



RESEARCH PAPER

Development and Validation of the Early Life Dynamics and Narcissism scale: Exploring Family Dynamics and Parenting styles for Understanding Narcissistic traits in Men

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ABSTRACT

This research's focus was to develop and validate "The Early Life Dynamics and Narcissism Scale" (ELDNS). A culturally sensitive therapeutic screening tool, designed to identify impacts of early life dynamics and parenting styles on Narcissistic tendencies in men. The study was done in five phases that included semi structured interviews leading to a preliminary set of 29 items refined by expert evaluation, followed by a pilot study, explanatory factor analysis and psychometric testing of the scale. Factor analysis identified two principal factors: "Childhood familial dynamics and adverse experiences" and "Parental influence and emotional outcomes". The scale exhibited good internal consistency and temporal stability. Moreover, evaluations of convergent and divergent validity demonstrated the scale's precision. This tool would have great clinical implications. More research should be conducted to explore if this scale is applicable in the different cultural settings to enhance the robustness of the scale.

Keywords: Narcissistic Personality Disorder, Parenting Styles, Family Dynamics, Semi-Structured Interviews

Introduction

The mental illness known as narcissistic personality disorder (NPD) includes increased grandiosity, excessive demand for praise, and absence of empathy for other people. People with NPD frequently overstate their accomplishments and abilities and have an overstated sense of self-importance. Their obsessions are usually dreams of ideal love, beauty, power, and success (Pincus & Lukowski, 2010).

Narcissistic Personality Disorder is from Cluster B personality disorder. The American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)" is a commonly used tool by medical practitioners to diagnose mental health disorders, including NPD. DSM-5 criteria for diagnosing narcissistic personality disorder as indicated by the presence of at least five symptoms out of nine from the criteria that include exaggerating talents and achievements, taking advantage of others, need for constant admiration, being immersed with fantasies about success, beauty, and power, having an inflated sense of entitlement and self-importance, reacting negatively to self-importance, higher perceived superiority. The narcissist exhibits these thoughts and behaviors in all spheres of their lives, including employment, friendships, family, and romantic relationships. People with narcissistic personality disorder are often hesitant to change the way they behave, even if it's starting to bother them. They frequently delegate accountability to others (Ronningstam, 2010).

Mental health practitioners can create more efficient procedures for the screening, diagnosis, and treatment of narcissistic personality disorder and associated illnesses by

comprehending the psychological mechanisms that underlie narcissism. Furthermore, those who are aware of their narcissistic tendencies could look for the right tools and support to help them deal with the difficulties that come with interacting with selfish people. Fostering favorable workplace dynamics and organizational culture in the workplace requires an understanding of narcissistic tendencies. Identifying narcissistic behavior in employees, managers, or subordinates helps reduce friction at work, enhance cooperation and communication, and promote successful leadership and teamwork (Ronningstam et al., 2011).

Specialized testing is necessary for narcissistic personality disorder (NPD) because of the tremendous impact it has on people's lives and relationships. Because NPD symptoms often resemble those of other mental health diseases including bipolar disorder or borderline personality disorder, it can be challenging to get an appropriate diagnosis. A correct diagnosis requires an evaluation by an expert. Mental health practitioners must use specialized evaluations to differentiate NPD from other disorders. Through specialist evaluation, the severity of narcissistic tendencies can be thoroughly assessed. This assessment looks at a range of personality functioning features, such as self-esteem, interpersonal relationships, emotional regulation, and coping mechanisms, to give a thorough understanding of the person's psychological profile (Burgmer & Weiss, 2021).

Literature Review

Theoretical models explain family dynamics, childhood adverse experiences and parenting styles plays significant role in narcissistic tendencies. Psychodynamic theory states that narcissism is influenced by individual personality dynamics, family dynamics, and parenting behaviors. These factors working together can affect how children develop narcissistic traits and contribute to the persistence of narcissistic behaviors in families (Barber & Solomans, 2013)

According to the social learning theory, people pick up new skills by imitating and watching the behaviors of others. Regarding narcissism, children may witness and internalize narcissistic behaviors from their parents or other significant people in their lives. This could entail behaviors such as being conceited, always seeking praise, or lacking empathy for others. Youngsters who regularly see these behaviors may come to regard them as the norm and emulate them in social settings (Akers & Jeggings, 2015).

Within the field of psychodynamic theory, object relations theory centers on how an individual's internalized mental representations of themselves object relations are shaped by their early relationships with caregivers. Object Relations Theory provides insights into how early relational experiences impact the development of narcissistic traits and family dynamics in the context of narcissism, parenting styles, and family dynamics (Flanagan, 2008)

Longitudinal studies that look at childhood experiences and the subsequent formation of narcissistic tendencies are the greatest method to comprehend the long-term consequences of early family dynamics, parenting techniques, and social interactions on the development of narcissistic personality traits. A longitudinal study examined the stability and development of narcissistic traits over time by tracking a sizable sample of people from childhood into adulthood. The idea that individual differences in narcissism acquired in youth tend to persist throughout maturity is supported by the researchers' results of modest stability in narcissistic traits from adolescence to adulthood. Additionally, they discovered that grandiose self-perceptions, peer awe, and parental overestimation were among the early characteristics that predicted higher degrees of narcissistic tendencies in adulthood (Polimbo, 2013).

This study employs a mixed-model design methodology, integrating qualitative and quantitative approaches to comprehensively investigate the multifaceted etiology of narcissistic personality disorder (NPD), which includes neurological, genetic, and psychological factors. The research focuses on the interplay between parenting styles, childhood adverse experiences, and family dynamics on development of Narcissistic personality traits, emphasizing the critical role of early life experiences in shaping mental health. Quantitative methods will assess statistical correlations, while qualitative data will provide nuanced insights into individual experiences and their perceived impact. By examining parenting styles and family dynamics associated with NPD, the study aims to identify both protective and risk factors, contributing to the development of evidence-based preventive strategies and therapeutic interventions. A key innovation is the creation of a therapeutic screening instrument designed to detect early indicators of tendencies, developmental trauma, parenting styles, and family dynamics, offering a holistic understanding of contributing factors. This tool, filling a gap in existing assessments, will support the formulation of personalized treatment plans, advancing research and clinical practice in NPD prevention and care.

Material and Methods

Research Design

The present research used a mixed method research design, incorporating qualitative and quantitative approaches to comprehensively examine the relationship between childhood adverse experiences, parenting styles and family dynamics leading to narcissistic personality disorder tendencies in adulthood. For a better understanding, in the first phase, a qualitative method of data collection and analysis was employed to delve deeper into the clients' experiences. In the second phase, a quantitative research approach was used to analyse the data and to validate the scale so, to develop the phenomenon's construct.

Participant Characteristics and Sampling Strategy

Data were collected from 500 male participants having strong Narcissistic traits, selected in between the age range of 18-45 (mean age = 32.34, SD = 3.52) through purposive sampling from different areas of Lahore, Pakistan. The study included participants who were diagnosed with narcissistic personality disorder or have strong traits of narcissistic personality disorder, participants who had retrospective assessment of their experiences with their parents and caregivers and their different parenting styles, Those participants who were willing to openly disclose their issues and engage in interviews, questionnaire administration, and other data collection methods examining their experiences of childhood trauma, parenting styles, and narcissistic personality disorder symptoms. Those participants were not included in this study who had any memory impairments or cognitive limitations hindering their ability to recall and report on childhood experiences and had any other comorbid Psychiatric disorders that might significantly overshadow NPD symptoms or those participants who had little or no insight regarding their issues.

Measurements

Informed Consent Form. It was a written form in which the purpose and objective of the study was stated, and participants are asked for their voluntary participation in the study.

Demographic Information Sheet. To carefully capture the personal information of client a demographic information sheet is made according to data needed from the client. This demographic sheet assesses certain domains of the client's life, including gender, birth

order, family structure, socio-economic status, educational background, occupational history, cultural and ethnic background and health-related information.

Brief Pathological Narcissism Inventory (B-PNI) is a concise version of the Pathological Narcissism Inventory (PNI), a tool designed to measure pathological narcissism. It captures two key dimensions of narcissistic traits: grandiosity and vulnerability. 28 items were shortened from the original 52-item PNI, Respondents rate their agreement on a 6-point Likert scale. Two core dimensions of narcissistic personality disorder includes narcissistic Grandiosity and narcissistic vulnerability.

The Rosenberg Self- Esteem Scale (Urdu). The Rosenberg Self- Esteem Scale is a scale that is widely used psychological measure that is used to measure self-esteem, that can be described as the emotional evaluations of one's worth. This scale was developed by a sociologist Morris Rosenberg in 1965 and this was further translated in Urdu by Sardar in 2012. It is a self-report measure consisting in total of ten items related to self-esteem, with responding to their level of agreement or disagreement on four-point scale. The reliability of the Urdu version of Rosenberg self-esteem (URSES) scale was inferred by Cronbach's alpha as 0.773, and the four-week test- retest correlation coefficient was 0.808. Here are two statements from The Rosenberg Self-Esteem scale ☐ I take a positive attitude towards myself.

☐ I feel like I possess several good qualities.

Stage 1: Item Generation and Domain Identification Using Purposive Sampling

In this qualitative phase, an initial study plan was formulated, outlining inclusion and exclusion criteria to guide the selection of research participants for interviews. A semi-structured interview questionnaire was designed to thoroughly explore the phenomenon under investigation. Eight participants, diagnosed with narcissistic personality disorder (NPD) within the age range between 18-45 years, were selected from different areas of Lahore, Pakistan. Interviews, lasting between one to one and a half hours, were conducted using the semi-structured questionnaire, along with a demographic information sheet and consent form. After transcribing the interviews, the manuscripts were analyzed through Interpretative Phenomenological Analysis (IPA), which revealed various themes. These themes were categorized into initial codes, sub-themes, and subordinate themes. Major themes identified as attachment issues and emotional bonds, parenting styles and emotional bonds, family dynamics and conflicts, psychological and behavioral consequences. Based on these findings, a 29-item screening tool was developed and finalized for the next phase of the study.

Stage 2: Validation by Content Experts

Participants. Five Professionals from the field of Clinical Psychology were given the item questionnaire after item generation to be rated for its content validation.

Procedure. Six Experts serving in the field of clinical psychology were approached for the purpose of content validity. They were requested to rate the scale for its Item clarity and content relevancy to the phenomenon in question. They viewed the clarity, accuracy, and content of items and marked each item on a scale of 1 to 5 where; Very strong =5, Strong =4, Moderate =3, Weak =2 and Very weak =1. These experts were also requested to suggest changes in the sentence structure and to rephrase items that were ambiguous, double meaning, incomprehensible or inappropriate. Experts that were approached, among them 3 were Ph.D., and two were enrolled in doctorate program. They all were serving in different areas of Psychology in field.

Statistical Analysis. The mean ratings of each item were computed in order to obtain the central tendency and variability of expert's ratings. The mean ratings of each item were computed in order to obtain the central tendency and variability of expert's ratings. The average scores for each item were calculated based on the expert's ratings. In accordance with the established criteria, items with an average score of 2.5 and below were excluded from the scale. However, none of the items fell below this threshold, and therefore, no items were removed. All items were retained for subsequent analysis.

Stage 3: Pilot Testing

Participants One fifty Participants (men) were selected using the formula (2x1), meaning two response per items for the better analysis of the items. Participants with strong narcissistic traits were selected through purposive sampling from different areas of Lahore, Pakistan. The age range of participants were 18-45 (mean age = 32.80, SD = 3.19) years and they were selected through purposive sampling technique.

Procedure. A scale of 29 items was finalized after the content validity by the experts. A screening tool was attached with the scale named as Brief pathological narcissism inventory. A demographic sheet was attached along with the Informed consent form. It was mentioned on the informed consent form the purpose of the research. The purpose was further explained to all the participants and they were asked to sign the informed consent form after reading it thoroughly in order to gain their consent for the participation in the research. All the important information regarding the demographics were filled by each participant in detail, the demographic form. The potential risks and benefits of the research were also elaborated to the clients, participants were instructed to choose an option on the given constructed measure that fits best in accordance to their personal experiences in the past. The aim of the pilot study was to confirm if the scale was culturally appropriate and comprehensible by the population. Furthermore, another purpose for conducting the pilot study was to rule out the major ambiguities and weaknesses and to identify any potential issues in scale administration before its finalized.

Statistical Analysis. Cronbach's Alpha was calculated to assess the internal consistency of the scale items using SPSS Version 24. The overall Cronbach's Alpha value for the 29 items of the scale was (.78), indicating good reliability.

Stage 4: Exploratory Factor Analysis

Participants. One hundred and fifty NPD participants were (150 Men) selected in between the age range of 18-40 (mean age = 32.01, SD = 3.26) years through purposive sampling from different areas of Lahore, Pakistan.

Procedure. After completion of Pilot study eleven items were removed from our constructed scale. So, finalized scale consisted of 18 items that were used in this phase of exploratory factor analysis of research. Informed consent form and demographic forms were attached with the finalized scale and in this phase of research the aim was to verify the structure of items and finalize items. It also determined how different items were grouped together and if they were measuring the construct they intended to measure. A set of observed variables (indicators) underlying the latent construct was selected. It was ensured that data meets the assumptions of factor analysis, including linearity, multivariate normality, absence of outliers, and an adequate sample size. The number of factors to be extracted was decided. This decision was based on statistical methods like the Kaiser-Guttman criterion, scree plot, or parallel analysis. A Factor extraction method, including Principal Component Analysis (PCA) and Principal Axis Factoring (PAF), was chosen. The rotation of factors was performed to simplify interpretation, including the Varimax method for achieving a more apparent factor structure. The factor loadings were reviewed, indicating the strength and direction of the relationship between each variable and the

factors. The focus was on the loadings above a certain threshold (e.g., 0.3 or 0.4). Based on the factor loadings and the theoretical understanding, interpretation was made, and the factors was given meaningful names.

Statistical Analysis. SPSS Version 24 was used for exploratory factor analysis. The value of KMO was checked that indicated how accurate the data was for the analysis. To further find out the factors underlying our scale, the rotated component matrix was carried out by suppressing the value below .3.

Stage 5: Reliability and Validity Assessment

Participants. One hundred and fifty NPD participants (150 Men) were selected, in between the age range of 18-45 (mean age = 32.33, SD =3.74) years those having strong narcissistic personality disorder traits as this was the sample size that was recommended for the reliability and validity assessment of the scale. Participants were selected through purposive sampling from the different areas of Lahore, Pakistan.

Internal Consistency. Cronbach's alpha was used to measure the consistency of the responses after all the data was collected. This measured that the finalized scale items were measuring the same construct.

Test-Retest Reliability. Initially data from 100 participants were collected and after the time interval of two weeks, the scale was re-administered in order to determine the temporal stability of the responses, which was measured using Pearson's product-Moment Coefficient of Correlation.

Convergent And Discriminant Validity. To assess the degree to which Early Life Dynamics and Narcissism scale was theoretically related to a different measure i.e., Its convergent validity, for this purpose an established diagnostic measure determining the same content was an established diagnostic measure that was, Brief Pathological Narcissism Inventory (BPN-I) was used.

To determine the Discriminant validity of the scale, The Rosenberg Self-Esteem scale's Urdu translated version (Sardar,2012) was administered to the sample. This was carried out to establish whether two different constructs, theoretically unrelated (discriminant) are actually unrelated or not.

Statistical Analysis. Reliability analysis was done using Cronbach's alpha and it ensured that all the items in this scale measured the same construct. In the next step Pearson Correlation was used to determine the correlation between scales and the reliability was checked at last using the test retest. The scale was administered on the same participants on two different occasions after the passage of two weeks in order to ensure that the results have temporal stability.

The convergent and divergent validity was checked for the construct to analyze how much the construct relates to any other construct similar theoretically and how much this constructed scale differs from any other construct that is theoretically unrelated construct.

Results and Discussion

Table 1
Demographic characteristics of the study variables.

Variables	Frequency	Percentage
Gender		
Men	500	100
Education Level		
Matric	70	14

Inter	112	22
Graduation	263	52.6
Other	55	11
Religion		
Muslim	492	98.4
Christian	8	1.6
Family setup		
Joint	258	51.6
Nuclear	242	48.4
Monthly income		
Less than 10,000	45	9
20 to 25,000	213	42.6
25 to 50,000	143	28.6
50,000 to 100,000	84	16.8
More than 100,000	15	3
Birth order		
First	234	46.8
Middle	133	26.6
Last	133	26.6
Only child	0	0

Note. N=500

Table 2
Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and Bartlett's test of sphericity.

	KMO	Bartlett's Test		
		Chi-Square	Df	Sig.
Cultural Stressors	.55	1583.05	207	.00

Table shows that the measure of sample adequacy i.e. Kaiser-Meyer-Olkin (KMO) is found to be .55 which is above the recommended value .5 suggesting that the sample is adequate for factor analysis. Bartlett's test is also significant.

Table 3
Communalities for 24 items of Scale obtained through Principal Component Analysis.

Item no	Initial	Extraction
Item 1	.509	.417
Item 2	.507	.271
Item 3	.361	.118
Item 4	.445	.216
Item 5	.322	.060
Item 6	.334	.184
Item 7	.447	.154
Item 8	.310	.045
Item 9	.425	.279
Item 10	.517	.190
Item 11	.440	.101
Item 12	.394	.167
Item 13	.382	.254
Item 14	.464	.220
Item 15	.423	.217
Item 16	.462	.343
Item 17	.322	.058
Item 18	.446	.139
Item 19	.491	.383
Item 20	.366	.156
Item 21	.371	.196
Item 22	.354	.126
Item 23	.434	.191
Item 24	.361	.157

Note. Communalities >.3 are boldface, N=300

Table shows that communalities for most of the items indicating that the data is suitable for factor Analysis.

Table 4
Rotated Component Matrix for items of Early life dynamics & Narcissism Assessment scale using Varimax.

		Component	
		1	2
1.	Item 1		.467
2.	Item 2	-.445	
3.	Item 3		.457
4.	Item 4	.442	
5.	Item 5		.332
6.	Item 6		
7.	Item 7	.374	
8.	Item 8		
9.	Item 9	.481	
10.	Item 10	.407	
11.	Item 11		
12.	Item 12		
13.	Item 13		
14.	Item 14	.462	
15.	Item 15	.583	
16.	Item 16		.381
17.	Item 17	.605	
18.	Item 18	.378	

Note. Values >.3 are suppressed, N=300

Table shows two factors after rotation of factor structure in which item 2,4,7,9,10,15,16,19,20,21,22 are loaded on factor 1. Item 1,3,5,18,23,24 are loaded on factor 2. Moreover, Item 8,11,13 and 14 was removed from scale as these items had high loadings on multiple factors and the difference between the loading on two factors was less than 0.2. Therefore, they were removed and a 18-item scale having 2 factors was finalized after EFA.

Table 5
Internal consistency of the Early life dynamics and Narcissism Scale

Scale	Cronbach's Alpha	Total Items
Early life Dynamics & Narcissism Scale	.67	18

Table shows moderately high internal consistency i.e., Cronbach's Alpha (.67) for the overall scale.

Table 6
Test-Retest Reliability of the Early Life Dynamics and Narcissism Scale

Scale	R	Significance
Early life dynamics & Narcissism scale	.95**	.01

Note. **. Correlation is significant at the 0.01 level (2-tailed), N=100 Table shows high positive correlation indicating high temporal stability of the scale.

Table 7
Validity Assessment

Variables	R	Sig.
Early Life Dynamics and Narcissism Scale	1	0.00
Rosenberg Self Esteem Scale	.13	.901
Brief Pathological Narcissism Inventory	-0.80	.430

Correlation is significant at the 0.05 level (2 tailed) N= 150

Convergent and divergent validity of the Early life dynamics and Narcissism Scale with Brief Pathological Narcissism Inventory (BPN-1) and Rosenberg Self Esteem Scale (RSES) .

Discussion

This study sought to provide a framework for evaluating narcissistic personality disorder tendencies, that is both reliable and valid for the population of Pakistan. The instrument was explicitly developed as a therapeutic screening tool for identifying diverse parental styles and childhood traumas and family dynamics that may influence the onset of Narcissistic personality tendencies, ultimately resulting in the onset of narcissistic personality disorder (NPD). This study's results indicate that the newly constructed scale is a reliable and relevant tool specifically designed for the cultural context of Pakistan's clinical population.

Qualitative analysis of items revealed that the factors loaded on Factor 1 appeared to be a repetition of early life family dynamics, so it was named "***Childhood Familial Dynamics and adverse experiences***". The second factor consisting of 7 items included the themes that were related to parenting styles influences, so it was named "***Parental influence and emotional outcomes***". These factors align with those themes that were identified in the focus group interview, thus proving the relevance of scale. The internal consistency of final 18 item scale was checked and it was found to be .801 that validated the reliability of scale. Here is a detailed explanation of all the items and the themes that emerged.

Factor 1: Childhood Familial dynamics and adverse experiences

This factor focused on various aspects of childhood experiences, specifically parental behaviors, family dynamics, sibling relationships, emotional support, and adverse childhood experiences.

Overindulgence or Excessive Praise

Men may grow up with an exaggerated sense of self-worth if they are given too much praise or are viewed as superior. A narcissistic reliance on outside approval can be fostered by parents who place an excessive amount of weight on their child's achievements while ignoring emotional intelligence. The mistaken notion that praise equates to affection is at the heart of narcissistic personalities. Praise is substituted for love in dysfunctional narcissistic families and relationships, and acceptance is conditional. The narcissist gains control over their feeling of self-worth and relational safety when praise is used as affection, which makes others feel insecure (Alanko et al.,2009).

Familial Dynamics and Parenting

Parenting practices are important. Children raised by inconsistent parents who alternate between neglect and overindulgence may develop narcissistic tendencies as a result of feeling insecure about their value and dependent on outside approval. In a similar vein, high conflict or dysfunctional households can serve as models for controlling or manipulative behaviors that impact the development of narcissism.

Factor 2: Parental Influence and emotional outcomes

Men's emotional development and personality traits, particularly narcissistic tendencies, are greatly influenced by their parents. Whether maladaptive or healthy narcissistic tendencies develop is frequently determined by the emotional results of these early interactions.

Neglect and Emotional unavailability

A common contributing element to susceptible narcissism is emotional deprivation or a lack of validation during childhood. These men frequently grow up feeling invisible or undeserving, which causes them to engage in compensatory behaviors like vying for attention or praise to satisfy emotional gaps. Children of narcissistic parents frequently exhibit these characteristics as well, either by taking on similar habits or by growing weak points that eventually show up as narcissism (Vater, 2013). Using their child as an extension of themselves, narcissistic parents prioritize outward accomplishments over emotional ties, which can result in grandiose or sensitive narcissism as an adult. Men's narcissistic qualities are greatly influenced by their parents, especially the harmony between validation and nurturing. Grandiose or fragile narcissism are largely formed as a result of emotional neglect, overindulgence, and conditional love. These characteristics can be changed to promote better emotional outcomes with focused interventions (Vater et al., 2013).

Conclusion

In conclusion, this study contributes to the development and validation of a scale to examine early-life dynamics, family dynamics, and parenting styles for understanding narcissistic traits in men represents a critical step in advancing both theoretical and practical approaches to personality development and mental health. This scale would provide a robust, standardized tool for identifying and quantifying the impact of formative experiences on the emergence of narcissistic tendencies.

The findings of this study highlighted a connection between family dynamics and parenting styles, explaining how the childhood dynamics, parenting styles and familial are developing the narcissistic traits in men in Pakistan. By getting a deeper insight into this, mental health professionals and policymakers can contribute to create individual based intervention program and to promote well-being and resilience. As the field of early life familial mental health dynamics is growing, it is needed to build future researches on these findings and explore these family dynamics and parenting styles.

We can also utilize the findings of the research in everyday lives. By recognizing that how the adverse childhood familial dynamics and parental styles and emotional outcomes influence in developing tendencies of narcissistic traits in men, we can try to bring a change at individual familial level. We can try to be more supportive and create a supportive environment for others, thus promoting mental well-being for our future generations.

Recommendations

As this study provides a valuable insight into the family dynamics and parenting styles in developing narcissistic traits in men but it has certain limitations.

The scale was developed within a specific cultural context, Pakistani culture, and it may not be generalized to other populations. More research should be conducted to explore if this scale is applicable in the different cultural settings to enhance the robustness of the scale. Comparative studies can also be conducted across various cultures and it will help to understand that how culture is affecting the adverse family dynamics and parenting styles that narcissistic men are facing.

Additionally, researches can be conducted on a greater sample size that may strengthen the result and it will ensure a comprehensive understanding of the cultural stresses that faced by the young Pakistani population. Gender differences are also clear in this study. further studies can be conducted to examine women as a main population in the research. And it can be assessed that how childhood familial dynamics and parental influence and emotional outcomes impacts on narcissistic traits in women.

Lastly, studies can be conducted to see that how these adverse family dynamics and parenting styles are evolving over the time and its impacts on narcissistic traits in men. Longitudinal researches can help to understand that how these narcissistic traits are evolving over the time. By thoroughly studying an individual at different Ages, researchers can understand that how certain events or transitions in life - graduation, job search, starting a job, starting a family- are affecting the perception of the individual related to certain lasting impacts of parental influence, emotional outcomes and childhood familial dynamics and adverse experiences.

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