al., 1993). Among the parenting styles, maternal overprotective/anxious and belittling/criticizing, permissive/boundless parenting styles were found to be negative parenting practices that predict BPD beliefs (Akbay, 2020). Narcissistic mothers are especially prone to exhibit such behaviors due to their inherent need to prioritize their own emotional needs over those of their children. This dynamic often leads children to feel neglected, emotionally abandoned, and unsupported, which are critical factors in the development of BPD (Jordao & Ramires, 2010).

Another notable finding is the relation between PMN and HPP. HPD is strongly associated with childhood experiences of emotional neglect, as well as physical and sexual abuse, with neglect being the most influential factor (Derakhshi, 2017). Riesenber-Malcolm (2003) suggests that exaggerated behaviors in HPD stem from neglectful maternal attitudes in early childhood. These attitudes result in two main outcomes: the child uses exaggerated behaviors to communicate needs and experiences distress from lack of attention which leads to exaggerated emotional expressions. Therefore, through narcissistic mothers' neglectful and abusive behaviors, some individuals may fulfill their emotional needs through exaggerated behaviors and emotional expressions, which are the hallmarks of HPD.

The study revealed a positive association between PMN and NPP. This finding is consistent with previous research. According to Türker's study, PMN predicted the development of vulnerable narcissistic traits in adults (Türker, 2018). Additionally, Dündar's (2022) study showed a significant correlation between narcissism and PMN. There have been other studies examining maternal narcissism and its influence on narcissism in their children. For example, Horne's (1998) study revealed that the narcissistic traits of mothers significantly predicted the narcissistic traits of adolescent participants aged 10-12. Another study also found a positive relationship between the narcissistic traits of the parent and those of the adolescent (Suknick, 2002). One possible reason for the development of narcissistic traits in these children, as suggested by Shaw (2010), is the internalization and

emulation of narcissistic parents' behaviors, either through unconscious or conscious identification with the parent. As a result, the child may exhibit a pattern of interactions in which they see themselves as always right and virtuous, while others are perceived as wrong and flawed, which mirrors the attitudes and behaviors of their narcissistic parent.

4.3. Evaluating the Mediating Roles of Variables in the Study

This study explored how PMN influences cluster B personality patterns through EMS domains. Results revealed that narcissistic mothers' parenting style impacts cluster B patterns via various EMS domains: disconnection, impaired limits, and unrelenting standards for APP; disconnection and impaired autonomy for BPP; impaired autonomy, impaired boundaries, other-directedness, and unrelenting standards for HPP; and all EMS domains except impaired autonomy for NPP. These findings were examined below in relation to the relevant literature.

4.3.1. Evaluation of the mediating role of EMS domains in the relationship between PMN and APP

Results of the study indicated that the schema domains of disconnection, impaired limits, and unrelenting standards mediated the relationship between PMN and APP. A study conducted with a sample of men seeking substance abuse treatment found that impaired limits and disconnection domains were positively associated with increased ASPD symptoms (Shorey et al., 2014). Another research on incarcerated female offenders found that those with high levels of entitlement and insufficient self-control schemas, which are both components of the impaired limits domain, were more likely to report experiencing threats and assaults while in prison (Loper, 2003). ASPD severity was also correlated with EMS related to disconnection, rejection, impaired boundaries, and impaired autonomy (Ball & Cecero, 2001). Additionally, in a different study, it was found that aggressiveness in individuals with APD was strongly linked to schemas of mistrust, emotional deprivation, social isolation, and entitlement (Tremblay & Dozois, 2009). Thus, the literature supports the finding that the disconnection and impaired limits domains are important EMS domains in APP.

On the other hand, the literature does not support the association between the unrelenting standards domain and APP. Özdel and colleagues (2015) found that individuals

diagnosed with ASPD scored significantly higher in dependence/incompetence, defectiveness/shame, overcontrol/emotional inhibition, entitlement/grandiosity, failure to achieve, mistrust/abuse, subjugation of needs, vulnerability to harm and illness, and social isolation schemas. However, the unrelenting standards domain was not related to ASPD (Özdel et al., 2015).

The disconnection domain emerges when childhood needs of love, nurturance, and secure relationships are not fulfilled. This schema domain is often linked to early experiences of abuse and neglect (Young et al., 2003), which is a common childhood characteristic of individuals with ASPD and cluster B personality disorders. Although no studies have specifically examined the relationship between PMN and APP, this connection can be attributed to the perceived parenting styles of narcissistic mothers. Narcissistic mothers are often emotionally depriving, as their children must prioritize meeting their excessive needs. This neglect leads to the development of EMSs in the disconnection domain, which, in turn, may foster antisocial characteristics in individuals. Regarding the impaired limits domain, the deficiency is considered to be related to internal boundaries, responsibility to others, or long-term goal orientation, resulting in difficulties in respecting the rights of others (Young et al., 2003). Narcissistic mothers often demonstrate a permissive/boundless parenting style, expecting their children to mirror themselves (Määttä & Uusiautti, 2020). Therefore, such mothers fail to teach boundaries properly. Through their permissive/boundless parenting style, narcissistic mothers may contribute to the development of impulsive behaviors and a disregard for societal norms and rules in their children, which are characteristics expected in individuals with ASPD.

Narcissistic mothers often have very high expectations of their children. They expect them to achieve perfection and reflect their own idealized view of themselves. These mothers do not tolerate behavior or achievement that falls short of their high standards. The expectation of perfection and intolerance of perceived failure often leads the child to internalize the belief that their worth depends on their ability to meet these high standards. This study's finding of the mediator role of the unrelenting standards schema domain might be explained by the punitive and conditional/achievement focused parenting style expected from narcissistic mothers. Individuals with schemas in the unrelenting standards domain are frequently described as having parents who are strict, demanding, perfectionistic, pessimistic, and punitive (Young et al., 2003). Some children may develop high internalized standards of behavior and performance, which are characteristics of the unrelenting standards domain, in order to gain approval or avoid punishment, feeling guilty or ashamed

when they do not meet these standards (Young et al., 2003). Narcissistic mothers, with their high expectations and critical nature, may create an environment where behaviors that do not meet their approval are harshly judged and punished. This harsh environment can lead some children, particularly those with a more choleric temperament, to develop APP as a coping mechanism. These children may adopt antisocial behaviors as a way of rebelling against the unrealistic and punitive demands placed on them. They use these behaviors to assert control and protect themselves from constant criticism and pressure.

4.3.2. Evaluation of the mediating role of EMS domains in the relationship between PMN and BPP

The findings of the study revealed that the relationship between BPP and PMN was partially mediated by disconnection and impaired autonomy schema domains. The relationship between maternal narcissism and BPP remained significant even after accounting for EMS domains. This may suggest that maternal narcissism plays a particularly strong and unique role in the development of BPP. This confirms the hypothesis that the disconnection schema domain mediates this relationship, while the impaired autonomy domain also plays a significant role. The literature supports these findings, indicating that individuals with BPD often exhibit EMSs related to disconnection and impaired autonomy domains. Barazandeh and colleagues (2016) reviewed 17 studies and found that EMSs in the disconnection domain were most prevalent among individuals with BPD. Commonly endorsed schemas in BPD populations include abandonment (impaired autonomy domain), mistrust/abuse, social isolation, emotional deprivation, and defectiveness (disconnection domain).

As this is the first study addressing PMN and BPP, these findings can be explained by the parenting styles expected to be exhibited by narcissistic mothers. Disconnection schema is often linked to early experiences of abuse and neglect, which is common in cluster B personality disorders (Young et al., 2003). Battle et al. (2004) found that a high proportion of BPD patients, primarily outpatients, reported experiences of abuse and neglect. This implies the role of childhood maltreatment in the development of BPD. The emotionally neglectful nature of narcissistic mothers could account for the disconnection schema observed in individuals with BPP. Apter (2012) discusses how children of difficult mothers frequently assume the role of the caregiver and prioritize their mother's needs at the expense of their well-being. This parentification process fosters a sense of neglect which, in turn, can

increase the risk of developing BPD due to the lack of proper emotional support and protection during early years. Narcissistic mothers often fail to provide the necessary emotional support and security which leads to feelings of abandonment and mistrust in their children. In this study, the EMSs in the disconnection domain might play a mediator role in the relationship between PMN and BPP by creating a foundation of emotional abuse and neglect, which are critical factors in the development of BPP.

Additionally, impaired autonomy was identified as a crucial factor in the relationship between PMN and BPP. Individuals with EMSs in the impaired autonomy domain struggle to establish their independence from parental figures (Young et al., 2003). The overprotective/anxious parenting style of narcissistic mothers is likely to contribute to this dynamic as children raised by such mothers often do not receive adequate support to develop autonomy. The literature supports the link between controlling parenting and BPP. Patients with BPD often recall their parents as being less nurturing and more controlling (Zweig-Frank & Paris, 1991). This controlling nature hinders the child's ability to develop a secure sense of self and independence which leads to the formation of EMSs in the impaired autonomy domain. When caregivers are unresponsive, devaluing, or abusive, it impairs autonomy and triggers psychological and physiological problems that can lead to BPD in those who are vulnerable (Ryan, 2005).

4.3.3. Evaluation of the mediating role of EMS domains in the relationship between PMN and HPP

Results indicated that all EMS domains except for disconnection significantly mediated the relationship between PMN and HPP. This partially supports the hypothesis that the domains of disconnection, impaired limits, and other-directedness would mediate the PMN-HPP relationship. The disconnection domain is associated with a lack of love and nurturance. Correlation analyses showed a significant relationship between HPP and the disconnection domain. However, mediation analyses indicated that disconnection does not serve as a mediator. This suggests that other schema domains may play a more significant role. Furthermore, prior research indicated a complex relationship between EMSs and HPP. For example, HPD is often associated with the entitlement schema (Carr & Francis, 2010; Nordahl et al., 2005). Other studies suggest that the schema most predictive of HPD is approval seeking (Roediger, 2015). This indicates a complex interplay of schemas in HPD development.

According to Gardner (2004), children of narcissistic mothers may develop an extreme dependency on their mothers, characterized by a conflict between a desire for autonomy and a fear of abandonment. Narcissistic mothers do not allow their children to become individuals, to exist in their own right. They do not acknowledge that their child is a separate individual. In this way they weaken their children, leading them to believe that they are incapable of existing on their own. This dependency can lead children to develop EMSs in the impaired autonomy domain. Individuals with a vulnerability to harm EMS in the impaired autonomy domain often display a demanding nature in their relationships, relying consistently on others to listen to their difficulties and seek ongoing support and reassurance (Faraji & Başçelik, 2022). This dependency and need for reassurance can help explain why individuals with HPD are constantly seeking approval and validation from others through the development of EMSs in the impaired autonomy domain. The results supported that the impaired autonomy domain mediated the relationship between PMN and HPP. As their mothers limit their process of developing individuality, these individuals might display exaggerated emotionality and attention-seeking behaviors, which are characteristics of HPD.

The impaired limits domain was also a significant mediator. Literature suggests that parenting styles that lack clear boundaries, whether over-indulgent or inconsistent, may predispose children to develop HPD (Morrison, 1989). Given this information, the permissive/boundless parenting style of narcissistic mothers could be a crucial factor leading individuals to develop EMSs in the impaired limits domain. The need for constant validation and reassurance, along with difficulties in respecting personal boundaries, reflects the impact of impaired limits instilled by narcissistic parenting styles. Consequently, some individuals can develop HPP as a coping mechanism. Additionally, the other-directedness domain mediated the association between PMN and HPP. Daughters of narcissistic mothers reported that they struggled to control their behavior to conform to their mothers' expectations (Määttä & Uusiautti, 2020). This dynamic can explain why individuals with HPP overemphasize others to gain attention, love, and approval. This, in turn, leads to exaggerated behaviors to seek attention and convey emotions, reinforcing patterns associated with HPD. Moreover, the unrelenting standards domain emerged as a significant mediator between PMN and HPP. Elkind (1991) describes "instrumental narcissism" as a syndrome where covert or hypervigilant narcissistic parents invest all their energy into their children to create a genius or masterpiece. In this way, such narcissistic parents believe that they could improve their self-esteem. This can explain why individuals with HPP feel

compelled to appear perfect to others because they are seen as a tool to perfect their narcissistic mothers.

4.3.4. Evaluation of the mediating role of EMS domains in the relationship between PMN and NPP

In the relationship between PMN and NPP, all EMS domains except for the impaired autonomy domain were significant moderators. In this study it was hypothesized that all EMS domains mediate between PMN and NPP, this hypothesis is partially supported. Young and his colleagues (2003) identified entitlement, emotional deprivation, and defectiveness as the primary EMSs associated with narcissism. Additionally, several secondary EMSs frequently observed in individuals with narcissistic personalities include mistrust/abuse, social isolation/alienation, approval seeking/recognition seeking, failure, insufficient self-control/self-discipline, unrelenting standards/hypercriticality, subjugation, and punitiveness (Young et al., 2003). These findings align with the study's results as they suggest that multiple EMSs contribute to the development of narcissism.

The schema therapy model posits that the relationships formed with parental figures play a crucial role in the development of narcissistic personality traits (Young et al., 2003). In this study, the disconnection domain was a significant mediator in the association between PMN and NPP. Mother with narcissistic characteristics are emotionally depriving, they are inconsistent in the way that they provide love and caring towards their children, which are associated with the development of EMSs in the disconnection domain. The schema therapy model underlines the link between narcissism and emotional deprivation (Young et al., 2003). Therefore, the findings of this study suggest that narcissistic mothers' emotionally depriving behaviors and lack of unconditional love can lead to the development of NPP in their children through the mediation of EMSs in the disconnection domain.

The impaired limits domain was also identified as a significant mediator in this study. Young and colleagues (2003) suggest that parents, often mothers, who do not set boundaries, are overly permissive, and fail to provide the necessary discipline and guidance significantly contribute to the development of the impaired limits schema domain. This concept is supported by Üzümcü's study (2016), which found that perceiving the mother as overly permissive predicted grandiose narcissistic personality traits through the impaired limits schema domain. Therefore, the findings of this study suggest that narcissistic mothers'

tendencies to be overly permissive and their failure to teach boundaries may contribute to the development of NPP in their children via EMSs in the impaired limits domain.

Other-directedness also emerged as a significant mediator in the relationship between PMN and NPP. Individuals with EMSs in the other-directedness schema domain typically have domineering and directive parents who prioritize their own desires and social image over their children's emotional needs (Young et al., 2003). According to Rappoport (2005), children of narcissists often feel excessively responsible for others, assuming their needs mirror their parents' and feeling compelled to meet them. Their lack of awareness of their own feelings and needs causes them to fade into the background (Rappoport, 2005). Therefore, such individuals' early life experiences with their narcissistic mothers may lead them to focus excessively on meeting others' needs which results in the development of EMSs in the other-directedness domain. This may manifest as NPP as these individuals may develop a compulsive need for acceptance and validation from others, mirroring their childhood in which their sense of worth was linked to meeting their parents' needs. Additionally, the unrelenting standards domain was found to be a significant mediator. Narcissistic mothers often refuse to accept their own imperfections. They insist on their own perceived perfection and have the desire for others to see them as flawless. This denial of imperfection extends to their children as the narcissistic mother refuses to accept this reality. As a result, the child grows up internalizing the mother's idealized image (Masterson, 1988). This situation may lead to the development of EMSs within the unrelenting standards domain, leading the child to believe that they must achieve perfection by mirroring the narcissistic mother's expectations. Consequently, these children may develop narcissistic traits themselves as they seek to emulate their mother's idealized image (Masterson, 1988).

4.4. Clinical Implications of the Study

Although PMN has only recently become a subject of research, parenting styles have already received considerable attention in the schema therapy literature. This recent focus on PMN provides clinicians with valuable insights for formulating treatment plans for individuals seeking therapy. Recognizing the influence of PMN on the development of cluster B personality patterns can significantly advance the practice of schema therapy by addressing the specific EMS domains associated with maternal narcissism. In working with clients, schema therapy professionals can prioritize addressing these specific EMS domains

related to PMN, as it is closely linked to all EMS domains and cluster B personality patterns. This could increase the effectiveness of targeted interventions.

In treating APP, therapists may focus on the disconnection, impaired boundaries, and unrelenting standards domains, as these mediate the relationship between PMN and APP. This suggests that therapy might focus on improving impulse control and boundary issues and reducing perfectionistic and punitive demands instilled by narcissistic mothers. For BPP, the disconnection and impaired autonomy domains are important, indicating that therapy can address the emotional neglect and overprotection from narcissistic mothers that inhibit the development of independence. In the case of HPP, interventions can address impaired autonomy, impaired boundaries, other-directedness, and unrelenting standards domains. Therapy can focus on countering the damaging effects of maternal narcissism, which often involves neglect and inconsistent emotional feedback, leading to exaggerated emotionality and attention-seeking behaviors. In relation to NPP, schema therapy for NPP can focus on the domains of disconnection, impaired boundaries, other-directedness, and unrelenting standards. By targeting these schema domains, therapists can help clients develop healthier emotional regulation, relationship patterns, and a more realistic perception of themselves.

Through the process of limited parenting, individuals become more capable in their social relationships, develop a more cohesive sense of self, and improve their ability to tolerate, manage, and express difficult emotions (Young et al., 2003). When working with individuals whose mothers have narcissistic tendencies, it may be useful for schema therapists to demonstrate limited parenting. Additionally, during schema imagery sessions, therapists can focus on early experiences with mothers to help clients uncover and comprehend the root causes of their behaviors, thoughts, and emotions. This understanding can empower clients to challenge and reframe their distorted beliefs. As a result, healthier emotional and relational patterns can be fostered.

This study has shown that narcissistic mothers have a negative influence leading to the development of cluster B personality patterns in their children. Consequently, it may be beneficial to emphasize the detrimental effects of narcissistic tendencies in parenting education programs.

4.5. Limitations and Directions for Future Research

While the present study contributes to the literature, it has some limitations. One potential limitation is the use of self-report measures, which may introduce bias and limit the quality of data collected. Future research may benefit from incorporating a range of qualitative methods to explore these variables in greater detail which could alleviate some of the disadvantages of the self-report approach. Furthermore, the influence of gender roles might be significant. Research consistently shows that ASPD is more prevalent in men, with men being three times more likely to have ASPD than women (Compton et al., 2005). Similarly, men tend to exhibit higher levels of narcissism compared to women (Weidmann et al., 2023). The current study found similar results regarding APP and NPP. However, due to the gender imbalance among participants, future studies should aim to equalize the number of male and female participants to determine if the study variables differ based on gender. Exploring the impact of gender roles on the prevalence and expression of these traits could provide valuable insights. This balanced approach will offer a more comprehensive understanding of the connections between PMN, EMS domains, and cluster B personality patterns. The mean age of the participants in this study was 28.46 years. Future research should include participants with higher ages, for example in their 40s, to determine whether age is a significant factor in the relationship between PMN and Cluster B personality patterns through the mediating role of EMS domains. Moreover, in the present study, the adult children's perceptions of their mothers' narcissism were investigated. Future studies could benefit from collecting data directly from the mothers themselves to gain a more thorough understanding of how narcissistic mothers may influence their children. Moreover, the study measured PMN without distinguishing between different types of narcissism. Future research can both explore grandiose and vulnerable maternal narcissism. This differentiation could enhance our understanding of how these different forms of maternal narcissism relate to EMS domains and cluster B patterns.

The study aimed to investigate how PMN influences the development of cluster B personality patterns through EMS domains. Future research could expand this focus to include other personality patterns, such as obsessive compulsive personality patterns. This broader approach would help to improve our understanding of the multiple influence of PMN on various personality traits and disorders. Additionally, future studies could include individuals with a diagnosis of PD. By including such participants, the research could provide a better understanding of how PMN influences those who already have personality

pathology. This approach would provide a more nuanced view of the relationship between maternal narcissism and the development of PDs. In addition, future research could explore the intergenerational transmission of narcissism. By including different generations, such as children, their mothers, and their grandmothers, studies could provide a deeper understanding of how narcissistic traits and behaviors are transferred and how they influence each generation. Furthermore, future research could examine the influence of paternal narcissism on PDs through the lens of EMS domains. Understanding the influence of paternal narcissism could provide a more comprehensive view of how parental narcissistic traits contribute to the development of PDs. This might also point out any differences or similarities between the influence of paternal and maternal narcissism on PDs and EMS.

5. CONCLUSION

The purpose of this study was to explore the relationship between PMN and cluster B personality patterns within the scope of the schema therapy model. The current findings provide important insights into how EMS domains mediate the relationship between PMN and cluster B personality patterns.

The study established that PMN is significantly associated with all EMS domains and cluster B personality patterns. This supports the initial hypothesis and aligns with existing schema therapy literature on dysfunctional parenting styles and their influence on EMS development. Narcissistic mothers are expected to exhibit emotionally depriving, overprotective, permissive, and conditional parenting styles. These behaviors contribute to the emergence of various EMSs in their children, which subsequently lead to the development of cluster B personality patterns.

The mediation analyses revealed that specific EMS domains play a crucial role in the relationship between PMN and different cluster B personality patterns. For APP, the domains of disconnection, impaired limits, and unrelenting standards fully mediated the relationship. This suggests that children of narcissistic mothers may experience emotional neglect and a lack of appropriate boundaries, and as a result, they may develop antisocial behaviors as a coping mechanism. Furthermore, for BPP, the disconnection and impaired autonomy domains have partially mediated the association between PMN and BPP. This indicates that the emotionally neglectful and controlling nature of narcissistic mothers may contribute to feelings of abandonment and dependency in their children, leading to borderline characteristics.

In the case of HPP, the impaired autonomy, impaired limits, other-directedness, and unrelenting standards domains fully mediated the relationship. This finding illustrates how the inconsistent, permissive, and conditional parenting styles of narcissistic mothers may foster exaggerated emotionality and attention-seeking behaviors in their children, which can result in the development of HPP. Moreover, in the case of NPP, all EMS domains, with the exception of impaired autonomy, fully mediated the relationship between PMN and NPP. The characteristics of narcissistic mothers, such as emotional deprivation, permissiveness, and their demand that their children ought to achieve perfection according to their own standards, can lead to the development of NPP in children.

This study contributes to the expanding literature on the impact of maternal narcissism on children's psychological development. In shedding light on the mediating role of EMSs, the study provides valuable insights for clinicians and researchers working with individuals who are affected by maternal narcissism and cluster B personality disorders. Future research should continue to explore these dynamics, considering the potential for intergenerational or longitudinal studies to further validate and extend these findings.

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APPENDICES

APPENDIX 1: Informed Consent Form

Sayın Katılımcı,

Bu araştırma, Başkent Üniversitesi Klinik Psikoloji Yüksek Lisans programında öğrenim gören Psk. Pınar Ayça Özgen tarafından, Dr. Öğr. Üyesi Elif Üzümcü Özdemir danışmanlığında yürütülen bir tez çalışmasıdır. Çalışmanın amacı, anneye ilişkin algılanan tutumlar ve kişilik özellikleri arasındaki ilişkileri incelemektir. Çalışma yaklaşık 20 dakika sürecektir. Araştırmaya katılabilmemiz için 18-60 yaşları arasında olmanız gerekmektedir.

Eğer araştırmaya katılmayı kabul ederseniz, bir adet kişisel bilgi formu ve üç adet anketi doldurmanız sizden istenecektir. Çalışma esnasında vereceğiniz bilgiler tamamen gizli tutulacak ve kimliğinizi belirleyecek herhangi bir bilgi istenmeyecektir. Çalışmada elde edilen veriler araştırmacılar tarafından toplu halde değerlendirilerek yalnızca bilimsel nitelikli çalışmalarda ve eğitim amaçlı kullanılacaktır. Çalışmaya katılım, gönüllülük esasına dayalıdır. Anket genel olarak kişisel rahatsızlık uyandıracak sorular içermemektedir. Katılımınızın ardından herhangi bir sebepten dolayı kendinizi rahatsız hissederseniz herhangi bir sebep belirtmeksizin çalışmayı sonlandırabilirsiniz. Araştırma sonuçlarından sağlıklı ve anlamlı bilgiler edinilebilmesi için soruların samimi ve eksiksiz bir biçimde doldurulması oldukça önemlidir.

Çalışma hakkında daha fazla bilgi almak isterseniz, Psk. Pınar Ayça Özgen ile iletişime geçebilirsiniz.

Yukarıdaki açıklamayı okudum. Psk. Pınar Ayça Özgen ve Dr. Öğr. Üyesi Elif Üzümcü Özdemir tarafından yürütülmekte olan çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman çalışmayı sonlandırabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

Kabul ediyorum.

APPENDIX 2: Demographic Information Sheet

1. Cinsiyetiniz:

Kadın Erkek. Belirtmek istemiyorum

2. Doğum Tarihiniz: (Örn: 06.08.1994) _____

3. Kaç kardeşiniz? _____

4. Eğitim durumunuz:

Okur-yazar İlköğretim mezunu. Lise

Lisans Lisansüstü

5. Anneniz hayatta mı?

Evet Hayır

Anneniz Hayatta değilse,

Siz kaç yaşınızdayken vefat etti?: _____

6. Kim (ya da kimler) tarafından büyütüldünüz?:

Annem Babam Diğer: _____

5. Annenizin eğitim durumu:

Okur-yazar değil Okur-yazar İlköğretim mezunu

Lise Lisans Lisansüstü

6. Babanızın eğitim durumu:

Okur-yazar değil Okur-yazar İlköğretim mezunu

Lise Lisans Lisansüstü

7) Medeni durumunuz nedir?

Bekar Evli

8) İçinde yaşadığınız evin gelir düzeyinizi nasıl tanımlarsınız?

Alt Orta-Alt Orta

Orta-Üst Üst

9) Kiminle yaşıyorsunuz?

Ailemle. Öğrenci yurdunda. Evde-arkadaşla

Evde-tek başına Akraba yanında Diğer: _____

10) **Annenizin** mesleği nedir: _____

11) Babanız hayatta mı?

Evet Hayır

Hayatta değilse,

Siz kaç yaşınızdayken vefat etti?: _____

12) Anne ve babanız:

Evli Boşanmış Ayrı yaşıyorlar Hayatta Değiller

Eğer boşandıysanız,

Siz kaç yaşındayken boşandılar? _____

14) Herhangi bir psikiyatrik tanı aldınız mı?

Evet. Hayır

Eğer evet ise nedir? _____

Kim tarafından tanı konuldu?

Psikiyatrist Klinik Psikolog Diğer: _____

15) Halihazırda herhangi bir psikolojik tedavi görüyor musunuz?

Evet. Hayır

15) Halihazırda herhangi bir psikiyatrik ilaç kullanıyor musunuz?

Kullanıyorsanız ilacınızın ismi nedir?: _____

16) **Anneniz** herhangi bir psikiyatrik tanı aldı mı?

Evet. Hayır

Eğer evet ise nedir? _____

Kim tarafından tanı konuldu?

Psikiyatrist Klinik Psikolog Diğer: _____

17) **Babanız** herhangi bir psikiyatrik tanı aldı mı?

Evet. Hayır

Eğer evet ise nedir? _____

Kim tarafından tanı konuldu?

Psikiyatrist Klinik Psikolog Diğer: _____

APPENDIX 3: Perceived Maternal Narcissistic Characteristics Scale

Aşağıda çocukluk yıllarınız boyunca annenizin kişiliği ve size karşı davranışları ile ilgili deneyimlemiş olabileceğiniz yaşantılara dair maddeler yer almaktadır. Lütfen her maddeyi dikkatlice okuyup size en uygun olan seçeneği (1 ile 4 arasında) işaretleyiniz.

	Hiçbir zaman 1	Ara sıra 2	Genellikle 3	Her zaman 4
1. Başarısız olduğum durumlarda bana destek olur ve beni rahatlatırdı.	(1)	(2)	(3)	(4)
2. Anneliğinin başkaları tarafından övülmesini beklerdi.	(1)	(2)	(3)	(4)
3. Onun duygusal ihtiyaçlarımı ben karşılardım.	(1)	(2)	(3)	(4)
4. Hayatımın merkezinde olmak isterdi.	(1)	(2)	(3)	(4)
5. Benim için yapacağı iyi şeyleri başkalarının görebileceği zamanlarda yapardı.	(1)	(2)	(3)	(4)
6. Onu memnun etmek çok kolaydı.	(1)	(2)	(3)	(4)
7. Benim nasıl hissettiğimden çok dışarıya nasıl görüldüğüm ile ilgilenirdi.	(1)	(2)	(3)	(4)
8. Fikirlerime saygı gösterir ve benim aldığım kararları desteklerdi.	(1)	(2)	(3)	(4)
9. Olumsuz duygularımı ifade etmemden hoşlanmazdı.	(1)	(2)	(3)	(4)
10. Benimle ilgili her şeye müdahale ederdi.	(1)	(2)	(3)	(4)
11. Kötü bir şey yaşadığımda beni suçlardı.	(1)	(2)	(3)	(4)
12. Konuşulan konuların odak noktası olmayı severdi.	(1)	(2)	(3)	(4)
13. Benimle ilgili olan her şeye müdahale ederdi.	(1)	(2)	(3)	(4)
14. Başarısız olduğum durumlarda bana destek olur ve beni rahatlatırdı.	(1)	(2)	(3)	(4)
15. Ebeveyn olarak onun yapması gereken işleri bir şekilde ben yapardım.	(1)	(2)	(3)	(4)

16. Eleştirilmekten korktuğum için söylemek istediklerimi söyleyemezdim.	(1)	(2)	(3)	(4)
17. Dünya sanki onun etrafında dönüyormuş gibi davranırdı.	(1)	(2)	(3)	(4)
18. Bana bir çocuğun kaldırabileceğinden daha fazla sorumluluk verirdi.	(1)	(2)	(3)	(4)
19. Canı sıkkın olduğunda daha iyi hissetmesi için bir şeyler yapmamı beklerdi.	(1)	(2)	(3)	(4)
20. Beni kontrol etmeye çalıştığını hissedirdim.	(1)	(2)	(3)	(4)
21. Onun rahatsızlıklarına ve hastalıklarına (baş ağrısı, stres gibi) benim neden olduğumu hissettirirdi.	(1)	(2)	(3)	(4)
22. Kendisini herkesten daha önemli görürdü.	(1)	(2)	(3)	(4)
23. Bir şeyler kötü gittiğinde sorumluluk almak yerine beni ya da başkalarını suçlardı.	(1)	(2)	(3)	(4)
24. Benim için özel olan konularda sorularıyla beni sıkıştırırdı.	(1)	(2)	(3)	(4)
25. Benim kararlarımı kontrol etmeye çalışırdı.	(1)	(2)	(3)	(4)

APPENDIX 4: Personality Belief Questionnaire - Short Turkish Form (PBQ-S)

Lütfen aşağıdaki ifadeleri okuyunuz ve **her birine ne kadar inandığınızı** belirtiniz. Her bir ifadeyle ilgili olarak **çoğu zaman** nasıl hissettiğinize göre karar veriniz.

4	3	2	1	0
Tümüyle inanıyorum inanmıyorum	Çok fazla inanıyorum	Orta derecede inanıyorum	Biraz inanıyorum	Hiç

Örnek

1.Dünya tehlikeli bir yerdir.
(Lütfen daire içine alınız.)

NE KADAR İNANIYORSUNUZ?				
4	3	2	1	0
Tümüyle	Çok Fazla	Orta Derecede	Biraz	Hiç

		NE KADAR İNANIYORSUNUZ?				
	Aşağılanma veya yetersizlikle karşılaşmak dayanılmaz bir şeydir.					
	Ne pahasına olursa olsun rahatsızlık verici durumlardan kaçınmalıyım.					
	Eğer insanlar dostça davranıyorlarsa beni kullanmaya ya da sövmeye çalışıyor olabilirler.					
	Bir yandan yetkili kişilerin hakimiyetine karşı direnmeli ama aynı zamanda onaylarını ve beni kabullenmelerini de korumalıyım.					
	Rahatsız edici duygulara katlanamam.					
	Kusurlar, eksikler ya da yanlışlar hoş görülemez.					
	Diğer insanlar sıklıkla çok şey isterler.					
	İlgi merkezi olmalıyım.					

Eğer bir sistemim olmazsa her şey darmadağın olur.					
Hak ettiğim saygının gösterilmemesi veya hakkım olanı alamamak dayanılmaz bir durumdur.					
Her şeyi mükemmel şekilde yapmak önemlidir.					
Diğer insanlarla birlikte bir şeyler yaptıktan sonra kendi başıma yaptıktan daha çok hoşlanırım.					
Eğer dikkat etmezsem başkaları beni kullanmaya ya da yönlendirmeye çalışır.					
Diğer insanların gizli amaçları vardır.					
Olabilecek en kötü şey terk edilmektir.					
Diğer insanlar ne kadar özel biri olduğumu fark etmelidirler.					
Diğer insanlar kasıtlı olarak beni aşağılamaya çalışıyorlar.					
Karar verirken diğer insanların yardımına ya da bana ne yapacağımı söylemelerine ihtiyaç duyarım.					
Ayrıntılar son derece önemlidir.					
Eğer bir insanın bana çok patronluk tasladığını görürsem onun isteklerini yok saymaya hakkım vardır.					
Yetkili kişiler her şeye karışan, dayatmacı, müdahaleci ve kontrol edici olma eğilimindedirler.					

	İstedigimi almanın yolu, insanları etkilemek ya da eğlendirmektir.					
	Kendi paçamı kurtarmak için gerekeni yapmalıyım.					
	Eğer insanlar benimle ilgili bir şeyler bulursa, bunu bana karşı kullanacaklardır.					
	İnsan ilişkileri karışıktır ve özgürlüğe engeldir.					
	Beni ancak benim gibi zeki insanlar anlayabilirler.					
	Çok üstün biri olduğum için özel muamele ve ayrıcalıkları hak ediyorum.					
	Benim için başkalarından bağımsız ve özgür olmak önemlidir.					
	Birçok durumda yalnız bırakıldığımda kendimi daha iyi hissederim.					
	Her zaman en yüksek standartlara ulaşmaya çalışmak gereklidir yoksa her şey darmadağın olur.					
	Rahatsız edici duygular giderek artar ve kontrolden çıkar.					
	Vahşi bir ortamda yaşıyoruz ve güçlü olan hayatta kalır.					
	Başkalarının dikkatini çektiğim durumlardan kaçınmalı ve mümkün olduğunca göze çarpmamalıyım.					
	İnsanların bana olan ilgilerini koruyamazsam benden hoşlanmazlar.					

Eğer bir şey istiyorsam onu almak için gerekli olan neyse yapmalıyım.					
Diğer bir insana “bağlanıp” kalmaktansa yalnız olmak daha iyidir.					
İnsanları eğlendirmedikçe ya da etkilemedikçe bir hiçim.					
Eğer ilk önce harekete geçip üstünlük kurmazsam karşımdaki bana üstünlük kurar.					
İnsanlarla ilişkilerimde herhangi bir gerginlik işareti bu ilişkinin kötüye gideceğini gösterir bu nedenle o ilişkiyi bitirmeliyim.					
Eğer en yüksek düzeyde iş yapmıyorsam başarısız olurum.					
Zaman sınırlarına uymak, istenene itaat etmek ve uyumlu olmak onuruma ve kendi yeterliliğime doğrudan bir darbedir.					
Bana haksız davranıldı bu nedenle kendi payımı almak için her şeyi yapmaya hakkım var					
Eğer insanlar bana yakınlaşırlarsa benim “gerçekten” ne olduğumu keşfeder ve benden uzaklaşırlar.					
Muhtaç ve zayıfım.					
Yalnız başıma bırakıldığımda çaresizim.					
Diğer insanlar benim ihtiyaçlarımı gidermelidir.					

İnsanların beklediği şekilde kurallara uyarsam bu benim davranış özgürlüğüme engel olacaktır.					
Eğer fırsat veririm insanları beni kullanırlar.					
Her zaman tetikte olmalıyım.					
Özel hayatım insanlara yakın olmaktan çok daha fazla önemlidir.					
Kurallar keyfidir ve beni sıkıyor.					
İnsanların beni görmezden gelmeleri berbat bir durumdur.					
İnsanların ne düşündüğünü önemsemem.					
Mutlu olabilmek için diğer insanların dikkatini çekmeye ihtiyacım var.					
Eğer insanları eğlendiririm benim güçsüzlüğümü fark etmezler.					
İşimi yaparken ya da kötü bir durumla karşılaştığımda bana yardım etmesi için her zaman yanımda birilerinin olmasına gereksinim duyarım.					
Yaptığım bir işte herhangi bir hata ya da kusur felakete yol açabilir.					
Çok yetenekli olduğumdan, insanlar kariyerimde ilerlememi sağlamak için yolumdan çekilmelidir.					
Eğer ben sıkıştırmazsam, karşımdaki kişi beni ezer					

	Diğer insanlara uygulanan kurallara uymak zorunda değilim					
	Bir şeyi yapmanın en iyi yolu zor kullanmak ve kurnazlıktır.					
	Bana destek olacak veya yardım edebilecek kişiye her zaman ulaşabilecek durumda olmalıyım.					
	Daha güçlü bir kişiye bağlanmadığım müddetçe temelde yalnızım					
	Diğer insanlara güvenemem.					
	Diğer insanlar kadar mücadele gücüm yok.					

APPENDIX 5: Young Schema Questionnaire-Short Form (YSQ-SF3)

Yönerge: Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır.

Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin **duygusal olarak** ne hissettiğinize dayanarak cevap verin.

Bir kaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.

1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek her sorudan önce yer alan boşluğa yazın.

Derecelendirme

- 1- Benim için tamamıyla yanlış
- 2- Benim için büyük ölçüde yanlış
- 3- Bana uyan tarafı uymayan tarafından biraz fazla
- 4- Benim için orta derecede doğru
- 5- Benim için çoğunlukla doğru
- 6- Beni mükemmel şekilde tanımlıyor

1. _____ Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.

2. _____ Beni terkedeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.

3. _____ İnsanların beni kullandıklarını hissediyorum

4. _____ Uyumsuzum.

5. _____ Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.

6. _____ İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum

7. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.

8. _____ Kötü bir şey olacağı duygusundan kurtulamıyorum.

9. _____ Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşitlarım kadar, başaramadım.

10. _____ Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.
11. _____ Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.
12. _____ Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemseddiğimi göstermek gibi).
13. _____ Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.
14. _____ Diğer insanlardan bir şeyler istediğimde bana “hayır” edilmesini çok zor kabullenirim.
15. _____ Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.
16. _____ Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.
17. _____ Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.
18. _____ Eğer bir yanlış yaparsam, cezalandırılmayı hak ederim.
19. _____ Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.
20. _____ Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.
21. _____ İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.
22. _____ Temel olarak diğer insanlardan farklıyım.
23. _____ Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.
24. _____ İşleri halletmede son derece yetersizim.
25. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.
26. _____ Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hiss ediyorum.
27. _____ Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.
28. _____ Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hiss ediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.
29. _____ Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.
30. _____ Duygularımı diğerlerine açmayı utanç verici bulurum.
31. _____ En iyisini yapmalıyım, “yeterince iyi” ile yetinemem.

32. _____ Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.
33. _____ Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.
34. _____ Başkalarının da farkında olduğu başarılar benim için en değerlisidir.
35. _____ İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.
36. _____ Eğer yanlış yaparsam, bunun özürü yoktur.
37. _____ Birisi için özel olduğumu hiç hissetmedim.
38. _____ Yakınlarımin beni terk edeceği ya da ayrılacağından endişe duyarım
39. _____ Herhangi bir anda birileri beni aldatmaya kalkışabilir.
40. _____ Bir yere ait değilim, yalnızım.
41. _____ Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.
42. _____ İş ve başarı alanlarında birçok insan benden daha yeterli.
43. _____ Doğru ile yanlış birbirinden ayırmakta zorlanırım.
44. _____ Fiziksel bir saldırıya uğramaktan endişe duyarım.
45. _____ Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız
46. _____ İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.
47. _____ Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.
48. _____ İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.
49. _____ Tüm sorumluluklarımı yerine getirmek zorundayım.
50. _____ İsteddiğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.
51. _____ Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakarlık etmekte zorlanırım
52. _____ Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.
53. _____ Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.
54. _____ Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.

55. _____ Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.
56. _____ Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.
57. _____ Diğer insanların niyetleriyle ilgili oldukça şüpheliyimdir.
58. _____ Kendimi diğer insanlara uzak veya kopmuş hissediyorum.
59. _____ Kendimi sevilebilecek biri gibi hissetmiyorum.
60. _____ İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.
61. _____ Gündelik işler için benim kararlarım güvenilemez.
62. _____ Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.
63. _____ Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.
64. _____ Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.
65. _____ Ben hep başkalarının sorunlarını dinleyen kişi oldum.
66. _____ Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.
67. _____ Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.
68. _____ Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.
69. _____ Benim yararına olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.
70. _____ Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.
71. _____ Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.
72. _____ Neden yanlış yaptığının önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.
73. _____ Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.
74. _____ İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.

75. _____ Genellikle insanların asıl veya art niyetlerini araştırırım.
76. _____ Kendimi hep grupların dışında hissederim.
77. _____ Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.
78. _____ İş (okul) hayatımda diğer insanlar kadar zeki değilim.
79. _____ Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.
80. _____ Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.
81. _____ Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.
82. _____ Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.
83. _____ Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.
84. _____ Diğerleri beni duygusal olarak soğuk bulurlar.
85. _____ Kendimi sorumluluktan kolayca sıyrıyorum veya hatalarım için gerekçe bulamıyorum.
86. _____ Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.
87. _____ Kararlarıma nadiren sadık kalabilirim.
88. _____ Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.
89. _____ Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.
90. _____ Ben cezalandırılmayı hakeden kötü bir insanım.

APPENDIX 6: Ethical Committee Approval

Evrak Tarih ve Sayısı: 15.03.2024-325176



T.C.
BAŞKENT ÜNİVERSİTESİ REKTÖRLÜĞÜ
Akademik Değerlendirme Koordinatörlüğü



Sayı :E-62310886-605-325176
Konu :Pınar Ayça Özgen'in Etik Onayı

15.03.2024

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 22.02.2024 tarih ve 317628 sayılı yazınız.

Enstitünüz Dr. Öğretim Üyesi Elif Üzümcü Özdemir danışmanlığında, Klinik Psikoloji (Tezli) Yüksek Lisans programı öğrencisi Pınar Ayça ÖZGEN tarafından yürütülecek olan, "Perceived Maternal Narcissism and Cluster B Personality Patterns in the Schema Therapy Model" adlı çalışma değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. Sadegül AKBABA ALTUN
Kurul Başkanı

Ek: Değerlendirme Formu

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4 Mart 2024

İlgili Makama

Üniversitemiz Dr. Öğretim Üyesi Elif Üzümcü Özdemir danışmanlığında, Klinik Psikoloji (Tezli) Yüksek Lisans programı öğrencisi Pınar Ayça ÖZGEN tarafından yürütülecek olan, "Perceived Maternal Narcissism and Cluster B Personality Patterns in the Schema Therapy Model" adlı çalışma değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir. Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Alan Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. Gözen Güner Aktaş	Olumlu/ Olumsuz	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/ Olumsuz	
Prof. Dr. Fatih Çetin	Olumlu/ Olumsuz	
Prof. Dr. Hasan Tahsin Fendoğlu	Olumlu/ Olumsuz	
Prof. Dr. Filiz Kalelioğlu	Olumlu/ Olumsuz	
Prof. Dr. Hidayet Hale Künuçen	Olumlu/ Olumsuz	
Prof. Dr. Özcan Yağcı	Olumlu/ Olumsuz	

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