

**CHILD MALTREATMENT AND VULNERABLE NARCISSISM:
THE ROLES OF SHAME AND DISAVOWED NEED**

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Exposure to maltreatment during childhood (physical, emotional, or sexual abuse, physical or emotional neglect) is associated with increased risk for narcissistic personality pathology (Lobbestael, Arntz, and Bernstein 2010), although studies examining this relationship have looked primarily at DSM-IV criteria for narcissistic personality disorder rather than narcissistic character styles. Yet recent conceptualizations of narcissistic pathology have noted that narcissistic personality disorder likely reflects only one subtype of narcissistic pathology, referred to as “grandiose narcissism” (Cain, Pincus, and Ansell 2008). As a result, most investigations of the developmental precursors of pathological narcissism, including child maltreatment (CM), have focused only on its grandiose presentation. However, an alternative presentation of narcissism, marked by self-consciousness, shame, and helplessness and collectively referred to as “vulnerable narcissism,” has been shown to be equally maladaptive (Pincus et al. 2009). There is thus a need to empirically evaluate the potential risk factors for vulnerable narcissism in survivors of CM.

Kohut’s developmental model of pathological narcissism (1971) lends theoretical support to the notion that early maladaptive experiences with caregivers, including CM, may result in the type of emotional and relational internal experience that has since been conceptualized as vulnerable narcissism. In Kohut’s formulation, caregivers are experienced as “selfobjects,” or emerging parts of one’s sense of self. Caregivers fulfill needs considered central to optimal narcissistic development, which for Kohut is the bedrock of optimal personality functioning. When needs are unmet, the infant is left with impaired abilities to regulate self-esteem and may defensively avoid and disavow them. The end result of disavowed needs may therefore be the phenomenon now known as narcissistic vulnerability. However, few studies have examined the specific maladaptive developmental experiences associated with avoidance of selfobject needs.

Shame has been posited as another central emotion in vulnerable narcissism (Pincus et al. 2009) and has been empirically linked to experiences of CM (Kim, Talbot, and Cicchetti 2009). Specifically, Lewis (1987) conceptualizes shame as a “self-conscious” emotion that arises when a person ascribes a perceived wrongdoing to a core problem with the self, leading to experiences of helplessness and a desire to “hide” the self from perceived scrutiny. Thus, despite circumstantial evidence of associations among CM, shame, avoidance of selfobject needs, and vulnerable narcissism, previous studies have not examined the specific mechanisms through which CM may lead to vulnerable narcissism in adulthood. The aim of the present study was to address this gap in the empirical literature by testing a path model through which exposure to CM may serve as a risk factor for vulnerable narcissism through the mechanisms of both selfobject need avoidance and shame-proneness. Specifically, we predicted that selfobject need avoidance and shame-proneness would each independently mediate the association between CM and vulnerable narcissism in a sample of young adults.

Method

The sample for this study consisted of 129 undergraduate students (100 women) at a large urban university, ages 18–43 ($M = 20.29$, $SD = 4.64$). The self-reported racial composition of the sample was 34.9% African American, 20.2% Asian, 18.6% Caucasian, 17.1% Hispanic, and 8% “Other Race.” Participants were enrolled in a research participation program associated with an undergraduate psychology course and were compensated with 1.5 research participation credits. All study procedures were approved by the study site’s institutional review board (IRB).

Child maltreatment was assessed with the Childhood Trauma Questionnaire–Short Form (CTQ-SF; Bernstein et al. 2003), a 28-item self-report questionnaire that retrospectively assesses the presence and severity of experiences of maltreatment during childhood. Shame-proneness was assessed with the Test of Self-Conscious Affect–3 (TOSCA-3; Tangney et al. 2000), a 16-item self-report questionnaire that measures proneness to four types of self-conscious emotions: shame, guilt, detachment, and externalization. Avoidance of selfobject needs was assessed with the Selfobject Needs Inventory (SONI; Banai, Mikulincer, and Shaver 2005), a 38-item self-report questionnaire that assesses both

Table 1. Reported child maltreatment, shame-proneness, avoidance of selfobject needs, and vulnerable narcissism

Variable	<i>M</i>	<i>SD</i>	Range of Sample	Possible Range of Measure
CTQ Total	37.17	13.33	25–94	25–125
Physical Abuse	7.39	3.73	5–25	5–25
Emotional Abuse	5.82	4.67	5–25	5–25
Sexual Abuse	5.79	2.40	5–21	5–25
Physical Neglect	6.11	2.16	5–19	5–25
Emotional Neglect	9.05	3.92	5–22	5–25
TOSCA - Shame	47.81	9.75	20–74	16–80
SONI – Avoidance	50.78	13.49	17–83	17–119
PNI – Vulnerability	82.43	23.89	31–148	26–182

Note: CTQ = Child Trauma Questionnaire–Short Form; TOSCA = Test of Self-Conscious Affect; SONI = Selfobject Needs Inventory; PNI = Pathological Narcissism Inventory.

hungering for and avoidance of each of the selfobject needs theorized by Kohut (1971). Vulnerable narcissism was assessed with the Pathological Narcissism Inventory (PNI; Pincus et al. 2009), a 52-item self-report questionnaire that measures the cognitive, emotional, and behavioral elements associated with pathological narcissism and provides discrete subscales for both narcissistic grandiosity and narcissistic vulnerability. In our sample, internal consistencies for all four measures were comparable to those observed in earlier studies (Cronbach's α 's = .75–.92).

Results

The mean scores on the CTQ-SF, TOSCA-3, SONI, and PNI are provided in Table 1. Following the recommendation of Tangney et al. (2000), we entered scores of guilt-proneness on the TOSCA-3 as a covariate in all analyses of shame-proneness, in order to eliminate any shared variance between the two constructs. Additionally, preliminary analyses revealed that scores for narcissistic vulnerability differed significantly between men ($M = 74.66$, $SD = 20.19$) and women ($M = 84.68$, $SD = 24.5$; $t(127) = -2.01$, $p = .04$). We therefore entered sex as a covariate in all subsequent analyses.

As a first analytic step, we conducted partial correlations among all variables of interest, controlling for both guilt-proneness and sex where

applicable. Scores for overall severity of CM were positively associated with shame-proneness ($r = .18, p < .05$), avoidance of selfobject needs ($r = .25, p < .01$), and vulnerable narcissism ($r = .26, p < .01$). Thus, within our sample there was evidence for the roles of CM, shame-proneness, and avoidance of selfobject needs as potential risk factors for narcissistic vulnerability; we therefore proceeded to test our proposed mediation models.

To test our mediation hypotheses, we used a bootstrapping method with 1,000 resamples (Preacher and Hayes 2008). The indirect effect of shame-proneness on the relationship between CM and vulnerable narcissism was significant (95% CI = 0.01–1.23). The direct effect remained significant when accounting for shame-proneness ($\beta = 1.04, p = .03$), indicating partial mediation. The indirect effect of selfobject need avoidance on the relationship between CM and vulnerable narcissism was also significant (95% CI = 0.13–1.53). The direct effect became nonsignificant when accounting for selfobject need avoidance ($\beta = 1.23, p = .06$), indicating full mediation. In light of these findings, we subsequently tested an exploratory hypothesis using a multiple mediation model with both mediators (see Figure 1). The indirect effect when both mediators were entered into the model was significant (95% CI = 0.22–1.96). The direct effect became nonsignificant with both mediators present ($\beta = 0.80, p = .13$), indicating full mediation.

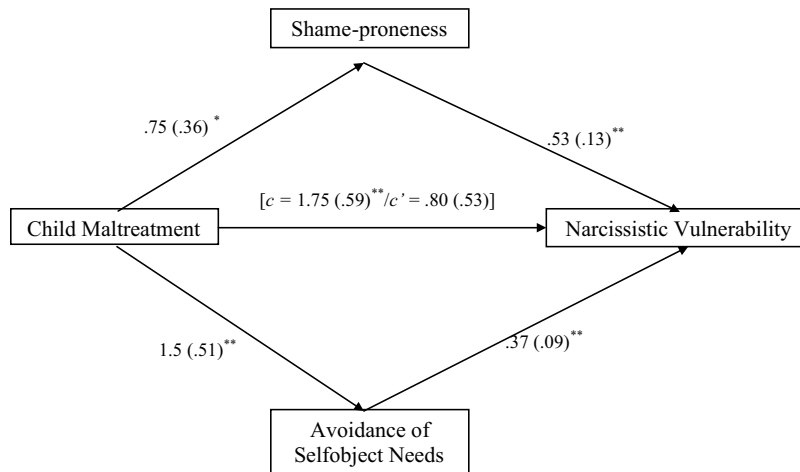
A pairwise contrast between the two mediators was nonsignificant (95% CI = -0.90–0.44), indicating equal strength of the two indirect effects in the model.

Discussion

Our preliminary finding that CM was associated with narcissistic vulnerability extends earlier investigations demonstrating that exposure to maltreatment during childhood constitutes a risk factor for subsequent personality pathology in adulthood (e.g., Lobbestael, Arnst, and Bernstein 2010). To our knowledge ours is the first empirical investigation into the association between CM and the specific subtype of narcissistic character style that includes chronic feelings of helplessness, avoidance, and self-consciousness collectively referred to as narcissistic vulnerability (Cain, Pincus, and Ansell 2008).

Our finding that shame-proneness served as a partial mediator of the association between CM and vulnerable narcissism suggests that while

Figure 1. Bootstrapping analysis of indirect effects of both shame-proneness and avoidance of selfobject needs on child maltreatment and narcissistic vulnerability



Note: Bootstrapping analysis with 1,000 resamples. Coefficients are unstandardized, and standard errors appear in parentheses. *c* = total effect of child maltreatment on narcissistic vulnerability; *c'* = direct effect in the full model.
 **p* < .05. ** *p* < .01

shame-proneness might serve as a mechanism to increase risk for vulnerable narcissism in survivors of CM, this relation is likely influenced by other emotional factors that are induced by maltreatment and also relate to narcissistic vulnerability. Avoidance of selfobject needs fully mediated the relationship between CM and vulnerable narcissism, lending empirical support to Kohut’s developmental model of personality pathology. Selfobject need avoidance likely serves as a central mechanism through which CM exposure increases risk for vulnerable narcissism. Lastly, the significant mediating effects of both shame-proneness and selfobject need avoidance point to the likely joint effects of both of these emotional experiences on maladaptive personality development in survivors of CM. The finding that the mediators did not differ in the strength of their indirect effects implies a likely bidirectional influence in the path model. Disavowed needs for the experiences not provided by early caregivers might exacerbate an already salient feeling of shame resulting from maltreatment, ultimately reinforcing the disavowal. Alternatively, the

thwarted selfobject needs resulting from maltreating caregivers might be the mechanism through which one feels the helplessness that later becomes experienced as shame-proneness.

Limitations of our study include low levels of CM endorsement and its cross-sectional design. Longitudinal studies might more explicitly delineate the sequelae through which survivors of CM are at risk for the shame-proneness and selfobject need avoidance found to be associated with vulnerable narcissism in our sample. These limitations notwithstanding, our data provide preliminary support for the roles of shame-proneness and selfobject need avoidance as individual and joint mechanisms through which exposure to CM leads to narcissistic vulnerability. This relation introduces the potential clinical utility of assessing shame in survivors of CM, as survivors with higher levels of shame may be more likely to suffer also from the disavowal of selfobject needs that increases risk for narcissistic vulnerability.

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