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The mediating role of perfectionism in relation to narcissism and early trauma, family functioning and perceived parenting styles

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ABSTRACT

Introduction: Elevated narcissism in young people often sets up a cascade of interpersonal and mental health challenges which needs to understand its concomitants. This study aimed to explain the structural model of narcissism based on early trauma, family function and perceived parenting styles with the mediating role of perfectionism.

Methods: This was an analytical cross-sectional study. The statistical population of the present study consisted of 20-45 year-old males and females referring to psychological clinics of Tehran in 2018-19. A sample of 350 people was also selected using convenience sampling method. Narcissistic Personality Inventory (NPI), the Childhood Trauma Questionnaire (CTQ), the McMaster family assessment device, and Perceptions of Parents Scale (POPS) were used to collect the data. The data were analyzed by descriptive statistics, including mean, standard deviation, skewness, and kurtosis using SPSS-22 software and structural equation modeling was used by Amos-24 software. The level of significant was ($p<0.05$).

Results: Comparative Fit index (CFI) was 0.923, Tucker-Lewis Index (TLI), and Incremental Fit Index (IFI) was appropriate; since it exceeded 0.90. Also, the Root Mean Square Error Approximation (RMSEA) was 0.075 was in the acceptable range**.** Based on the path findings, the fitted model showed a positive impact of early life trauma on perfectionism ($p<0.01$, $\beta= 0.12$), the functioning of the family ($p<0.01$, $\beta= 0.21$), and the style of parenting ($\beta= 0.29$, $p<0.01$). Narcissism had a positive impact on family functioning ($p<0.01$, $\beta = 0.40$) directly from early life trauma ($p <0.01$, $\beta = 0.18$).

Conclusion: As the experience of trauma increases early in life, the likelihood of developing perfectionist tendencies increases. This indicates that the better the parenting style and the better the family functioning, the lower the level of perfectionism.

Keywords: Narcissism, Trauma, Family Function, Perceived Parenting Styles, Perfectionism

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Introduction

Over the past one hundred years or so, the subfields of psychology; social, cognitive, and industrial, have made great strides to helpunderstand that despite our similarities, each person is unique. This uniqueness is not just flattery or cliché but is based on the development of personality, heritage, milestones, family, culture, and society in which individuals are raised and influenced (1). Narcissistic characteristics can come from environments in childhood characterized by excessive deviations from ideal rearing, where there is either neglect/abuse (not enough careful attention) or over-pampering (too much careful attention). These "obviously supportive" parents, like abusive parents, are often unable to look at their child in a complete and integrated manner. They do not see their "real child," but an unrealistic, idealized one. Abusive parents also see, but in a devalued form, an unrealistic image of their child (2). The DSM-V description of narcissistic personality disorder needs to focus on the "easily accessible" characteristics of narcissism (grandiosity, exploitability, relationship difficulties, and anger and frustration) while omitting the "covert" characteristics that are less apparent and subtler (tendency to be sad loss-sensitive, socially isolated, restricted, and anxious-prone) (3). It is possible to define narcissistic people as individuals who are excessively concerned with issues of personal adequacy, power, prestige, and selfishness (4). Narcissism has the role of a protective shield in the psychoanalytic way of thinking, functioning as a black hole for the trauma patient, leading them eventually into a realm of an emotional void and memory deprivation, where there are no reverberations of the experience of the trauma patient. In the narcissistic envelope, however, motion, life, and a drive for death, and fragments of memory still survive. Although the psychoanalytic view considers that trauma tends to elevate narcissistic features, there are limited data to illustrate this possible link (5).

A study has indicated that that the association between parents and the child followed by hereditary and biological features is more due to behavioral disorders (6). The role of the family is related to its capacity to adapt to changes, overcome contradictions, reinforce members, succeed in applying disciplinary disciplines, observe individual boundaries, and enforce the rules and principles regulating the whole family structure to protect it (6). In addition, an association between parental violence and child behavioral disorder has been identified by researchers. Even if childhood trauma appears to affect the functioning of the inner family, few studies have concentrated on the impact on the family community of traumatic events (7-9).

Among the topics explored in research on narcissism and childhood experiences are concerns related to maltreatment, overprotection, and permissive behavior (8). A greater sense of entitlement and narcissism, in general, has been correlated with over parenting, over involvement in the life of a child to shield the children from abuse and ensure such accomplishments. Permissive parenting has been found to be entitlement-related (10); alternatively, the opposite behavior-greater monitoring in the form of enforcement rules can be protective against grandiosity (8). Conversely, a relation between over-permissiveness and grandiose narcissism or entitlement was not found in another study (11). The differences in results could stem from which aspect of narcissism (e.g. vulnerable/grandiose/total) was evaluated, cultural differences in expression (8), and whether there was a distinction between maternal and paternal parenting styles. In addition, results may vary depending on whether childhood maltreatment, which is a risk factor for Narcissistic Personality Disorder (NPD), has been taken into account (8, 11,12,13).

Parent-child interactions and childhood experiences play an essential role in several theories on the etiology of narcissism. Studies suggest a link between parenting and narcissism; however, it examines different narcissism subtypes and individual differences in parenting behaviors (14). Perceived emotional neglect was significantly

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associated with narcissistic vulnerability, which in turn was linked with depressive and generalized anxiety symptoms as separate dependent variables. Indirect effects were significant in each model, indicating narcissistic vulnerability as a significant mediator. With the inclusion of shame, narcissistic vulnerability and shame were significant as sequential mediators (15). As an extension of children's interactions with their parents, there is reason to believe that a perfectionistic orientation advances over time, and contexts within the family can play a significant role in developing perfectionism(16). Relationships between different indices of perfectionism and parenting styles were investigated before by previous studies (5,10, 16,17). Researchers noticed a correlation between parental authoritarianism and perfectionism among college students in a recent investigation (10,17).

Numerous previous studies have shown that the most damaging psycho-social factors for the development of personality disorders are considered to be both parenting styles and perfectionism, particularly positively associated with foster PD. A lot of research studies on this relationship have been done before, but the subject remains contentious and inconclusive; since personality disorders can be racially susceptible and data obtained from various cultures and communities is critical and inconsistent (17). It is important to mention that no research has been carried out to study the relationship between narcissism based on early (childhood) trauma, family function, and perceived parenting styles with the mediating role of perfectionism. To sum up, lack of warmth, leniency, overvaluation, and childhood maltreatment have all been related to higher levels of narcissism over parenting. These parenting patterns, however, have also been studied in isolation or in multiple combinations, with mixed results. The current research aimed to further the understanding and correlation of grandiose and insecure narcissistic characteristics in young people with a variety of childhood experiences of both parental types and experiences of maltreatment. Understanding these relationships can help provide efficient and timely solutions from a clinical perspective (8). By simultaneously considering multiple remembered parenting styles and maltreatment in a large sample, this study aimed to explain the structural model of narcissism based on early trauma, family function and perceived parenting styles with the mediating role of perfectionism.

Methods

In this analytical cross-sectional study, the statistical population of the present study included all 20-45 year-old males and females referring to psychological clinics of Tehran city in 2018-2019. In total, the study population consisted of 350 subjects, based on the rule expressed by Kline (16). The subjects were selected using a convenience sampling method. Then, the subjects of selected clinics formed the participants of the research according to the inclusion and exclusion criteria. In the first stage, five psychological clinics of Tehran were selected initially. The absence of mental conditions and serious physical illness, cooperation in completing the tools were the requirements for joining the research. Not having been diagnosed with a medical illness and significant physical illnesses were measured by asking participants at the psychological center about the medical history and experience of the patient. The exclusion criteria included expression of dissatisfaction to participate in the study and distorted questionnaires.

The research was performed by following ethical considerations, such as obtaining informed consent, confidentiality and retention of participants' confidential information, and the possibility of leaving the study if they decide to withdraw from the study. They were referred to psychiatric clinics for evaluations and completion of the questionnaires after pre-arranged coordination. Explanations were then given about the study and its significance in detecting, preventing, and intervening in a timely way. Then, the tools completed with the code were identified in order to maintain confidentiality. The questionnaires were presented to the individuals individually and they were asked to complete them

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all carefully and the participants completed them in an average of 30 to 45 minutes. It is worth noting that due to the research, informed written consent was collected from the individuals, and the participants were convinced of the terms of data security based on their personal information. A total of 350 individuals received the questionnaire. Four questionnaires gathered the information required for interpretation and research. It took one months to complete each questionnaire because four questionnaires had to be filled out. The design of the questionnaires and the study method followed ethical concepts. An explanatory statistics index was used to analyze the data and descriptive statistics were analyzed using SPSS-22 software. Kolmogorov-Smirnov test was employed to determine the normality of the data, the confirmatory factor analysis to examine the validity of the testing methods and the testing model check, and Amos-24 software was used to analyze the results of the structural equation analysis (SEM). Moreover, to assess the mediation effect of perfectionism, the Sobel test was used.

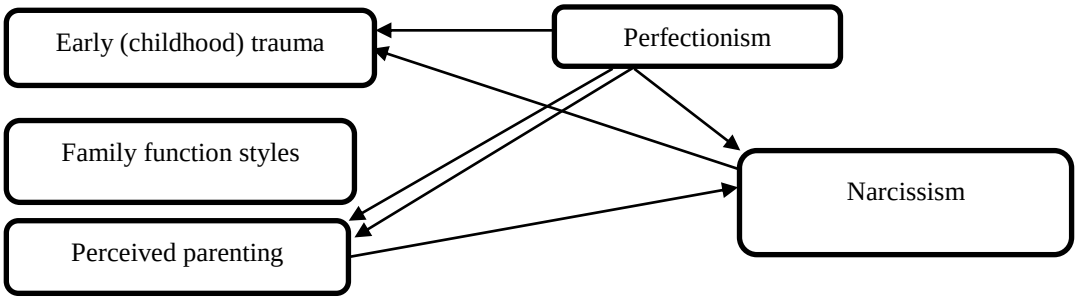


Figure 1. The primary conceptual model of the condition of narcissistic personality

Narcissistic Personality Inventory (NPI; Raskin & Hall 1979): In normal populations, the Narcissistic Personality Inventory is most commonly used to determine overt narcissistic characteristics (18). According to the findings of this self-report questionnaire, the 40-item version of it proved to have strong reliability and construct validity (19). The participants had to answer 40 true-false items (for example. I like to be the center of attention vs. It makes me uncomfortable to be the center of attention). Using Cronbach's alpha as a measure, an Iranian study measured this scale and its subscales with coefficients ranging from 0.63 to 0.83 (20).

The Childhood Trauma Questionnaire: In order to measure childhood traumas, the childhood trauma questionnaire (CTQ) was used. Bernstein et al. (21) designed this28-item questionnaire. The subject chooses the number that describes him best after reading each question. Each issue was based on a five-point Likert scale (never, rarely, sometimes, often, and always). This questionnaire had relatively high validity and reliability. The coefficient of reliability of the entire test was 0.85 and the reliability coefficient of the subscales was between 0.80 and 0.94. These coefficients reflect the high reliability of the CTQ (22).

The McMaster family assessment device: This tool was designed by Epstein, Baldwin, and Bishop in 1983 (23). This scale consists of 60 question and 7 subscales, *t*he problem solving component includes: 12, 24, 38, 50, 60, interaction: 3, 14, 18, 43, 52, 59, roles: 4, 10, 15, 23, 34, 40, 45, 53, responsiveness to emotions: 9, 19, 28, 39, 49, 57, involvement in emotions: 5, 13, 25, 33, 37, 42, 54, behavior control: 7, 17, 20, 27, 32, 44, 47, 48, 55, and basic functions: 1, 6, 11, 16, 2*1, 26, 31, 36, 41, 46, 51, 56*. To score the Family Performance Questionnaire for each question, 1 to 4 scores, which is a four-point Likert scale, are given using the following keywords: (strongly agree 1), (agree, 2), (disagree, 3), and (I strongly disagree, 4). The obtained scores indicate the score of each person in each of the subscales. The lower limit is 60 points, the average limit is 150 points, and the upper limit is 240 points. A score between 60 and 100

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indicates that family performance is poor. A score between 100 and 150 indicates that family performance is average. A score above 150 indicates that family performance is good. This application was validated in Iran (24).

Perceptions of Parents Scale (POPS): POPS (25), a self-report measure that contains 42 items (21 for mother and 21 for father). As a result, we use a seven-point Likert scale ranging from 1 (not at all true) to 7 (very true). The POPS consists of six sub-scales, including mother involvement, mother autonomy support, and mother warmth, father involvement, father autonomy support, and father warmth. The psychometric properties of English are adequate (25) and Iranian versions of the scale have been reported (26).

The Multidimensional Perfectionism Scale (MPS): Hewitt and Flett invented this measure in 1991. There are three subscales, and each has 15 items, the scores ranging from 0 to 5 (strongly disagree, disagree, neither agree nor disagree, agree and strongly agree) (27). The alpha coefficient range was from 0.74 to 0.89 in different studies (27). Optimism in self-oriented scales includes "I strive to reach perfection"; other-oriented criteria include "Everything done by others must be of top quality"; and socially prescribed scales suggest "my influence expected to be substantial"(28). To use this scale in Iran, the Cronbach's alpha was obtained 0.71 (29).

Results

Table 1 reveals that 52.3% (183) of the respondents were female; while 47.6% (167) were male. In general, there are more females than males. The highest frequency was in the bachelor's degree category (%38 percent; 133 out of 350).

Before analyzing the data, the assumptions of normality and collinearity were examined, the results of which are presented below. Skewness and Kurtosis Statistics were used to test the assumption of normality of the distribution of the all variables and Skewness was between -0.64 to 2.77 and Kurtosis was between -0.44 to 1.32. Chou and Bentler (1995) found the ±3 cut-off point appropriate for Skewness.

For the Kurtosis index, in general, values above ±10 are problematic in structural equations modeling (Klein, 2015). The values obtained for the skewness and Kurtosis of the variables indicate that the distributions are normal. For testing the agreement between variance inflation factors (VIF) and tolerance indices, we used a threshold of 0.01 and a maximum of 10 for the VIF and tolerance indexes. Therefore, it confirms the existence of collinearity.

Table 1. Frequency distribution of the studied samples by demographic variables

Variables	Levels	N	%
Gender	Male	167	47.6
	Female	183	52.3
Age	Lower than 25 years	119	34
	25-35 years	163	46.6
	36-45 years	63	18
	More than 45	4	1.4
Educational level	Under diploma	16	4.6
	Diploma	64	18.3
	Associate Degree	12	3.4
	Bachelor	133	38
	Master of Arts	101	28.9
	PhD and postdoctoral	24	6.9

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Table 2. Descriptive statistics of the subscales used in the study

Variable	Subscale	Mean± SD	Skewness	Kurtosis
Narcissism	Narcissism	5.39±3.12	-0.22	0.44
Perfectionism	Self-oriented perfectionism	30.09 ±7.32	0.08	-0.35
	Other-oriented perfectionism	30.87 ±7.71	-0.25	0.05
	socially prescribed perfectionism	28.63 ±8.18	-0.04	-0.44
Child trauma	Physical neglect	6.70 ±2.93	1.76	1.32
	Emotional neglect	6.09 ±2.61	2.77	1.11
	Sexual abuse	23.12 ±5.99	-0.37	-0.38
	Physical abuse	7.09 ±2.99	1.27	1.63
	Emotional abuse	8.35 ±4.08	1.68	1.16
	General childhood trauma	26.76 ±6.54	-0.16	-0.33
Parenting Maternal	Maternal involvement	40.26 ±9.62	-0.43	-0.03
	Maternal warmth	31.50 ±7.89	-0.64	-0.20
	Autonomy support	12.57 ±3.14	0.32	0.67
Family Function	Problem Solving	15.59 ±3.23	-0.14	0.28
	Communication	21.39 ±3.71	-0.10	0.93
	Affective Responsiveness	16.95 ±3.09	0.01	0.25
	Affective Involvement	20.72 ±5.25	0.17	0.08
	Behavior Control	20.84±3.68	0.08	0.22
	General Functioning	28.87±5.48	1.2	0.66

Table 3. Structural equation model fitting indices

Indicator	Value	Allowable Limitation
χ^2	418.781	-
$(\chi^2)/df$	2.792	Less than 3
RMSEA	0.072	Less than 0.08
CFI	0.923	Above 0.9
TLI	0.902	Above 0.9
IFI	0.924	Above 0.9

DF: Degree of Freedom, RMSEA: Root Mean Square Error Approximation, CFI: Comparative Fit Index, TLI: Tucker-Lewis Index, IFI: Incremental Fit Index

In a review of structural equation model fitting indices, the statistical calculation results of the fitting indices showed that Chi-square $\chi 2$ /df = 2.79 was important at 0.001. Comparative Fit index (CFI) was 0.923, Tucker-Lewis Index (TLI) and Incremental Fit Index (IFI) was appropriateک since it exceeded 0.90. Also, the Root Mean Square Error Approximation (RMSEA) = 0.075 was in the acceptable range.

According to Table 4, in cases where T-statistic is out of range (+ 1.96 and -1.96) or significance level is less than 0.05, two variables have significant relationship with each other. As can be seen, the direct paths of the perfectionism to narcissism variable were significant (β = 0.25, t = 3.043). Direct paths of the family function to perfectionism variable were significant (β = 0.196, t = 2.482).

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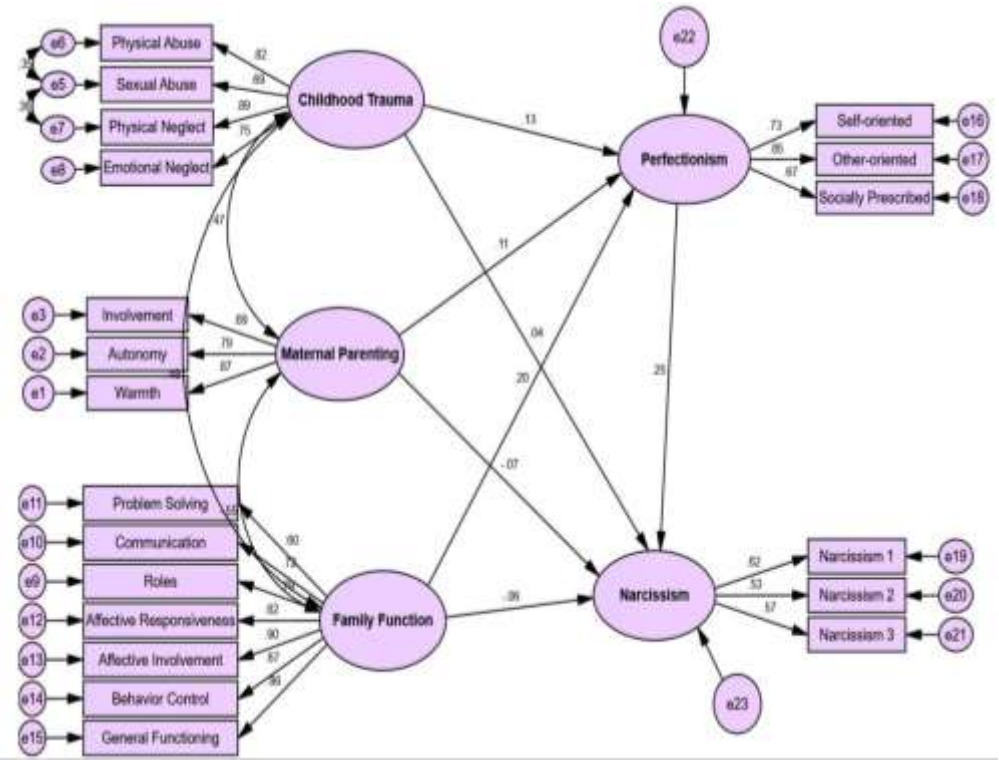


Figure 2. The structural equation model of narcissism

Table 4. Investigation of direct effects of variables in the research model

Independent variable	Dependent variable	Non-standardized coefficients	Standard coefficients	t	p
Child Trauma	Narcissism	0.014	0.036	0.402	0.688
Parenting Maternal	Narcissism	-0.015	-0.071	-0.734	0.463
Family Function	Narcissism	-0.031	-0.063	-0.686	0.493
Perfectionism	Narcissism	0.043	0.25	3.043	0.002
Child Trauma	Perfectionism	0.302	0.135	1.753	0.080
Parenting Maternal	Perfectionism	0.125	0.106	1.278	0.201
Family Function	Perfectionism	0.562	0.196	2.482	0.013

Table 5. Investigation of indirect effects of variables in the research model

Mediator	Independent variable	Dependent variable	Non-standardized coefficients	Lower	Upper	p
Perfectionism	Child Trauma	Narcissism	0.013	0.001	0.039	0.033
Perfectionism	Parenting Maternal	Narcissism	0.005	-0.001	0.02	0.124
Perfectionism	Family Function	Narcissism	0.024	0.002	0.074	0.026

The Bootstrap method using 2000 times sampling process was used to determine the indirect effect. According to Table 5, it can be observed that indirect effect of the latent variable of child trauma on the narcissism through perfectionism was significant (b = 0.013, p <0.05). It can also be observed that indirect effect of the latent variable of family function on the narcissism through perfectionism was significant (b = 0.024, p <0.05).

Discussion

This study aimed to explain the structural model of narcissism based on early trauma, family function, and perceived parenting styles with the mediating role of perfectionism. The fitted model showed that early life trauma has a positive effect

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on perfectionism. These results are consistent with numerous previous studies (1, 8). In order to explain these findings, in individuals with elevated levels of perfectionism, traumatic experiences can be responded quite negatively; since these individuals have a strong need for control and are often extremely stressed by activities beyond their control (30). Indeed, perfectionists acutely feel situations that evoke feelings of helplessness and a feeling of not being in control (e.g., the COVID-19 pandemic) (31). For the person who wants to be perfect or feels pressured to be perfect, traumatic experiences often underline that things have been far from optimal and that their efforts and behavior have been negatively impacted. After a traumatic event, perfectionists are particularly at risk of experiencing post-traumatic stress disorder (PTSD) symptoms; since they usually feel responsible for negative results and experiences (32).

In addition, styles of family functioning and parenting have had a direct adverse effect on perfectionism (10, 33-34). Sahraee et al. found that there is a strong significant association with positive perfectionism between the total family efficiency score and its three subscales (roles, problem-solving, and affection express). In addition, a strong negative association between the total family efficiency score, and its two subscales (roles and affection express) with negative perfectionism was indicated. The results of this study confirmed the distinction between positive and negative perfectionism and show that while positive perfectionism creates an inefficient environment, the context for the development of negative perfectionism can have negative characteristics in the family (33). This relationship is significant and indicates that the family and, especially the behavior of parents during childhood play an essential role in the development of behavioral disorders during childhood and adolescence (6)

As predicted, perfectionism had a direct positive impact on narcissism. This result is in line with Smith et al. (35) and Casale et al. (36). Authors found that an interpersonal style was adopted by both grandiose and vulnerable narcissists that focuses on presenting a public image of flawlessness. Both of these studies have shown that grandiose narcissists brashly describe themselves as ideal to everyone else, while vulnerable narcissists try to avoid their imperfections being displayed or revealed (35,36). Moreover, Casale et al. (2016) have reported evidence showing a strong association between different aspects of perfectionist self-presentation (perfectionist self-promotion, non-display of imperfection, and non-disclosure of imperfection) and vulnerable narcissism (35). However, only two studies clearly discuss the relationship of perfectionism with narcissistic grandiosity and narcissistic vulnerability measures (37,38). Flett et al. (2014) reported that narcissistic grandiosity and vulnerability were associated with self-oriented and socially prescribed perfectionism, while other-oriented perfectionism was inconsistently related to narcissistic grandiosity and unrelated to narcissistic vulnerability (37). Furthermore, Stoeber et al. (2015) reported that other-oriented perfectionism was mainly linked to narcissistic grandiosity after removal of overlap in the dimensions of trait perfectionism, while socially prescribed perfectionism was mainly linked to narcissistic vulnerability (38).

There was also a positive effect of narcissism directly from early life trauma and a negative impact on family functioning. The findings of these studies allow us to understand that positive parenting is more strongly associated with the positive growth of narcissistic tendencies. The ambiguities and sometimes conflicting outcomes, however, prevent us from stating with certainty which particular aspects of parenting actually cause narcissism. Higher traits of pathological narcissism in young people have been associated with recalled childhood experiences of being overprotected, overvalued, and experiencing leniency in the parental discipline. Non-specific risk factors were support, abuse, and neglect. Excessively, self-important childhood environments are associated with grandiose and vulnerable narcissistic characteristics, characterized by the young person expressing unrealistic self-views, beliefs in

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entitlement, and impaired autonomy (8,15). Based on the results, the indirect effects of perceived parenting style and family functioning on narcissism were also negative and significant. Thus, the finding of this study is in accordance with Burke et al.'s study, which used structural equation modeling to examine over parenting, perceived interference, facilitation, student adjustment, and family functioning in 302 parent–young adult dyads (39).

It found that over-parenting facilitated but did not interfere with child behavior. Whereas this association was detrimental for young adults, it was positive for parents. Furthermore, a similar pattern emerged in the indirect effects of over-parenting on student adjustment through young adults' versus parents' perceived facilitation. It appears that children achieve better results when their parents facilitate their goals (39). To explain this finding, according to Edery's (2019) study, Unforgettable childhood trauma involved parents-children problems in his family of origin. With parents who exhibited a wide range of psychological difficulties, his first five years were shaped by coping strategies to survive the cold, rejecting, and narcissistic abusive environment. Through a so-called "abnormal" relationship with his parents, which reflected its parental style, he identified his family as authoritarian, rejecting, and traumatic. He developed the following characteristics due to these parenting styles: introversion, kindness, agreeableness, and profound empathy for the mentally ill (1). The role of early childhood experiences in the development of narcissism is implied by various theories and studies, but empirical conclusions are mixed. In addition, it is important to study pathological narcissism and potential underlying mechanisms in young people, since personality pathology can often already be observed in adolescence and tends to persist into adulthood (8, 15).

The current study also had a number of limitations. The retrospective self-report measures of parenting practices were limited by shared method variances and, since this was a cross-sectional study, no causality can be inferred. The strength of this research was examining the relationship between early trauma, family function, and perceived parenting styles with the mediating role of perfectionism in creating narcissism in a model of structural equations with a significant number of samples. The obvious disadvantage of this study was the lack of generalization of results due to non-random sampling.

Conclusion

According to the results, the findings have significance for intervention, not only in recognizing possible future causes of growth, but also the potential patient-therapist relationship problems resulting from these narcissistic assumptions in the treatment process.

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Author contribution

A.B and F.J contributed to the research, and S.K AND F.G wrote the article.

Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Edery RA. The Traumatic Effects of Narcissistic Parenting on a Sensitive Child: A Case Analysis. Health Science Journal. 2019;13(1):1-3.
2. Mosquera D, Gonzalez A. Narcissism as a consequence of trauma and early experiences. ESTD Newsletter. 2011;1(2):4-6.
3. Caligor E, Stern BL. Diagnosis, Classification, and Assessment of Narcissistic Personality Disorder Within the

[Downloaded from jhr.ssu.ac.ir on 2026-11-19]

[DOI: 10.18502/jchr.v10i2.6587]

Framework of Object Relations Theory. Journal of Personality Disorders. 2020;34(Supplement):104-21.
4. Mosquera D, Knipe J. Understanding and treating narcissism with EMDR therapy. Journal of EMDR Practice and Research. 2015;9(1):46-63.
5. Abolghasemi S, Tavakoli Azad J, Biabani Asli M, et al. The Relationship Between Family Function, Perfectionism and Hidden Anxiety of Students. Avicenna Journal of Neuro Psycho Physiology. 2018; 5 (3) :107- 12.
6. Rohner RP, Filus A, Melendez-Rhodes T, et al. Psychological Maladjustment Mediates the Relation Between Remembrances of Parental Rejection in Childhood and Adults' Fear of Intimacy: A Multicultural Study. Cross-Cultural Research. 2019;53(5):508-542.
7. Brummelman E, Gürel Ç, Thomaes S, et al. What separates narcissism from self-esteem? A social-cognitive perspective. InHandbook of Trait Narcissism 2018 (pp. 47-55). Springer, Cham.
8. Van Schie CC, Jarman HL, Huxley E, et al. Narcissistic traits in young people: understanding the role of parenting and maltreatment. Borderline Personality Disorder and Emotion Dysregulation. 2020; 7: 10.
9. Csathó Á, Birkás B. Early-life stressors, personality development, and fast life strategies: An evolutionary perspective on malevolent personality features. Frontiers in Psychology. 2018; 9:305.
10. Miller AL, Speirs Neumeister KL. The influence of personality, parenting styles, and perfectionism on performance goal orientation in high ability students. Journal of Advanced Academics. 2017; 28(4):313-44.
11. Claudio L. Can parenting styles affect the children's development of narcissism? A Systematic Review. The Open Psychology Journal. 2016; 9(1).
12. Murphy S, McElroy E, Elklit A, et al. Child maltreatment and psychiatric outcomes in early adulthood. Child Abuse Review. 2020; 29(4): 365-78.
13. Beal SJ, Kashikar-Zuck S, King C, et al. Heightened risk of pain in young adult women with a history of childhood maltreatment: a prospective longitudinal study. Pain. 2020;161(1):156-65.
14. Huxley E, Bizumic B. Parental invalidation and the development of narcissism. The Journal of Psychology. 2017;151(2):130-47.
15. Kealy D, Laverdière O, Cox DW, et al. Childhood emotional neglect and depressive and anxiety symptoms among mental health outpatients: the mediating roles of narcissistic vulnerability and shame. Journal of Mental Health. 2020:1-9.
16. Kline RB. Principles and practice of structural equation modeling. Guilford publications. 2015.
17. Gul M, Aqeel M, Akhtar T, et al. The Moderating Role of Perfectionism on the Relationship between Parenting styles and Personality Disorders in Adolescents. Foundation University Journal of Psychology. 2019;3(2).
18. Raskin R, Hall CS. The Narcissistic Personality Inventory: Alternative form reliability and further evidence of construct validity. Journal of personality assessment. 1981;45(2):159-62.
19. Soyer RB, Rovenpor JL, Kopelman RE, et al. Further assessment of the construct validity of four measures of narcissism: Replication and extension. The Journal of Psychology. 2001;135(3):245-58.`
20. Hassanzadeh F, Akhani A, Asgharnejad Farid A. Psychometric Properties of Brief Version of Pathological Narcissism Inventory. Journal of Neyshabur University Medical Sciences. 2020; 8 (1) :77-87.[Persian]
21. Bernstein DP, Ahluvalia T, Pogge D, et al. Validity of the childhood trauma questionnaire in an adolescent psychiatric population. Journal of the American Academy of Child & Adolescent Psychiatry. 1997;36(3):340-8.
22. Zarrati I, Bermas H, Sabet M. The Relationship Between Childhood Trauma and Suicide Ideation: Mediating Role of Mental Pain. Annals of Military and Health Sciences Research. 2019;17(1):e89266.
23. Epstein NB, Baldwin LM, Bishop DS. The McMaster family assessment device. Journal of Marital and Family Therapy. 1983; 9(2):171-80.
24. Zadeh Mohammadi A, Malek Khosravi GH. Preliminary Investigation of Psychometric Properties and Validation of Family Functioning Scale (FAD). Journal of Family Research. 2006; 2 (5): 69-89. [Persian]
25. Grolnick WS, Deci EL, Ryan RM. Internalization within the family: The self-determination theory perspective.In J. E. Grusec & L. Kuczynski (Eds.), Parenting and children's internalization of values: A handbook of contemporary theory. 1997:135-161.
26. Karshki H. The role of motivational models and environmental perceptions in learning self-regulation in male third-year high-school students. InFaculty of Psychology & Educational Science. 2008.
27. Hewitt PL, Flett GL. Perfectionism in the self and social contexts: conceptualization, assessment, and association

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[DOI: 10.18502/jchr.v10i2.6587]

with psychopathology. Journal of Personality and Social Psychology. 1991; 60(3):456.
28. Zarbakhsh M, Hassanzadeh S, Abolghasemi S, et al. Relationship between perceived parenting styles and critical thinking with cognitive learning styles. Journal of Basic and Applied Scientific Research. 2012; 2(10):10007-11.
29. Aminizadeh S, Dolatshahi B, Pourshahbaz A, et al. Psychometric properties of multidimensional perfectionism scale (MPS). Practice in Clinical Psychology. 2013; 1(4): 205-210.
30. Tyler J, Mu W, McCann J, et al. The unique contribution of perfectionistic cognitions to anxiety disorder symptoms in a treatment-seeking sample. Cognitive Behaviour Therapy. 2020:1-7.
31. Flett GL, Hewitt PL. The perfectionism pandemic meets COVID-19: understanding the stress, distress, and problems in living for perfectionists during the global health crisis. Journal of Concurrent Disorders. 2020;2(1):80–105.
32. Flett GL, Molnar DS, Hewitt PL. The traumatized perfectionist: understanding the role of perfectionism in post-traumatic reactions to stress. International Journal of Emergency Mental Health and Human Resilience. 2016; 18(1):764–765.
33. Edalatjoo A, Mahdian H, Mohammadipour M. The relationship between parenting styles and academic self-handicapping through the mediating role of metacognitive and perfectionism skills. Iranian Journal of Educational Sociology. 2019; 2(3):56-66.
34. Sahraee OA, Yusefnejad M, Khosravipur E. Relation of family efficiency with positive and negative perfectionism in Iranian students. Procedia-Social and Behavioral Sciences. 2011; 30:844-50.
35. Smith MM, Sherry SB, Chen S, et al. Perfectionism and narcissism: A meta-analytic review. Journal of Research in Personality. 2016; 64:90-101.
36. Casale S, Fioravanti G, Rugai L, et al. The interpersonal expression of perfectionism among grandiose and vulnerable narcissists: Perfectionistic self-presentation, effortless perfection, and the ability to seem perfect. Personality and Individual Differences. 2016; 99:320-4.
37. Flett GL, Sherry SB, Hewitt PL, et al. Understanding the narcissistic perfectionists among us: Grandiosity, vulnerability, and the quest for the perfect self. Handbook of psychology of narcissism: Diverse perspectives. 2014:43-66.
38. Stoeber J, Sherry SB, Nealis LJ. Multidimensional perfectionism and narcissism: Grandiose or vulnerable? Personality and Individual Differences. 2015; 80:85-90.
39. Burke TJ, Segrin C, Farris KL. Young adult and parent perceptions of facilitation: Associations with over parenting, family functioning, and student adjustment. Journal of Family Communication. 2018;18(3):233-47.

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