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Reports

On the Road Leading to Non-Suicidal Self-Injury: Brief Report on Narcissistic Vulnerability and Shame

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Abstract

Background: Recent empirical research showed that pathological narcissism is related to Non-Suicidal Self-Injury (NSSI). However, both narcissistic vulnerability and narcissistic grandiosity were resulted related to NSSI and the differences between them and their role in NSSI remains unclear. Some authors underlined the potential role of shame in the genesis of self-directed aggression.
Objectives: This study investigates the role of shame in the relationship between both vulnerable and grandiose narcissism and self-harm severity.
Methods: We administered Pathological Narcissism Inventory (PNI), Test of Self-Conscious Affect (TOSCA) and Deliberate Self Harm Inventory (DSHI) to a sample of 149 community participants (42% males) with a mean age of 27.55 years (*SD*=12.3).
Results: Controlling for age and gender, we found that DSHI scores correlated significantly with the vulnerable dimension of narcissism but not with the grandiose one. But, both the vulnerable and grandiose dimension of narcissism correlated with interpersonal shame levels. Finally, we found a positive interaction between PNI vulnerable factor and shame levels in predicting Non-suicidal self-injury (NSSI) severity.
Conclusions: Differentiating the grandiose from the vulnerable facet of narcissism appears central when investigating the relationship between NSSI and narcissistic personality. Moreover, our study suggests that shame experiences have a remarkable influence importantly account for this relationship. Future directions and clinical implications are discussed.

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1. Introduction

Non-suicidal self-injury (NSSI) has been defined as the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned, including behaviors such as cutting, burning, biting and scratching skin (International Society for the Study of Self-Injury, 2018).

NSSI is a phenomenon that has a strong prevalence in adolescence and is extremely linked to the body's mentalization processes (Gargiulo & Margherita, 2019; Gargiulo et al., 2019). It has been consistently associated with several Personality Disorders (PDs), Borderline Personality Disorder (BPD) above all (Sansone et al., 1994; Zanarini et al., 2003), but it is also present in other cluster B personality disorders, like in narcissistic PD in which is often cooccurring with other disruptive behaviors, such as substance abuse (Casillas & Clark, 2002).

Some authors asserted that pathological narcissism may be defined by vulnerability and grandiosity factors (Wink, 1991). The first aspect is associated with shyness, introversion, defensiveness, low self-esteem, anxiety, helplessness, emptiness and sensitivity (Pincus et al., 2014; Wink 1991) while grandiosity is associated with lack of empathy, dominance, exhibitionism, aggression, extraversion and illusory sense of superiority (Afek, 2018; Buelow & Brunell, 2014). Both these two wide themes of dysfunction may be concurrently present in narcissistic personality. Dickinson and Pincus (2003*)* argued that vulnerable narcissistic personality hides "a core organized around grandiose expectations and entitlement". In different moments, the narcissist can perceive himself as better than average (Campbell et al., 2002*)* or as a failure.

Empirical research showed that narcissism is related to both internalizing, such as depressive mood, and externalizing symptoms, such as aggressiveness towards the self and towards others (Casillas & Clark, 2002; Garofalo et al., 2016). However, literature shed light on differences between grandiose and vulnerable narcissism concerning psychopathological patterns. Despite both narcissistic grandiosity and narcissistic vulnerability are associated to aggression toward the self (i.e. suicide attempts) only the vulnerability factor seems to be related to NSSI (Miller et al., 2010; Pincus et al., 2009; Thomas et al., 2012).

Dawood and colleagues have examined associations between the distinct facets of pathological narcissism and specific NSSI behaviors. Authors found that compared with narcissistic grandiosity, narcissistic vulnerability is more often significantly associated with NSSI behaviors but both the facets of narcissistic grandiosity and vulnerability are associated with both repetitive and impulsive NSSI behaviors (Dawood et al., 2017). Overall, concerning pathological narcissism and its relationships with NSSI, literature have underlined the need to further research.

NSSI is often considered as an attempt to regulate unpleasant and intense affects that the individual cannot handle otherwise (Brown et al., 2002). Previous research evidenced that difficulties in regulating negative emotions are often linked to aggressive behaviors (Stuewig et al., 2010; Tangney & Dearing, 2002; Velotti et al., 2016; Walker & Knauer, 2011). Specifically,

as illustrated extensively in a review conducted by Elison et al. (2014), several studies explored the evolutionary and psychobiological links from shame to anger and aggression. Empirical evidences demonstrate how shame and social exclusion have an impact on self-regulation and fuel anger and aggression (DeWall & Bushman, 2011; Jones & Elison, 2013; Velotti et al., 2017).

In this perspective, shame could be an important variable in the study of NSSI due to the relationship that links it to inward and outward-directed aggression. According to the Nathanson's Compass of Shame model (1992) the experiences of blame, anger and aggression can be internalized (in those behaviors that he labels as attack self) or externalized (in those that Nathanson labels as attack other). The potential role of shame has been recently investigated also in narcissism, starting from the hypothesis that shame could allow to differentiate the grandiose and the vulnerable facets of narcissism, integrating also body shame in the picture (Boursier & Gioia, 2020; Carrotte & Anderson, 2019). Bilevicius et al. (2019) suggested that only vulnerable narcissism is associated with shame. Krizan and Johar (2015) showed that only vulnerable narcissism presents lower anger control, and this makes it seem linked to aggressiveness and shame. Alonso and Rutan (2015) argued that shame is linked with vulnerability and that an unescapable shame would cause a regression in the emotional life of the narcissistic personality. Schoenleber and Berenbaum (2012) suggested that maladaptive shame regulation sets the basis for many pathological personality features and asserted that "shame and/or the threat of shame may be pervasive across time and situation". Moreover, Gilbert et al. (2010) have pointed out that shame, along with self-criticism and feelings of inferiority, was significantly related with NSSI.

In light of these evidence, the main objective of this study is examining the relationship between both vulnerable and grandiose narcissism and NSSI to evaluate whether and how shame intervenes in this relationship.

In detail, we hypothesize that: 1) only the vulnerable facet of narcissism is correlated to NSSI severity; 2) only the vulnerable facet of narcissism is correlated to shame-proneness; 3) shame-proneness moderates the relationships between narcissistic vulnerability and NSSI severity.

2. Method

2.1 Participants and procedure

The study involved a total of 149 community participants (42% males) with a mean age of 27.55 years (*SD*=12.3), recruited throughout a snowball sampling technique. Before the involvement of each participant in the research procedure, research's aims and scopes were briefly exposed and information on privacy and anonymity were consigned. Participants have completed a

written consent. In addition, participants were asked to fulfill self-report questionnaires under the supervision of a psychologist. All procedures complied with the official directions established by the American Psychological Association and were approved by the Research Ethic Board of the Department of Dynamic and Clinical Psychology of the "Sapienza" University of Rome (N. 21/2018).

2.2 Measures

Pathological Narcissism Inventory (PNI). The PNI (Fossati et al. 2015; Pincus et al. 2009) is a 52-items self-report questionnaire that uses a 6-point Likert scale. Participants are asked to indicate how much each affirmation describes themselves from a score of 1 *("It does not describe me at all"*) to 6 ("*It describes me perfectly*"). The instrument contains seven subscales: Exploitative, Entitlement Rage, Grandiose Fantasy, Self-Sacrificing Self-Enhancement, Contingent Self-Esteem, Devaluing and Hiding the Self. Concerning the second order factors, we used the first factorialization proposed by Pincus (2009), more in line with the theoretical knowledge on which the hypotheses of the present research are based. Thus the first four subscales were used to provide a principal score that points out the levels of Grandiose Narcissism (an example of item related to Grandiose Narcissism scale is "I often fantasize about being admired and respected"). Complementarily, the last three subscales were summed to obtain another principal score that points out the levels of Vulnerable Narcissism (an example of item related to Vulnerable Narcissism scale is "I sometimes feel ashamed about my expectations of others when they disappoint me"). The psychometric properties of the Italian version were similar to the original and in our study Cronbach' alphas ranged from .74 (PNI Exploitative) to .94 (PNI Vulnerability) indicating a good reliability.

Deliberate Self-Harm Inventory (DSHI). The DSHI (Gratz, 2001; Monti & D'agostino, 2010) is a 17-items, behaviorally based, self-report questionnaire evaluating deliberate self-harm (e.g. "Have you ever intentionally (i.e., on purpose) cut your wrist, arms, or other area(s) of your body (without intending to kill yourself?"). This notion refers to deliberate, direct devastation or modification of body that individual completes without conscious suicidal intent but resulting in a hurt severe enough to cause a damage. This questionnaire estimates severity, frequency, type and duration of self-harming behavior. The specific acts of deliberate self-harm mentioned in the questionnaire stems from the convergence of several tests to identify individuals who perform self-harming behaviors, providing a list of the main self-injurious behaviors documented in literature and clinical observations. Frequency of reported self-harm behavior was measured by a continuous variable created by the sum of the total participants' scores on

the frequency questions for each of the 17 items. Estimates of internal consistency (Cronbach' alpha) for DSHI total score was .73.

Test of Self-Conscious Affect (TOSCA). The TOSCA (Tangney et al., 1989) assesses feelings of interpersonal shame and guilt throughout a self-report questionnaire evaluating individual responses to a series of brief negative interpersonal scenarios. An exemplified scenario is "You attend your co-worker's housewarming party, and you spill red wine on a new cream- colored carpet, but you think no one notices." The shame response is "You would wish you were anywhere but at the party" and the guilt response is "You would stay late to help clean up the stain after the party". Participants are asked to identify with each situation and evaluate the likelihood of reacting in the proposed modalities on a likert scale ranging from 1 (*Unlikely*) to 5 (*Likely*). The elements are added together in situations to provide indices of propensity to sense of guilt, propensity to shame, predisposition to blaming others. Estimates of internal consistency (Cronbach' alpha) for the TOSCA shame, guilt and blaming others subscales were .73, .71 and .73, respectively.

2.3 Statistical Analyses

Cronbach's alpha was calculated for each instrument to verify the reliability of the instruments used. Then, descriptive analyses were carried out, calculating means and standard deviations. Partial correlation analyses were performed to explore the relationships between all the variables involved in the study. Subsequently, a moderation analysis was performed using Model 1 of the Macro PROCESS software for SPSS (Hayes A. F., Rockwood N. J., 2017). All statistics were performed using SPSS 25.0 software for Mac.

3. Results

3.1 Association between variables

After computing descriptive analyses (Tab. 1), r-Pearson correlations have been tested to explore the relationships between all the variables involved in the study. We used partial correlation to control the effect of sex and age influencing both NSSI (Barrocas et al., 2012) and Narcissism (Grijalva et al., 2015) and the results are displayed in Table 2. Controlling for age and gender, we found that the DSHI scores correlated significantly but moderately with the vulnerable dimension of narcissism but not with the grandiose one. Nonetheless, both the vulnerable and the grandiose dimension of PNI correlated significantly with interpersonal shame levels.

Table 1. Descriptive analyses

	Mean	**SD**
DSHI	.46	1.20
Contingent Self-Esteem	2.71	.98
Exploitative	3.22	.87
Self-Sacrificing Self-Enhancement	3.67	.89
Hiding The Self	3.60	.97
Grandiose Fantasy	2.64	.89
Devaluing	2.60	.97
Entitlement Rage	3.17	1.00
Grandiosity	3.36	.79
Vulnerability	2.92	.83
Shame	2.78	.64
Guilt	4.16	.50
Blaming Others	2.10	.60

Table 2. Partial correlation between pathological narcissism, self-harm, and shame

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. DSHI	-												
2. CSE	.14	-											
3. EXP	.01	.07	-										
4. SE	.02	.56**	.19*	-									
5. HS	.21**	-.53**	.33**	.50**	-								
6. GF	.10	.66**	.40**	.52**	.61**	-							
7. DEV	.20*	.64**	.17*	.34**	.58**	.45**	-						
8. ER	.04	.65**	.35**	.53**	.51**	.64**	.54**	-					
9. GRAN	.03	.68**	.56**	.72**	.65**	.86**	.52**	.87**	-				
10. VUL	.20**	.91**	.20*	.57**	.77**	.69**	.83**	.68**	.74**	-			
11. Shame	.12	.47**	-.18	.20**	.42**	.27**	.44**	.14	.21**	.53**	-		
12. Guilt	.08	-.07	-.07	.06	-.02	-.05	-.13	-.25**	-.12	-.08		-	
13. BO	-.01	.16*	.08	.16	.21*	.35**	.15	.24**	.29**	.20**			-

Note: DSHI: Deliberate Self-Harm Inventory; CSE: Contingent Self-Esteem; EXP: Exploitative; SE: Self-Enhancement; HS: Hiding the Self; GF: Grandiose Fantasy; DEV: Devaluing; ER: Entitlement Rage; GRAN: Grandiosity; VUL: Vulnerability; BO: Blaming Others; * $p < .05$; ** $p < .001$.

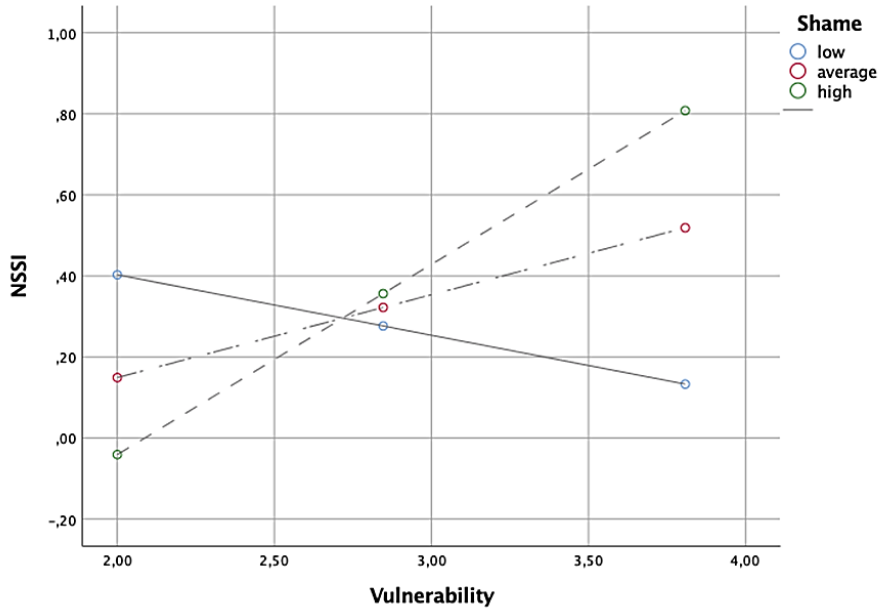
3.2 Test of the interaction effect

The moderation analysis, after controlling for gender and age, showed a positive interaction between the PNI vulnerable factor and the levels of shame in the prediction of self-harm severity. Controlling for age and gender, the conditional direct effects (based on the moderator values at 1 *SD* below and above the mean) further examined the moderating effect of shame. The results (Tab 3, Fig 1) showed that there was a significant positive relationship between the vulnerable dimension of narcissism and deliberate self-harm only at high values of shame. In contrast, there was no moderating effect of shame in the relationship between the grandiose dimension of narcissism and self-harm (p=.220).

Table 3. Moderating effect of shame in the relationship between Vulnerability and NSSI

Indirect conditional effects			
-1 SD	-.09	.13	-.3508 to .1746
Mean	.13	.09	-.0593 to .3167
+1 SD	**.34**	.11	.1306 to .5604

Figure 1. Graphic illustration of the interaction of shame in the relationship between Vulnerability and NSSI



4. Discussion

The main objective of our study was to investigate the role of shame in the relationship between both vulnerable and grandiose narcissism and NSSI severity (Miller et al., 2013; Pincus et al., 2009; Thomas et al., 2012).

Our hypotheses were just partially confirmed: first, results indicate that shame has a connection not only with the vulnerable dimension of narcissism but also with the grandiose one, albeit the correlation is weaker. Such data is in contrast with previous studies that noted associations between the vulnerable dimension of narcissism and shame (Afek, 2018; Bilevicius et al., 2019; Dickinson & Pincus, 2003; Krizan & Johar, 2015; Ritter, 2014), even if it leans on the research tradition which holds that both facets of narcissism share common shame experiences, diverging in the mechanism by which the regulation of self-esteem is achieved (Bilevicius et al., 2019; Dickinson & Pincus, 2003). Individuals with grandiose narcissism seem to protect themselves from negative emotions (Tracy & Robin, 2004), whereas individuals with vulnerable narcissism seem to be especially prone to experienced negative emotions, such as shame (Kealy & Rasmussen, 2012).

Then, our results showed a positive interaction between the PNI vulnerable factor and shame proneness in the prediction of self-harm severity. Our result is in line with other studies that evidenced that individuals high in vulnerable narcissism are subjected to intense feelings of shame, exhibiting hypersensitivity to rejection and criticism (Cain et al., 2008; Carrotte & Anderson, 2019; Ronningstam, 2005), so they may tend to present difficulties in adaptively regulate intense feelings of shame (Altmann, 2017; Di Pierro et al., 2017; Zhang et al., 2015). Nonetheless, despite being significant, the correlation is weaker than expected: this result could be linked to the nature of TOSCA, a self-report tool that measures self-conscious aspects. It is therefore likely that, on one hand, an important part of narcissistic shame is not very conscious and therefore "hidden" from the conscience of the individual, on the other it is possible that the individual deliberately hides it to protect his image in the presence of others. In line with these considerations and with the conceptualization of self-harm as an escape-based strategy (Chapman et al., 2012), we may speculate that self-harm may be used as an additional maladaptive emotion regulation strategy to suppress feelings of shame. Interestingly, these results shed light on an important explanatory pathway of the relationship between vulnerable narcissism and NNSI.

Despite the insightful nature of our results, it is important to consider our conclusions in light of limitations. First of all, it has been conducted among a relatively small community participant sample, so results should be generalized with caution. For future research in this field, in a bigger and diverse sample it could be inspiring to adopt a more complex model to test the role of shame proneness along with emotional regulation strategies within the relationship between the two constructs, as well as to investigate the role of gender. Moreover, another important limitation is the reliance on a self-report questionnaire to investigate an ego-syntonic psychopathological dimension as pathological narcissism. In order to provide a complete understanding of narcissism, shame and self-harm, future research should opt for a multimethod assessment that includes self-reports and semi-structured interviews.

Conflict of Interest

The authors declare no conflict of interest.

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