



## ORJİNAL MAKALE / ORIGINAL ARTICLE

Balıkesir Sağlık Bilimleri Dergisi / BAUN Sağ Bil Derg  
Balıkesir Health Sciences Journal / BAUN Health Sci J  
ISSN: 2146-9601- e ISSN: 2147-2238  
Doi: <https://doi.org/10.53424/balikesirsbd.1209740>



### The Mediator Role of Rejection Sensitivity Between Perceived Maternal Narcissism and Risk of Eating Disorders

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*Geliş Tarihi / Received: 25.11.2022, Kabul Tarihi / Accepted: 7.11.2023*

#### ABSTRACT

**Objective:** This study aimed to determine the mediating role of rejection sensitivity between perceived maternal narcissism and risk of eating disorders. **Materials and Methods:** The participants were administered the Sociodemographic Data Form, the Perceived Maternal Narcissism Scale (PMNS), the Eating Attitudes Test-26 (EAT 26) and the Rejection Sensitivity Questionnaire (RSQ) and the data obtained in the study were analyzed using SPSS 25.0. The data were analyzed using Pearson Correlation Analysis, Independent Group t-tests, ANOVA, and Regression Analysis. **Results:** The Rejection Sensitivity Questionnaire, the Eating Attitudes Test-26 ( $r=0.318$ ,  $p<0.01$ ), and the Perceived Maternal Narcissism Scale ( $r=0.547$ ,  $p<0.01$ ) were revealed to be positively and significantly correlated. The independent variables of perceived maternal narcissistic characteristics and rejection sensitivity explain 11% of the variance in the eating attitude dependent variable score. **Conclusion:** The study's findings suggest that rejection sensitivity mediates the relationship between perceived maternal narcissistic characteristics and eating disorders. It was observed that as age and education increased, perceived maternal narcissistic characteristics, dysfunctional eating attitudes and rejection sensitivity decreased. Eating disorder studies in the literature focus on female and young adult sampling. In the current study, working with a sample that includes two genders and a wide age range and examining eating disorders within the scope of the variable of perceived maternal narcissism shows the importance of the research.

**Keywords:** Perceived Maternal Narcissism, Eating Disorder, Eating Attitude, Rejection Sensitivity.

### Anneden Algılanan Narsisizm ile Yeme Bozuklukları Arasında Reddedilme Duyarlılığının Aracı Rolü

#### ÖZ

**Amaç:** Bu çalışmanın amacı anneden algılanan narsisizm ve yeme bozuklukları riski arasında reddedilme duyarlılığının aracı rolünün incelenmesidir. **Gereç ve Yöntem:** Araştırmada Reddedilme Duyarlılığı Ölçeği (RDÖ), Yeme Tutum Testi (YTT) ve Anneden Algılanan Narsisistik Özellikler Ölçeği (AANÖÖ) kullanılmıştır. Verilerin analizi için SPSS 25 programında; Pearson Korelasyon Analizi, Bağımsız Örneklem t-testi, ANOVA ve Basit ve Çoklu Doğrusal Regresyon Analizi kullanılmıştır. **Bulgular:** Reddedilme Duyarlılığı Ölçeği ile Yeme Tutum Testi ( $r=0.318$ ,  $p<0.01$ ), Reddedilme Duyarlılığı Ölçeği ile Anneden Algılanan Narsisistik Özellikler Ölçeği ( $r=0.547$ ,  $p<0.01$ ) arasında pozitif ve anlamlı bir ilişki vardır. Anneden algılanan narsisistik özellikler ve reddedilme duyarlılığı bağımsız değişkenleri, yeme tutumu bağımlı değişkeni puanındaki varyansın %11'ini açıklamaktadır. **Sonuç:** Anneden algılanan narsisizm ile yeme bozuklukları arasında reddedilme duyarlılığının aracı bir rolü olduğu saptanmıştır. Yaş ve eğitim arttıkça anneden algılanan narsisistik özelliklerin, işlevsiz yeme tutumlarının ve reddedilme duyarlılığının azaldığı görülmüştür. Literatürde yeme bozukluğu ağırlıklı olarak kadın ve genç yetişkin örnekleme odaklanmaktadır. Mevcut araştırmada, iki cinsiyetin ve geniş yaş aralığının dahil olduğu bir örnekleme çalışılması ve yeme bozukluklarının anneden algılanan narsisizm değişkeni kapsamında incelenmesi araştırmanın önemini göstermektedir.

**Anahtar Kelimeler:** Anneden Algılanan Narsisizm, Yeme Bozukluğu, Yeme Tutumu, Reddedilme Duyarlılığı.

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**Bu makaleye atıf yapmak için / Cite this article:** Faraji, H., Bilgiş, C., & Yelörgü, D. (2024). The mediator role of rejection sensitivity between perceived maternal narcissism and risk of eating disorders. *BAUN Health Sci J*, 13(1), 160-171. <https://doi.org/10.53424/balikesirsbd.1209740>



BAUN Health Sci J, OPEN ACCESS <https://dergipark.org.tr/tr/pub/balikesirsbd>  
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## INTRODUCTION

Mother's personality traits are important factors affecting parenting style, and living with a mother with narcissistic personality traits can lead to negative experiences in childhood (Crocker, 2009; Alpay, 2020). The expectations and demands of narcissistic parents in their relationships with their children can largely be directed towards their own needs (Wetzel & Robins, 2016). Accordingly, parents who show narcissistic traits may see their children as extensions of themselves and may be largely devoid of empathy and may exhibit an emotionally cold attitude toward the child (Rappoport, 2005; Leggio, 2018). In such a relationship, the mother can expect the child to satisfy her desire to be unique both physically and spiritually, as well as other narcissistic needs (Crocker, 2009). When these needs of the parents are not adequately met by the child, the parents can respond to the child with responses such as blame, emotional withdrawal and negative criticism (Wetzel & Robins, 2016; Alpay, 2020). Children may have some imperfect judgments about themselves regarding these attitudes of their parents. However, they may feel inadequate in the face of these demands and vulnerable to rejection (Rappoport, 2005).

Parents with narcissistic characteristics may exhibit exploitative behaviors in their relations with the child and try to provide control and omnipotence over the child (Wetzel & Robins, 2016). Such a parenting attitude may reinforce the belief that the child is an extension of the parent, may cause difficulty in forming the child's own identity, and the child's self-esteem may be damaged (Mahoney et al., 2016; Leggio, 2018). Trumpeter et al. (2008) in a study conducted with university students, stated that the consistency of empathy and love perceived from the mother predicts the development of the functional self. According to this information, it is thought that a child growing up with a mother who shows narcissistic personality traits may not be able to build a holistic self-perception (Trumpeter et al., 2008; Leggio, 2018). This can make the child vulnerable to self-esteem injuries (Mahoney et al., 2016; Alpay, 2020). At the same time, a person may turn to external resources as a way to cope with intense desires and emotions. Thus, a person can develop an excessive dependence on the approval of others, intense anxiety and expectation of rejection (Dutton et al., 2011; Faraji & Sucu, 2021). A person may try to maintain him/herself at an acceptable level both physically and psychologically (Mahoney et al., 2016).

Parents with narcissistic characteristics might show love to their children conditionally (Rappoport, 2005; Alpay, 2020). It is known that the parent's giving their love to the child over conditions increases of the rejection sensitivity (Downey et al. 1997; Faraji & Sucu, 2021). Ayar (2021), in her study with 327 adult women, shows that perceived maternal attitudes are associated with eating disorders. A child, who cannot establish enough emotional bond and support with the

mother, may develop maladaptive eating behaviors and negative eating attitudes to cope with negative emotions (Faraji & Firat, 2022). Given this knowledge, it is thought that the individual may resort to maladaptive eating attitudes, and eating disorders may occur to cope with emotions such as anger, shame, and anxiety, which may be related to the perceived maternal narcissism and the rejection sensitivity that may occur. The current study aimed to examine the mediating role of rejection sensitivity between perceived maternal narcissism and risk of eating disorders. It is predicted that this study may contribute to the relevant literature in order to understand the effect of maternal narcissism and rejection sensitivity on the formation and proceed of dysfunctional eating attitudes. However, it is thought that an inclusive study on the mediating role of rejection sensitivity between perceived maternal narcissistic traits and risk of eating disorders will help to determine which therapy methods may be useful in psychotherapeutic interventions.

## MATERIALS AND METHODS

### Study type

This relational screening model study was carried out between September 2022 and October 2022. Participants were reached through online channels.

### Study group

The universe of the study consists of adults in our country. The sample for this study was determined by random sampling, and the participants were 400 people, 207 women (51.8%) and 193 men (48.2%), residing in Istanbul in 2022, who willingly participated in the research. Of the participants of the study, 48.0% are between the ages of 18-34, and 30.3% are between the ages of 35-54, 21.8% are 55 and over, 10.3% are primary school graduates, 24.3% are high school graduates, 47.0% are undergraduate graduates, 18.5% are postgraduate graduates, 28.8% 's mothers have a low monthly income, 41.3%'s mothers have medium income, 30.0%'s mothers have a high income, 39.8%'mothers are primary school graduates, 44.9%'s mothers are high school graduates, 11.5%'s mothers are undergraduate graduates, and 3.8%'s mothers are postgraduate graduates.

### Data collection tools

The Sociodemographic Data Form was prepared by the researchers in line with the purposes of the study. It includes items that aim to question the participants' age, gender, education level, education and income level of their mothers.

The Perceived Maternal Narcissism Scale (PMNS) was developed by Alpay (2020) to evaluate narcissistic characteristics perceived from the mother. The scale has a total of 5 sub-dimensions: grandiosity pretentiousness, control-manipulation, criticism-accusation, empathy deficiency, parentification-exploitation. Alpay (2020) reported the Cronbach's alpha as 0.94 in his study. In this study, the Cronbach

Alpha value was 0.98 for the total score, 0.96 for the empathy deficiency subscale, 0.95 for the grandiosity pretentiousness subscale, 0.96 for the criticism-accusation subscale, 0.95 for the control-manipulation subscale, 0.90 for the parentification-exploitation subscale.

The Eating Attitudes Test-26 (EAT 26), 26-question short form of the Eating Attitude Test, adapted in Turkish by Ergünel-Okumuş and Sertel Berk (2020), is the shortened version of the 40-question form, revised by Garner et al. (1982). The scale has 3 subscales: dieting, bulimia and food preoccupation, oral control. The cronbach alpha value of the scale was reported as 0.83 (Ergüney-Okumuş & Sertel-Berk, 2020). In this study, the Cronbach Alpha value was 0.89 for the total score.

The Rejection Sensitivity Questionnaire (RSQ) was developed by Downey & Feldman (1996). In this study, Guncu et al. (2017) the latest version of the RSQ, which they developed by examining the psychometric properties in a Turkish sample, was used. The cronbach alpha value of the scale was reported as 0.85 for study 1 and 82. for study 2. In this study, the Cronbach Alpha value was 0.98 for the total score.

#### Procedures

First, the necessary permissions and scale information were obtained from the people who made the Turkish adaptation of the scales to be used in the study and who carried out the reliability and validity studies. Then, ethics committee approval was taken from the ethical committee of the Istanbul Aydın University (Date: 28.02.2022 No: 2022/03). The scales were distributed online to our sample with their instructions. No identity information was obtained from the participants. It took an average of 20 minutes to complete the scales. The data obtained from the study were analyzed with the SPSS 25 program.

#### Statistical analysis

Data were analyzed using SPSS 25.0. The assumption of normal distribution, which is one of the first steps of the analysis, was checked. In this process, to evaluate this assumption, the kurtosis and skewness values of the scales and subscales were examined and the fact that these two coefficients are within the range of -2 +2 indicates that the normal distribution assumption is realized (HahsVaughn & Lomax, 2020).

The Independent Groups t-test and ANOVA were used to assess the significance of the difference between groups, while Pearson correlation analysis was employed to examine the relationship between variables. PROCESS 3.5 was used to investigate intermediary roles. The confidence interval referenced in the whole study was 95%, and the p value was 0.05.

#### Ethical considerations

Written ethics committee approval was taken from the ethical committee of the Istanbul Aydın University (Date: 28.02.2022 No: 2022/03). Necessary permissions and information about the scales were obtained from those who developed the Turkish

version of the scales used in the study and who carried out the reliability and validity studies.

#### RESULTS

The correlation analysis revealed a moderate and positive relationship between the Rejection Sensitivity Questionnaire and the following variables: Eating Attitudes Test ( $r=0.318$ ,  $p<0.01$ ), Perceived Maternal Narcissism Scale ( $r=0.547$ ,  $p<0.01$ ), Empathy Deficiency ( $r=0.547$ ,  $p<0.01$ ), Grandiosity Pretentiousness ( $r=0.516$ ,  $p<0.01$ ), Criticism-Accusation ( $r=0.528$ ,  $p<0.01$ ), Control-Manipulation ( $r=0.533$ ,  $p<0.01$ ), Parentification-Exploitation ( $r=0.486$ ,  $p<0.01$ ). A weak and positive correlation was found between the Rejection Sensitivity Questionnaire and the following variables: Dieting ( $r=0.252$ ,  $p<0.01$ ), Bulimia and Food Preoccupation ( $r=0.256$ ,  $p<0.01$ ), Oral Control ( $r=0.289$ ,  $p<0.01$ ).

The correlation analysis revealed a weak and positive relationship between the Eating Attitudes Test and the following variables: Perceived Maternal Narcissism Scale ( $r=0.276$ ,  $p<0.01$ ), Empathy Deficiency ( $r=0.271$ ,  $p<0.01$ ), Grandiosity Pretentiousness ( $r=0.265$ ,  $p<0.01$ ), Criticism-Accusation ( $r=0.243$ ,  $p<0.01$ ), Control-Manipulation ( $r=0.299$ ,  $p<0.01$ ), Parentification-Exploitation ( $r=0.240$ ,  $p<0.01$ ).

The correlation analysis revealed a weak and positive relationship between Dieting and the following variables: Perceived Maternal Narcissism Scale ( $r=0.288$ ,  $p<0.01$ ), Empathy Deficiency ( $r=0.280$ ,  $p<0.01$ ), Grandiosity Pretentiousness ( $r=0.281$ ,  $p<0.01$ ), Criticism-Accusation ( $r=0.257$ ,  $p<0.01$ ), Parentification-Exploitation ( $r=0.257$ ,  $p<0.01$ ). A moderate and positive correlation was found between Dieting and Control-Manipulation ( $r=0.309$ ,  $p<0.01$ ). The correlation analysis revealed a weak and positive relationship between Bulimia and Food Preoccupation and the following variables: Perceived Maternal Narcissism Scale ( $r=0.271$ ,  $p<0.01$ ), Empathy Deficiency ( $r=0.266$ ,  $p<0.01$ ), Grandiosity Pretentiousness ( $r=0.264$ ,  $p<0.01$ ), Criticism-Accusation ( $r=0.250$ ,  $p<0.01$ ), Control-Manipulation ( $r=0.287$ ,  $p<0.01$ ), Parentification-Exploitation ( $r=0.226$ ,  $p<0.01$ ) (Table 1.)

When we evaluated the results in the table of findings, it was seen that the independent variable of the perceived maternal narcissism scale explained 7% of the variance in the dependent variable score of the eating attitude test in the first model. In the second phase, the independent variable of Rejection Sensitivity Questionnaire was added to the model. It was observed that the independent variable of the Rejection Sensitivity Questionnaire explained 4% of the variance in the eating attitudes test dependent variable score. It was determined according to the findings that the independent variables of the perceived maternal narcissism scale and the Rejection Sensitivity Questionnaire explained 11% of the

variance in the eating attitudes test dependent variable score.

**Table 1. Findings of the correlation rejection sensitivity questionnaire, eating attitudes test and perceived maternal narcissism scale**

	1	2	3	4	5	6	7	8	9	10	11
1-Rejection sensitivity questionnaire	1										
2-Eating attitudes test	0.318**	1									
3-Dieting	0.252**	0.918**	1								
4-Bulimia and food preoccupation	0.256**	0.843**	0.713**	1							
5-Oral control	0.289**	0.647**	0.354**	0.399**	1						
6-PMNS	0.547**	0.276**	0.288**	0.271**	0.078	1					
7-Empathy deficiency	0.547**	0.271**	0.280**	0.266**	0.084	0.971**	1				
8-Grandiosity pretentiousness	0.516**	0.265**	0.281**	0.264**	0.065	0.969**	0.922**	1			
9-Criticism-accusation	0.528**	0.243**	0.257**	0.250**	0.054	0.979**	0.943**	0.940**	1		
10-Control-manipulation	0.533**	0.299**	0.309**	0.287**	0.097	0.951**	0.892**	0.907**	0.916**	1	
11-Parentification-exploitation	0.486**	0.240**	0.257**	0.226**	0.065	0.930**	0.852**	0.909**	0.903**	0.870**	1

\*\* p <0.01, \* p <0.05 Pearson correlation test

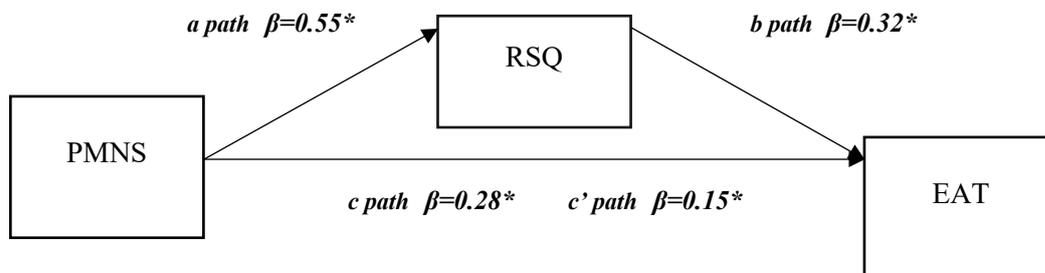
With the addition of the independent variable of the Rejection Sensitivity Questionnaire in the second stage, the beta value of the independent variable of the perceived maternal narcissism scale decreased from 0.28 to 0.15. Afterward, 5000 resampling options and 95% confidence interval options were applied from

the Bootstrapping analysis to control this decrease in beta value, and it was determined that the lower limit and upper limit did not include 0 in the result. When the mediator role analysis results were evaluated, it was determined that there was partial mediation according to the findings (Table 2).

**Table 2. Findings on the mediator role of the rejection sensitivity questionnaire in the prediction of the perceived maternal narcissism scale to the eating attitudes test**

Model		R	R <sup>2</sup>	B	SH	β	t	p	Lower bound	Upper bound
1	(Constant)	0.28	0.07	6.42	1.56		4.11	0.000*	3.35	9.49
	PMNS			0.12	0.02	0.28	5.72	0.000*	0.08	0.16
2	(Constant)	0.34	0.11	3.37	1.69		1.99	0.047*	0.05	6.69
	PMNS			0.06	0.02	0.15	2.58	0.010*	0.02	0.11
	RSQ			0.14	0.03	0.24	4.22	0.000*	0.07	0.20
	Indirect total impact (Intermediary)			0.06	0.02				0.03	0.09

\*p<0.05 PROCESS 3.5



**Figure 1. Beta coefficients of the mediator role of the rejection sensitivity questionnaire in the prediction of the to the perceived maternal narcissism scale to the eating attitudes test \*p<0.05**

**Table 3: ANOVA results comparing age on rejection sensitivity questionnaire, perceived maternal narcissism scale and eating attitudes test scores.**

		n	M	SD.		Sum of Square	df.	Mean Square	F	p
Rejection sensitivity questionnaire	18-34	192	54.36	22.04	Between group	22159.75	2	11079.88	23.08	0.000*
	35-54	121	55.93	23.41	Within group	190548.81	397	479.97		
	55+	87	37.00	19.31	Total	212708.56	399			
	Total	400	51.06	23.09						
Eating attitudes test	18-34	192	16.97	14.18	Between group	2118.93	2	1059.46	6.31	0.002*
	35-54	121	12.15	11.45	Within group	66626.01	397	167.82		
	55+	87	12.71	12.05	Total	68744.94	399			
	Total	400	14.59	13.13						
Dieting	18-34	192	9.21	8.21	Between group	777.33	2	388.67	6.45	0.002*
	35-54	121	6.40	7.49	Within group	23936.14	397	60.29		
	55+	87	6.45	7.10	Total	24713.48	399			
	Total	400	7.76	7.87						
Bulimia and food preoccupation	18-34	192	3.38	4.20	Between group	157.25	2	78.62	5.66	0.004*
	35-54	121	2.11	3.23	Within group	5518.95	397	13.90		
	55+	87	2.14	3.22	Total	5676.20	399			
	Total	400	2.72	3.77						
Oral control	18-34	192	4.39	4.28	Between group	41.35	2	20.67	1.17	0.312
	35-54	121	3.64	3.67	Within group	7019.03	397	17.68		
	55+	87	4.13	4.71	Total	7060.38	399			
	Total	400	4.11	4.21						
PMNS	18-34	192	76.51	30.01	Between group	55553.63	2	27776.82	36.58	0.000*
	35-54	121	68.63	27.01	Within group	301444.33	397	759.31		
	55+	87	46.10	22.07	Total	356997.96	399			
	Total	400	67.51	29.91						
Empathy deficiency	18-34	192	24.68	10.19	Between group	5772.85	2	2886.42	34.21	0.000*
	35-54	121	22.09	8.58	Within group	33497.59	397	84.38		
	55+	87	14.87	7.50	Total	39270.44	399			
	Total	400	21.76	9.92						
Grandiosity pretentiousness	18-34	192	11.47	5.02	Between group	1341.61	2	670.80	31.74	0.000*
	35-54	121	10.45	4.60	Within group	8391.27	397	21.14		
	55+	87	6.77	3.49	Total	9732.88	399			
	Total	400	10.14	4.94						
Criticism-accusation	18-34	192	13.92	6.04	Between group	1983.44	2	991.72	32.45	0.000*
	35-54	121	12.36	5.50	Within group	12133.96	397	30.56		
	55+	87	8.17	4.24	Total	14117.40	399			
	Total	400	12.20	5.95						
Control-manipulation	18-34	192	14.78	5.53	Between group	2369.67	2	1184.83	42.70	0.000*
	35-54	121	13.11	5.35	Within group	11014.72	397	27.74		
	55+	87	8.49	4.49	Total	13384.39	399			
	Total	400	12.91	5.79						
Parentification-exploitation	18-34	192	11.66	4.59	Between group	895.90	2	447.95	25.15	0.000*
	35-54	121	10.62	4.38	Within group	7070.10	397	17.81		
	55+	87	7.79	2.95	Total	7966.00	399			
	Total	400	10.50	4.47						

\*p&lt;0.05 ANOVA

When we compared the scores obtained from the Rejection Sensitivity Questionnaire ( $F(2,397)=23.08$ ,  $p<0.05$ ) according to age, a significant difference was found between the averages. After the Levene's test applied, it was found that the variances of the groups were not homogeneously distributed ( $p<0.05$ ). According to the results of the Games-Howell test, which was performed when the variance homogeneity of the post hoc test was not achieved, it

was determined that the scores of those aged between 18-34 and 35-54 were higher than those aged 55 and over.

When we compared the scores obtained from the Eating Attitudes Test ( $F(2,397)=6.31$ ,  $p<0.05$ ) according to age, a significant difference was found between the averages. According to the results of the Games-Howell test, which was performed when the

variance homogeneity of the post hoc test was not achieved, it was determined that the scores of those aged between 18-34 were higher than those aged 35-54 and aged 55 and over.

When we compared the scores obtained from the Perceived Maternal Narcissism Scale ( $F(2.397)=36.58, p<0.05$ ) according to age, a significant difference was found between the averages. After the Levene's test applied, it was found that the variances of the groups were not homogeneously distributed ( $p<0.05$ ). According to the results of the Games-Howell test, which was performed when the variance homogeneity of the post hoc test was not achieved, it was determined that the scores of those aged between 18-34 were higher than those aged 35-54 and aged 55 and over (Table 3).

When we compared the scores obtained from the Rejection Sensitivity Questionnaire ( $F(3.396)=24.32, p<0.05$ ) according to educational status, a significant difference was found between the averages. It was determined by Levene's test that the group variance distributions were homogeneous ( $p>0.05$ ). According to the results of the Tukey test, which was performed when the homogeneity of variance of the post hoc test was achieved, it was determined that the scores of those who graduated

from high school were higher than those who graduated from primary school, undergraduate, and postgraduate. It was determined that the scores of those who graduated from primary school and undergraduate were higher than those who graduated with postgraduate.

When we compared the scores obtained from the Eating Attitudes Test ( $F(3.396)=7.93, p<0.05$ ) according to educational status, a significant difference was found between the averages. According to the results of the Games-Howell test, which was performed when the variance homogeneity of the post hoc test was not achieved, it was determined that the scores of those primary school, high school, and undergraduate graduates were higher than those of postgraduate graduates.

When we compared the scores obtained from the Perceived Maternal Narcissism Scale ( $F(3.396)=11.03, p<0.05$ ) according to educational status, a significant difference was found between the averages. It was determined by Levene's test that the group variance distributions were homogeneous ( $p>0.05$ ). According to the results of the Tukey test, which was performed when the homogeneity of variance of the post hoc test was achieved, it was determined that the scores of those primary school and high school graduates were higher than those of undergraduate and postgraduate graduates (Table 4)

**Table 4. ANOVA results comparing educational status on rejection sensitivity questionnaire, perceived maternal narcissism scale and eating attitudes test scores.**

		n	M	SD.		Sum of Square	df.	Mean Square	F	p
Rejection Sensitivity Questionnaire	Primary school	41	53.71	20.34	Between Group	33097.44	3	11032.48	24.32	0.000*
	Highschool	97	65.34	21.14	Within Group	179611.12	396	453.56		
	Undergraduate	188	47.96	21.96	Total	212708.56	399			
	Postgraduate	74	38.74	20.27						
	Total	400	51.06	23.09						
Eating Attitudes Test	Primary school	41	19.73	17.67	Between Group	3895.90	3	1298.63	7.93	0.000*
	Highschool	97	17.53	15.48	Within Group	64849.04	396	163.76		
	Undergraduate	188	13.94	10.74	Total	68744.94	399			
	Postgraduate	74	9.53	10.31						
	Total	400	14.59	13.13						
Dieting	Primary school	41	9.83	9.42	Between Group	815.65	3	271.88	4.51	0.004*
	Highschool	97	9.21	9.29	Within Group	23897.83	396	60.35		
	Undergraduate	188	7.50	6.69	Total	24713.48	399			
	Postgraduate	74	5.36	7.12						
	Total	400	7.76	7.87						
Bulimia and Food Preoccupation	Primary school	41	4.98	5.66	Between Group	447.76	3	149.25	11.30	0.000*
	Highschool	97	3.44	4.42	Within Group	5228.44	396	13.20		
	Undergraduate	188	2.47	3.12	Total	5676.20	399			
	Postgraduate	74	1.18	1.88						
	Total	400	2.72	3.77						
Oral Control	Primary school	41	4.93	5.06	Between Group	181.23	3	60.41	3.48	0.016*
	Highschool	97	4.88	4.60	Within Group	6879.15	396	17.37		
	Undergraduate	188	3.97	3.94	Total	7060.38	399			
	Postgraduate	74	2.99	3.56						
	Total	400	4.11	4.21						

**Table 4. ANOVA results comparing educational status on rejection sensitivity questionnaire, perceived maternal narcissism scale and eating attitudes test scores (continued).**

		n	M	SD.		Sum of Square	df.	Mean Square	F	p
<b>PMNS</b>	Primary school	41	78.61	30.92	Between Group	27533.00	3	9177.67	11.03	0.000*
	Highschool	97	78.27	26.87	Within Group	329464.96	396	831.98		
	Undergraduate	188	63.80	28.83	Total	356997.96	399			
	Postgraduate	74	56.69	30.17						
	Total	400	67.51	29.91						
<b>Empathy Deficiency</b>	Primary school	41	25.88	10.04	Between Group	2930.61	3	976.87	10.65	0.000*
	Highschool	97	25.05	8.83	Within Group	36339.82	396	91.77		
	Undergraduate	188	20.55	9.75	Total	39270.44	399			
	Postgraduate	74	18.26	9.83						
	Total	400	21.76	9.92						
<b>Grandiosity Pretentiousness</b>	Primary school	41	11.90	5.29	Between Group	718.38	3	239.46	10.52	0.000*
	Highschool	97	11.94	4.54	Within Group	9014.49	396	22.76		
	Undergraduate	188	9.47	4.74	Total	9732.88	399			
	Postgraduate	74	8.53	4.83						
	Total	400	10.14	4.94						
<b>Criticism-Accusation</b>	Primary school	41	14.00	6.06	Between Group	1021.78	3	340.59	10.30	0.000*
	Highschool	97	14.39	5.45	Within Group	13095.62	396	33.07		
	Undergraduate	188	11.51	5.71	Total	14117.40	399			
	Postgraduate	74	10.08	6.05						
	Total	400	12.20	5.95						
<b>Control-Manipulation</b>	Primary school	41	14.51	5.86	Between Group	772.50	3	257.50	8.09	0.000*
	Highschool	97	14.74	5.25	Within Group	12611.89	396	31.85		
	Undergraduate	188	12.38	5.59	Total	13384.39	399			
	Postgraduate	74	10.93	6.14						
	Total	400	12.91	5.79						
<b>Parentification-Exploitation</b>	Primary school	41	12.32	4.51	Between Group	658.13	3	219.38	11.89	0.000*
	Highschool	97	12.14	4.04	Within Group	7307.86	396	18.45		
	Undergraduate	188	9.89	4.29	Total	7966.00	399			
	Postgraduate	74	8.89	4.51						
	Total	400	10.50	4.47						

\*p&lt;0.05 ANOVA

**Table 5. ANOVA results comparing maternal educational status on rejection sensitivity questionnaire, perceived maternal narcissism scale and eating attitudes test scores.**

		n	M	SD.		Sum of square	df.	Mean square	F	p
<b>Rejection sensitivity questionnaire</b>	Primary school	159	49.64	24.89	Between group	7877.93	3	2625.98	5.08	0.002*
	Highschool	180	55.06	21.76	Within group	204830.63	396	517.25		
	Undergraduate	46	41.07	19.54	Total	212708.56	399			
	Postgraduate	15	48.73	18.99						
	Total	400	51.06	23.09						
<b>Eating attitudes test</b>	Primary school	159	15.61	13.34	Between group	1409.28	3	469.76	2.76	0.042*
	Highschool	180	15.17	13.68	Within group	67335.66	396	170.04		
	Undergraduate	46	10.50	9.99	Total	68744.94	399			
	Postgraduate	15	9.33	9.36						
	Total	400	14.59	13.13						
<b>Dieting</b>	Primary school	159	8.67	8.30	Between group	493.39	3	164.46	2.69	0.046*
	Highschool	180	7.77	7.90	Within group	24220.09	396	61.16		
	Undergraduate	46	5.61	5.80	Total	24713.48	399			
	Postgraduate	15	4.60	6.90						
	Total	400	7.76	7.87						

**Table 5. ANOVA results comparing maternal educational status on rejection sensitivity questionnaire, perceived maternal narcissism scale and eating attitudes test scores (continued).**

		n	M	SD.		Sum of square	df.	Mean square	F	p
<b>Bulimia and food preoccupation</b>	Primary school	159	2.84	3.69	Between group	57.21	3	19.07	1.34	0.260
	Highschool	180	2.92	4.10	Within group	5618.99	396	14.19		
	Undergraduate	46	1.80	2.79	Total	5676.20	399			
	Postgraduate	15	1.93	2.74						
	Total	400	2.72	3.77						
<b>Oral control</b>	Primary school	159	4.10	4.52	Between group	98.99	3	33.00	1.88	0.133
	Highschool	180	4.48	4.04	Within group	6961.39	396	17.58		
	Undergraduate	46	3.09	3.51	Total	7060.38	399			
	Postgraduate	15	2.80	4.28						
	Total	400	4.11	4.21						
<b>PMNS</b>	Primary school	159	72.38	35.58	Between group	10771.96	3	3590.65	4.11	0.007*
	Highschool	180	66.76	25.54	Within group	346226.00	396	874.31		
	Undergraduate	46	55.98	22.81	Total	356997.96	399			
	Postgraduate	15	60.27	20.85						
	Total	400	67.51	29.91						
<b>Empathy deficiency</b>	Primary school	159	23.29	11.58	Between group	1171.63	3	390.54	4.06	0.007*
	Highschool	180	21.63	8.51	Within group	38098.80	396	96.21		
	Undergraduate	46	17.96	8.43	Total	39270.44	399			
	Postgraduate	15	18.80	7.20						
	Total	400	21.76	9.92						
<b>Grandiosity pretentiousness</b>	Primary school	159	10.94	5.78	Between group	260.77	3	86.92	3.63	0.013*
	Highschool	180	9.96	4.37	Within group	9472.10	396	23.92		
	Undergraduate	46	8.41	3.65	Total	9732.88	399			
	Postgraduate	15	9.13	3.52						
	Total	400	10.14	4.94						
<b>Criticism-accusation</b>	Primary school	159	13.08	6.96	Between group	341.11	3	113.70	3.27	0.021*
	Highschool	180	12.03	5.21	Within group	13776.28	396	34.79		
	Undergraduate	46	10.11	4.66	Total	14117.40	399			
	Postgraduate	15	11.27	4.56						
	Total	400	12.20	5.95						
<b>Control-manipulation</b>	Primary school	159	13.74	6.77	Between group	338.17	3	112.72	3.42	0.017*
	Highschool	180	12.82	5.07	Within group	13046.22	396	32.95		
	Undergraduate	46	10.96	4.70	Total	13384.39	399			
	Postgraduate	15	11.07	3.92						
	Total	400	12.91	5.79						
<b>Parentification-exploitation</b>	Primary school	159	11.33	5.20	Between group	294.64	3	98.21	5.07	0.002*
	Highschool	180	10.32	3.91	Within group	7671.36	396	19.37		
	Undergraduate	46	8.54	3.44	Total	7966.00	399			
	Postgraduate	15	10.00	3.02						
	Total	400	10.50	4.47						

\* $p < 0.05$  (ANOVA)

When we compared the scores obtained from the Rejection Sensitivity Questionnaire ( $F(3.396)=5.08$ ,  $p < 0.05$ ) according to maternal educational status, a significant difference was found between the averages. It was determined that the scores of those high school graduates were higher than those of undergraduate and postgraduate graduates.

When we compared the scores obtained from the Eating Attitudes Test ( $F(3.396)=2.76$ ,  $p < 0.05$ ) according to maternal educational status, a significant difference was found between the averages. According to the results of the Games-Howell test,

which was performed when the variance homogeneity of the post hoc test was not achieved, it was determined that the mean of the primary school graduates group ( $F(3.396)=2.76$ ,  $p < 0.05$ ) got a significantly higher than the mean of the undergraduate and postgraduate graduates group.

When we compared the scores obtained from the Perceived Maternal Narcissism Scale ( $F(3.396)=4.11$ ,  $p < 0.05$ ) according to maternal educational status, a significant difference was found between the averages. It was determined by Levene's test that the group variance distributions were

homogeneous ( $p>0.05$ ). According to the results of the Games-Howell test, which was performed when the variance homogeneity of the post hoc test was not achieved, scores of those primary school and high school graduates were higher than those of undergraduate graduates (Table 5).

## DISCUSSION

The current study aimed to examine the mediating role of rejection sensitivity between perceived maternal narcissism and risk of eating disorders. The study's primary findings revealed that rejection sensitivity mediates the relationship between perceived maternal narcissism and eating disorders. Although the relationship between perceived maternal narcissism, rejection sensitivity, and eating disorders has not yet been evaluated in the literature; studies are showing that there is a significant relationship between maternally perceived attitudes and eating attitudes (Waller & Hartley, 1994; Ayar, 2021), studies are showing that perceived maternal attitude and rejection sensitivity are related (Çardak et al., 2012; Kolcheva, 2022), and studies are showing that there is a significant relationship between rejection sensitivity and eating disorders (Cardi et al., 2013; Bondü et al., 2020). This condition demonstrates that the perceived maternal narcissistic personality traits may create a predisposition to eating disorders, together with the use of maladaptive eating attitudes, when sensitivity to rejection occurs in the relationship of the person with others.

When the findings obtained from this study are examined, it is seen that there is a significant relationship between rejection sensitivity and perceived maternal narcissistic features such as criticism-accusation, and control-manipulation. Çardak et al., (2012) state that children of authoritarian parents have higher rejection sensitivity than children whose parents are not authoritarian. Alpay (2020) in a study in which he examined the mediating role of self-criticism between the perceived maternal narcissistic features and psychopathology; showed that perceived maternal narcissistic traits predicted self-criticism. Similarly, Rappoport (2005) and Donaldson-Pressman & Pressman (1997) state that having narcissistic parents is associated with self-blame and criticism. The fact that the mother with narcissistic characteristics reflects the feeling of anger arising from the perceived rejection from the child in her relationship with the child may cause feelings of shame and guilt in the child. The mother's attempt to control the child's behavior for this purpose and the re-experiencing of these experiences with the child may create a sensitivity to rejection in the child against negative comments or unmet demands that may come from outside in the future.

In the findings obtained from the current study, it is seen that there is a significant relationship between eating attitude and rejection sensitivity and the perceived maternal narcissistic characteristics such as

criticism-accusation, empathy deficiency, control-manipulation, parentification-exploitation. Mothers with narcissistic characteristics may parentalize their children and approach the needs of the child with a low level of empathy (Horne, 1998; Sukenick, 2002; Rappoport, 2005). Waller & Hartley (1994), in their study examining the relationship between perceived parenting style and eating disorders, showed that there is a significant relationship between perceived maternal disapproval and eating attitude. Nutrition is one of the needs in which empathy occupies an important place in the healthy development of the relationship between mother and child (Faraji & Fırat, 2022). When the feelings of children whose parents have a controlling attitude are not accepted by their parents as they are, a feeling of emptiness may occur in people and they may try attempt to fill this feeling through food (Tunç, 2020). It can be thought that the mother's disapproval of the child's attempts at individuation and her failure to provide empathetic care to the child may cause the development of maladaptive eating behaviors in the child to cope with negative emotions. At the same time, there may be intense fear and sensitivity in order not to lose the mother's love. It can be thought that a person develops maladaptive eating attitudes to cope with rejection sensitivity and establish dominance over their own body (Faraji & Fırat, 2022).

Waller & Hartley (1994), in their study comparing groups with and without an eating disorder diagnosis, showed that people with bulimia nervosa had significantly higher perceived disapproval scores from their mothers compared to healthy controls. Ayar (2021) states that there is a significant relationship between eating attitudes and the following maternal attitudes and behaviors: normative, belittling/criticizing, emotionally depriving, and exploitative/abusive. It can be said that the current study results are compatible with the literature. When the findings obtained from this study are examined, it is seen that there is a positive and significant relationship between bulimia and food preoccupation and rejection sensitivity, and the following perceived maternal narcissistic characteristics: empathy deficiency, grandiosity pretentiousness, criticism-accusation, control-manipulation. It can be thought that the person who has a mother with narcissistic characteristics develops an eating attitude that will provide satisfaction in a very short time as a compensatory strategy to cope with the pain and anger of rejection and to protect their self. For this, the person may consume more food than necessary. At this point, the anger and pain of rejection can be replaced by intense guilt and shame, along with the fact that the individual thinks that he/she has lost control (Faraji & Fırat, 2022). It can be thought that they vomit everything they eat to regain control over their body and cope with the repeated sensitivity of rejection (Waller et al., 2007). Stice (2001) suggests that dissatisfaction with the

body may increase with the reinforcement of perceived responses from the family. Sukenick (2001), in a study conducted with adolescent models, states that some models express that they model only to make their mothers look good. The results of the current study are consistent with the findings in the literature. When the findings obtained from this study are examined, it is seen that there is a positive and significant relationship between rejection sensitivity, dieting, bulimia and food preoccupation, and the following perceived maternal narcissistic features: grandiosity pretentiousness, empathy deficiency, and parentification-exploitation.

In this study, it was determined that as age increases rejection sensitivity, eating attitude, and perceived maternal narcissism decrease. The reason for these findings may be that some of the symptoms of personality disorders decrease with age and there is a partial improvement (Öztürk & Uluşahin, 2020). At the same time, as people get older, their chances of getting away from their parents increase. Thus, the dominant influence of their relationship with their parents may decrease as they establish relationships with other people (Leggio, 2018). Over time, it can be thought that the maladaptive defenses that the person uses due to the increase in his age have decreased and that the narcissistic characteristics of the mother subsided with the increasing age of the mother. Leggio (2018), in a study in which narcissistic parents examined the mental health outcomes of their adult children, supports these findings, and shows that the perceived parental narcissism decreases as the participant's age increases. Similarly, in a study conducted by Izydorczyk & Sitnik-Warchulska (2018) with adolescent and adult women, supporting these results, they show that the youngest participants are less satisfied with their bodies compared to adults, and put significantly more effort into bulimic tendencies and perfectionism.

It was found that the scores of rejection sensitivity, eating attitude, and perceived maternal narcissistic traits were lower in those with higher maternal education levels and those with a postgraduate degree compared to other education level groups in the current study. The reason for this may be that, as a result of the education level received, they have the opportunity to develop more adaptive and functional strategies in order to cope with the negative emotions developed by the rejection sensitivity and perceived maternal narcissistic characteristics. However, unlike the findings of the current study, Nicholls et al., (2016) concluded in their longitudinal study that a high maternal education level increases the lifetime risk of eating disorders. The reason for this difference may be that the present study did not have the opportunity to observe the participants over a long period and to examine other variables that may affect the eating disorder. As a matter of fact, the high educational level of the mother may become a protective factor against eating disorders along with

other variables. However, the role of maternal education level on eating attitude cannot be fully determined, since the present study could not determine how much other variables in the participants' lives affect their eating attitude.

### **Strengths and Limitations of Study**

This study has strengths and limitations. The narcissistic characteristics of the mother are limited only to the self-report scale obtained from her children, so it is not known whether the mothers of the participants in the study were diagnosed with a narcissistic personality disorder. Therefore, the results cannot be generalized to the clinical population. The strength of the study is that while the sample of eating disorder studies in the literature is predominantly female and adolescent age groups, this study was conducted with a sample that included both men and women and a wide age range.

### **CONCLUSION**

In this study, the mediating role of rejection sensitivity between perceived maternal narcissism and risk of eating disorders was investigated. Rejection sensitivity has been found to have a mediating role between perceived maternal narcissism and eating disorder. It was found that there was a positive and significant relationship between rejection sensitivity and the following eating attitudes: dieting, bulimia and food preoccupation and the following perceived maternal narcissistic characteristics: empathy deficiency, grandiosity pretentiousness, criticism-accusation, control-manipulation, parentification-exploitation. It was observed that as age and education increased, perceived maternal narcissism, dysfunctional eating attitudes and rejection sensitivity decreased.

It is recommended to include mothers diagnosed with narcissistic personality disorder in future studies in order to compare the perceived maternal narcissistic characteristics with healthy controls and to generalize the research findings to the clinical population. Finally, in the psychotherapeutic interventions of adult children of mothers with narcissistic characteristics who are treated for eating disorders it is thought that the application of schema therapy methods such as parental restructuring for perceived maternal narcissism will be beneficial. In addition, it is thought that the application of cognitive techniques to evaluate negative automatic thoughts, intermediate beliefs, and core beliefs will be useful for rejection sensitivity.

### **Acknowledgments**

The authors would like to express their gratitude to all who contributed to this study.

**Conflict of Interest**

Regarding this article's research, writing, or publication, the authors state that there are no potential conflicts of interest.

**Author Contributions**

**Plan, design:** HF; **Material, methods and data collection:** HF, CB, DY; **Data analysis and comments:** HF, CB, DY; **Writing and corrections:** HF, CB.

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