

PATHOLOGICAL NARCISSISM, NEGATIVE PARENTING STYLES AND INTERPERSONAL FORGIVENESS AMONG PSYCHIATRIC OUTPATIENTS

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SUMMARY

Background: Pathological narcissism has previously been investigated with regard to negative parenting and interpersonal forgiveness, but inconsistent findings have been obtained in relation to its two phenotypic forms - grandiosity and vulnerability. Moreover, the role of negative parenting in the lack of forgiveness within narcissistic pathology has not been explored thus far. The aim of the current research was to investigate the complex relations among pathological narcissism, negative parenting, and interpersonal forgiveness in psychiatric outpatients.

Subjects and methods: A sample of 250 adult psychiatric outpatients (61% female; mean age 39.15 years) were enrolled in this study. The participants filled out the Pathological Narcissism Inventory (PNI), the Tendency to Forgive Scale (TTF), the Measure of Parental Styles (MOPS), and the Depression, Anxiety, Stress Scales (DASS21).

Results: Narcissistic grandiosity and narcissistic vulnerability were positively correlated with mothers' and fathers' negative parenting, but this association was significantly stronger in the case of narcissistic vulnerability. Only narcissistic vulnerability was related to interpersonal forgiveness. In the mediation analysis, negative parenting was not directly related to interpersonal forgiveness, however, this association became significant after introducing narcissistic vulnerability. Narcissistic vulnerability served as a full mediator of the mothers' and fathers' negative parenting - interpersonal forgiveness relationships.

Conclusions: Narcissistic vulnerability seems to be more strongly related to negative parenting and interpersonal forgiveness than narcissistic grandiosity, while it also represents one of the underlying mechanisms of the negative parenting - interpersonal forgiveness relationship. The clinical implications of these findings are discussed in relation to pathological narcissism and lack of forgiveness.

Key words: pathological narcissism - narcissistic vulnerability - narcissistic grandiosity - negative parenting - forgiveness

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INTRODUCTION

Pathological narcissism is defined as involving significant regulatory deficits and maladaptive strategies to cope with disappointments and threats to a positive self-image. It encompasses two phenotypic forms, narcissistic grandiosity and narcissistic vulnerability, which both may be either overtly or covertly expressed (Pincus & Lukowitsky 2010). Narcissistic grandiosity is characterized by arrogance and an overvalued, entitled self-image with exploitative and exhibitionistic behaviors, whereas narcissistic vulnerability refers to frail self-image and is reflected in experiences of anger, envy, shame, and avoidance of interpersonal relationships (Pincus & Roche 2011; Ronningstam 2011). Many contemporary authors believe narcissistic "subtypes" may be more appropriately considered as states which operate in a dialectical and reciprocal manner, and that these patients are best differentiated from each other based on relative levels of grandiosity and vulnerability

(Kernberg 2009, Gore & Widiger 2016). In any event, these manifestations of disturbed personality structures are characterized by various immature defense mechanisms, such as projection and splitting (Marčinko et al. 2020, Svrakic et al. 2019).

Among various attributes of pathological narcissism, individuals high in narcissism have been found to respond more aggressively than others to insults and negative feedback, including a higher number of interpersonal transgressions in their daily interactions (McCullough et al. 2003). Similarly, it has been demonstrated that narcissistic individuals have a lower tendency to react to interpersonal offenses with forgiveness (Eaton et al. 2006). Forgiveness can be defined as an intraindividual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context (McCullough et al. 2000). Research related to associations between narcissism and interpersonal forgiveness has predominately focused on grandiose forms of narcissism, leaving associations with narcissistic

vulnerability largely unexplored (Brown 2004; Eaton et al. 2006, Exline et al. 2004). Two studies, however, have documented a negative relationship between vulnerable aspects of pathological narcissism and a propensity to forgive among college students (Bresin & Gordon 2011, Sandage et al. 2016). Given the positive effects of forgiveness on family relationships and marriage (Maio et al. 2008, McNulty 2008), physical health (Lee & Enright 2019), and subjective well-being (Yao et al. 2017), increased empirical interest in forgiveness within pathological narcissism comes as no surprise. Moreover, investigating the nature and origins of lack of forgiveness in narcissism seems warranted, including the possibly significant role of negative childhood experiences.

Regarding the origins and development of pathological narcissism, clinical theories have long argued for a prominent role of inadequate parenting styles (Kernberg 1975, Horton 2011). Kernberg (1975) provided a theoretical psychodynamic approach to understanding narcissism that arises from invalidating and inconsistent interactions with primary nurturing figures (i.e. cold, strict and aggressive parenting), such that narcissism develops as a defense against a frustrated, empty self-concept stemming from devaluation by parents. In other words, inadequate parenting leads to deep-seated feelings of inferiority which are accompanied by attempts to maintain positive explicit self-concepts despite a general lack of (implicit) confidence. As of now, there is increasing empirical evidence for the role of negative parenting styles in the development of narcissism, but this evidence is mostly based on non-clinical samples and somewhat inconsistent regarding the form of pathological narcissism. Several studies have documented a link between vulnerable aspects of narcissism and negative parenting styles, such as parental coldness, over-control, inconsistent discipline, and authoritarianism (e.g. Ramsey et al. 1996, Horton et al. 2006, Otway & Vignoles 2006, Mechanic & Barry 2015). These aspects of negative parenting are not consistently related to narcissistic grandiosity, although Horton & Tritch (2014) have demonstrated a positive association between parents' emotional control and narcissistic grandiosity among university students. In addition, parenting styles have also been examined with regard to tendency to forgive. Wright et al. (2017) have shown that interpersonal forgiveness is predicted by positive parental styles, with empathy serving as a mediator in this relationship. Also, individuals who are prone to interpersonal forgiveness are more likely to report having parents who were empathic and enacted warm parenting practices (Strayer & Roberts 2004; Zhou et al. 2002). However, research on the impact of negative parenting styles on interpersonal forgiveness is still uncommon in the literature.

Given somewhat inconsistent findings regarding the relations between two forms of pathological narcissism and parenting styles, obtained exclusively on non-clinical

college samples, we aimed to investigate the associations among narcissistic grandiosity and narcissistic vulnerability and negative parenting practices in psychiatric outpatients. Unlike prior studies, the current one examined the separate roles of mothers' and fathers' negative parenting styles. In addition, pathological narcissism has been linked to reduced propensity to forgive, both in theoretical and empirical work, although the latter one focused mostly on grandiose aspects of narcissism. More importantly, we wanted to examine the predictive role of negative parenting styles (both mothers' and fathers') in interpersonal forgiveness, with either of the two forms of pathological narcissism serving as potential mediators in this relationship.

SUBJECTS AND METHODS

Study design and participants

Subjects in this study were 250 Caucasian adult outpatients treated at two mental health hospitals in Croatia. Patients were informed of the study by their psychiatrists. Those who agreed to participate completed a battery of self-report measures while waiting for their appointments or after the appointments had ended. No further participation was required. While seventeen patients refused to participate, no differences in gender and age between these patients and those taking part in this study were observed.

Of the 250 participants, 153 (61%) were female. The mean age of the participants was 39.15 years ($SD=12.293$ years), ranging between 19 and 65 years of age. The educational status of participants was varied: 15 (6%) participants had completed elementary school, 147 (59%) had completed high-school and 88 (35%) held a college degree. In terms of employment, 112 participants (45%) were employed, 53 (21%) were unemployed, 40 (16%) were retired and 44 (18%) were students. Finally, the sample consisted of 114 (47%) married participants, 107 (43%) single participants, 19 (8%) divorced and 5 (2%) widowed participants.

The primary psychiatric diagnosis of the patients was determined via a consensus between the attending psychiatrists and clinical psychologists, according to the ICD-10 diagnostic criteria (WHO, 1992). The following diagnoses were assigned: depressive disorders (29%), anxiety disorders (24%), post-traumatic stress disorder (15%), adjustment disorder (12%), eating disorders (9%), psychoactive substance use disorders (7%), and bipolar affective disorder (4%). Because this study did not include the use of structured clinical interviews, comorbid psychiatric and PD diagnoses were not determined. Patients affected by a neurological disorder, acute psychotic disorder, mental retardation, and those with low comprehension skills were not included. Patients' written informed consent was obtained and the study was officially approved by the Ethical Committees of the two psychiatric institutions.

Measures

Pathological narcissism

The Pathological Narcissism Inventory (PNI) (Pincus et al. 2009) is a 52-item measure developed to assess the grandiose and vulnerable aspects of pathological narcissism. Responses for the PNI are made on a scale ranging from 0 (not at all like me) to 5 (very much like me). The PNI measures seven dimensions of pathological narcissism: contingent self-esteem (fluctuating levels of self-esteem), exploitativeness (manipulative interpersonal style), self-sacrificing self-enhancement (bolstering positive self-image through altruistic acts), hiding the self (unwillingness to show others faults and needs), grandiose fantasy (fantasies of admiration and success), devaluing (disinterest in others who do not provide needed admiration), and entitlement rage (angry affect when expectations are not met). Wright et al. (2010) showed that these seven dimensions load onto the two higher-order factors of grandiose (exploitativeness, self-sacrificing self-enhancement, and grandiose fantasies; 18 items) and vulnerable narcissism (contingent self-esteem, hiding the self, entitlement rage, and devaluing; 34 items) that were invariant across gender. These first- and second-order structures were replicated in subsequent studies carried out in different cultures (e.g., Morf et al. 2017, You et al. 2013). A recent study has replicated good internal reliability, second-order factorial structure, and adequate concurrent and discriminant validity (i.e., associations with other narcissism measures, the Big Five personality traits, and acute depression and anxiety) of the Croatian version of the PNI (Jakšić et al. 2014). In the present study, grandiosity and vulnerability had Cronbach's α coefficients of 0.87 and 0.93, respectively.

Interpersonal forgiveness

The Tendency to Forgive Scale (TTF) (Brown 2003) is a 4-item measure that assesses respondents' past forgiveness experiences, i.e., individual differences in the tendency to forgive others (e.g., "I tend to get over it quickly when someone hurts my feelings" and "When people wrong me, my approach is just to forgive and forget"). It uses a seven-point Likert scale, ranging from 0 (strongly disagree) to 6 (strongly agree). In support of the validity of these scales, Brown et al. (2007) have shown that people's TTF scores are corroborated by their romantic partners and that the TTF is a good predictor of mental health (e.g., depression and life satisfaction). Previous studies have suggested a reasonable internal reliability (0.70-0.79) and high degree of temporal stability of this self-report scale (e.g., Barnes et al. 2010, Brown 2003, Brown & Phillips 2005). The Cronbach's α coefficient was .68 in the current study.

Negative parenting

The Measure of Parental Styles (MOPS) (Parker et al. 1997) assesses perceived parental styles (with responses obtained separately for the mother and father)

during the first 16 years of the respondent's life across three theoretical domains: abuse (psychological, emotional, or physical), indifference and overcontrol. Each of the 15 items is answered on a 4-point scale (0 = 'Not true at all', 3 = 'Extremely true'). Higher scores indicate more dysfunctional parenting. This instrument has previously been used in studies conducted with psychiatric populations (e.g., Fletcher et al. 2014). Although prior research suggested acceptable internal consistency and temporal stability (Parker et al. 1997; Picardi et al. 2013), some authors have questioned the three-factor structure of this scale (Alanko et al. 2008). Based on the confirmatory factor analysis (CFA), we did not find the best fit for the original 3-factor solution (detailed results can be obtained from the first author). Therefore, we used only the total scores, separately for mothers and fathers, indicating overall negative/dysfunctional parenting experiences. Such global scores have been used in prior research as well (e.g., Beshai & Parmar 2019, Silberschatz & Aafjes-van Doorn 2016). In the present study, maternal and fraternal negative parenting had Cronbach's α coefficients of 0.91 and 0.92, respectively.

Depression

Depression was assessed with the Depression, Anxiety, Stress Scales (DASS21; Lovibond & Lovibond 1995), designed to measure the emotional states of depression, anxiety, and stress. Participants are asked to report how much each item applied to them over the past week. The items are scored on a 4-point Likert scale, ranging from 0 (did not apply to me at all) to 3 (applied to me very much). Higher scores are indicative of higher levels of negative emotionality. The Croatian version of this instrument has shown adequate reliability and factorial validity (Ivezic et al. 2012), and has been used in prior clinical research (Marčinko et al. 2014). For the purposes of this study, only the depression scale was used. It demonstrated a high Cronbach's α coefficient of 0.93.

Statistical Analysis

Statistical analyses were conducted using the SPSS version 19.0 (SPSS, Chicago, IL) and R (R Core team 2014). Descriptive analysis of socio-demographic and self-report data included means and standard deviations, as well as percentages. A series of zero-order bivariate correlations were performed to determine the relationships between pathological narcissism, negative parenting, and interpersonal forgiveness. The relative sizes of dependent correlations were compared using Steiger's (1979) MULTICORR approach. Based on the method proposed by Preacher & Hayes (2008), bootstrapped mediation analyses were performed to test hypotheses regarding the mediating role of narcissistic vulnerability in the relationships between mothers' and fathers' negative parenting (as the two predictors) and interpersonal forgiveness (as the criterion variable). The model was specified and tested using the open-access lavaan

package in R programming language and environment (Rosseel 2012). Using at least 5,000 bootstrap samples, 95% bias-corrected and accelerated bootstrap confidence intervals for the indirect effects were calculated. Confidence intervals excluding zero indicate significant bootstrapped mediation effects.

RESULTS

The average total score on the depression scale was 17.11 (SD=13.28, range: 0-42), suggesting a moderate degree of depressive symptoms (based on the originally proposed severity levels) in this sample (Lovibond & Lovibond 1995). The overall level of pathological narcissism is represented by an average total PNI score of 2.30 (SD=0.791), an average PNI Grandiosity subscale score of 2.28 (SD=0.868, range: 0.28-4.39) and an average PNI Vulnerability subscale score of 2.32 (SD=0.921, range: 0.28-4.83). Similar values were found in another study with Croatian psychiatric outpatients (Marcinko et al. 2014), whereas Croatian and American students exhibit higher levels of grandiosity and lower levels of vulnerability (Jaksic et al. 2014, Pincus et al. 2009). The level of experienced dysfunctional parenting styles is demonstrated by the following mean scores for total negative parenting (M=21.89, SD=16.52, range: 0-43), mothers (M=10.17, SD=9.29, range: 0-43) and fathers (M=11.83, SD=10.66, range: 0-46). There are no proposed cut-off scores for this measure but, for comparison, we obtained a somewhat higher average negative parenting score than was documented in a Canadian sample of previously depressed, currently remitted patients (M=19.00, SD=14.20) (Beshai & Parmar 2019). Finally, the average score on the interpersonal forgiveness measure was 2.68 (SD=1.15, range: 0-6), lower than values obtained in student samples (Brown 2003).

Table 1 presents the zero-order correlations between pathological narcissism, negative parenting experiences, and interpersonal forgiveness. These correlations revealed that narcissistic vulnerability exhibited a significant moderate-size negative correlation with interpersonal forgiveness ($r=-0.41$, $p<0.01$), whereas narcissistic grandiosity did not show a significant correlation with interpersonal forgiveness. Furthermore,

both grandiosity and vulnerability exhibited significant positive correlations with maternal and paternal negative parenting styles. Steiger's MULTICORR method demonstrated that vulnerability had stronger associations with maternal ($p<0.01$) and paternal negative parenting ($p<0.01$) when compared to grandiosity. Finally, both negative parenting styles were significantly ($p<0.05$), albeit low in size, associated with interpersonal forgiveness.

Identification of relevant variables for mediation analyses was based on the abovementioned zero-order correlations. Narcissistic grandiosity was ruled out from further analyses based on its non-significant association with interpersonal forgiveness. Bootstrapped mediation analysis was applied with negative maternal and negative paternal parenting as the two independent variables, interpersonal forgiveness as the dependent variable, and narcissistic vulnerability as a potential mediator variable. We statistically controlled for the influence of depression in order to gauge the effects negative parenting had on interpersonal forgiveness irrespective of depressive symptoms. Since depression could be the confounding factor for the relationships modelled here, its inclusion ensured that it was omitted as a potential factor that could make the relationships between the observed variables spurious.

Summary of the mediation analyses performed is presented in Table 2. Maternal and paternal negative parenting showed non-significant direct effects on interpersonal forgiveness. The sum of the two indirect effects (i.e., two negative parenting styles via narcissistic vulnerability) was statistically significant, as was the total effect. Overall, 12% of the variation in the criterion was explained by this set of predictors and the mediator. Narcissistic vulnerability exhibited a significant indirect effect in the case of both independent variables (i.e., maternal and paternal negative parenting). Since, after controlling for the mediator effect, the direct effects did not differ significantly from zero for either of the parenting styles, the relationship can be described as full mediation. In other words, the links between negative parenting and interpersonal forgiveness can be completely explained by the introduction of narcissistic vulnerability, while also controlling for the influence of depressive symptoms.

Table 1. Zero-Order Correlations for Pathological narcissism (Grandiose and Vulnerable), Negative parenting (mother and father), and Interpersonal forgiveness

	Narcissistic grandiosity	Narcissistic vulnerability	Negative Parenting_mother	Negative Parenting_father
Narcissistic vulnerability	0.56**			
Negative parenting_mother	0.14*	0.31**		
Negative parenting_father	0.19*	0.29*	0.38**	
Interpersonal forgiveness	-0.07	-0.41**	-0.14*	-0.14*

* $p<0.05$; ** $p<0.01$

Table 2. Summary of the mediation analysis predicting interpersonal forgiveness from negative parenting (mother and father) via narcissistic vulnerability, while controlling for depression (5000 bootstrapped samples)

Parameter	Estimate (b)	95% CI	Standardized estimate ()
Individual parameters			
Neg. Par. Mother -> Narcissistic Vul.	0.33**	[0.15, 0.52]	0.24
Neg. Par. Father -> Narcissistic Vul.	0.22**	[0.06, 0.37]	0.18
Narcissistic Vul. -> Forgiveness	-0.45**	[-0.6, -0.3]	-0.36
Direct effects			
Neg. Par. Mother	0.01	[-0.22, 0.24]	0.06
Neg. Par. Father	-0.05	[-0.25, 0.14]	-0.04
Indirect effects			
Neg. Par. Mother	-0.15**	[-0.25, -0.05]	-0.09
Neg. Par. Father	-0.1*	[-0.17, -0.02]	-0.07
Sum	-0.25**	[-0.37, -0.13]	-0.15
Total effect	-0.29**	[-0.54, -0.04]	-0.18

Note. CI = confidence interval; *p<0.05; **p<0.01

DISCUSSION

The present research investigated the relationships between pathological narcissism, negative parenting styles, and interpersonal forgiveness in a large sample of psychiatric outpatients. While both narcissistic grandiosity and vulnerability exhibited significant positive associations with negative parenting, narcissistic vulnerability was more strongly linked to mothers' and fathers' negative parenting practices. Similarly, narcissistic vulnerability, but not grandiosity, was negatively related to interpersonal forgiveness. In the mediation analysis, negative parenting was not directly related to interpersonal forgiveness, however, this association became significant after introducing narcissistic vulnerability. In other words, narcissistic vulnerability served as a full mediator of the negative parenting (mother and father separately) – interpersonal forgiveness relationship.

Our results suggested that narcissistic vulnerability among psychiatric outpatients is strongly related to their negative childhood parenting experiences, encompassing both mothers' and fathers' dysfunctional practices, such as emotional and physical abuse, indifference and overcontrol (due to previously mentioned psychometric limitations of the parenting self-report scale, we discuss these findings in terms of overall/global negative parenting score). Such relationships have already been observed among non-clinical youth and adult samples. For example, Barry et al. (2007) found a positive association between negative parenting composite (resembling excessive or inconsistent control) and vulnerable aspects of narcissism among a community sample of children and adolescents, while Otway and Vignoles (2006) showed a link between parental coldness and narcissistic vulnerability in healthy adults. Thus, our findings obtained in psychiatric outpatients are in line with Kernberg's (1975) object relation's viewpoint in which pathological narcissism results from parents who undermine a child's independent sense of self-worth by being authoritarian, high in control, low in warmth and

even hostile. More specifically, such negative parenting leads to underlying feelings of inadequacy and inferiority which are accompanied by attempts to maintain positive explicit self-concepts despite a low implicit confidence (i.e., narcissistic vulnerability). Our findings suggest a positive but rather weak association between narcissistic grandiosity and negative parenting, which is in line with prior empirical inconsistencies regarding this relationship (see Horton 2011). In a more recent study, however, Horton & Tritch (2014) obtained a positive association between parents' psychological control and grandiose aspects of narcissism among university students, whereas monitoring and coldness were associated negatively. Thus, more research on the origins of grandiose aspects of pathological narcissism seems warranted.

Narcissistic vulnerability, but not grandiosity, was negatively associated with trait interpersonal forgiveness, in line with prior studies conducted among college students (Bresin & Gordon 2011, Sandage et al. 2016). For example, Bresin & Gordon (2011) documented a negative relation between narcissistic vulnerability and forgiveness (a facet of Agreeableness within the HEXACO model of personality) in undergraduate students, while narcissistic grandiosity and forgiveness were unrelated. Similarly, Sandage et al. (2016) showed a relation between vulnerable aspects of pathological narcissism and forgiveness, with the developmental construct of Differentiation of Self (DoS) serving as a mediator of this relationship. It seems narcissistic vulnerability is characterized by a tendency toward unforgiving responses to perceived offenses from others. Such results support Kohut's (1972) understandings of narcissism, suggesting that those high in narcissistic vulnerability may react to others with interpersonal hostility partly because they struggle to regulate feelings of interpersonal doubt, disappointment, and anger. Given the possible role of negative parenting in the development of pathological narcissism (Horton 2011), and our own findings regarding narcissistic vulnerability, we wanted to explore their complex relationship with interpersonal forgiveness.

Narcissistic vulnerability served as a full mediator of the relationship between both mothers' and fathers' negative parenting practices and interpersonal forgiveness, while controlling for the influence of depressive symptoms among psychiatric outpatients. In other words, the more negative parenting one had experienced, the more vulnerable one will be and, consequently, less eager to forgive others. It is interesting to note that negative parenting exhibited no direct effect on interpersonal forgiveness, suggesting that its role in forgiveness is significant only when it leads to the development of narcissistic vulnerability. Importantly, it seems that parenting practices of both mothers and fathers are similar in terms of their role in narcissistic vulnerability, and consequently, lack of dispositional forgiveness. Although no previous research investigated these particular relationships, several studies demonstrated the influence of positive parental styles (i.e., parental warmth and empathy) on dispositional forgiveness and empathic capacities in non-clinical youth and adult samples (Strayer & Roberts 2004, Wright et al. 2017). Given the positive effects of forgiveness on social and family relationships (Jakovljevic 2018, Jakovljevic & Tomic 2016, Maio et al. 2018) and physical health (Lee & Enright 2019), particular emphasis should be maintained on forgiving capacities among narcissistic patients seeking psychotherapeutic treatment. Indeed, Kohut saw the achievement of empathic abilities, including being less self-centered and more prone to forgiveness, as realistic goals for a successful treatment of pathological narcissism (Lieberman 2013). Moreover, facilitation of empathic capacities could promote general social well-being, as narcissism is also conceptualized as a severe moral disorder that affects not only narcissistic individuals, but also, in an ever increasing manner, the larger groups like nations (Jakovljevic et al. 2019).

The main limitation of this study stems from its cross-sectional design, where only association, and not causation, can be demonstrated. As such, the developmental and temporal connections between negative parenting, the emergence of narcissistic vulnerability, and subsequent interpersonal forgiveness could not be investigated. Additionally, all data relied exclusively on self-report measures that are potentially susceptible to socially desirable and self-deceptive responding. This is particularly true in the case of narcissism (Cooper et al. 2012), although previous research has offered some indication of accurate self-description among these individuals (Lukowitsky & Pincus 2013). Similarly, like in most prior research, findings regarding parenting practices relied exclusively on retrospective reports, leaving at least a possibility that one's pathological narcissism is related to systematic biases in the perception or memory of experienced parenting. Future studies should aim to assess parenting from multiple perspectives and with both more or less objective means (e.g., coding of interaction versus self-report), particu-

larly when investigating narcissistic traits among children and adolescents. Finally, although the original validation study (Parker et al. 1997) suggested a 3-factor solution of the MOPS (abuse, indifference, and over-control), we obtained the best fit for a 1-factor solution, in line with some of the previous work with this self-report instrument (e.g., Beshai & Parmar 2019, Silberschatz & Aafjes-van Doorn 2016). Thus, we used a composite measure of negative/dysfunctional parenting practices, which prevents us from a more detailed examination into the developmental origins of pathological narcissism (e.g., which particular types, if such even exist, of negative parenting styles contribute more to narcissistic vulnerability).

CONCLUSION

Narcissistic vulnerability seems to be more strongly related to negative parenting and interpersonal forgiveness than narcissistic grandiosity, while it also represents one of the underlying mechanisms of the negative parenting – interpersonal forgiveness relationship. The clinical implications of these findings are discussed in relation to pathological narcissism and lack of forgiveness.

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Contribution of individual authors:

Darko Marčinko: study design, literature search, data collection, manuscript revisions, approval of the final version.

Nenad Jakšić: study design, literature search, data collection, statistical analysis, first manuscript draft, manuscript revisions, approval of the final version.

Duško Rudan & Sarah Bjedov: literature search, first manuscript draft, manuscript revisions, approval of the final version.

Blaž Rebernjak: statistical analysis, manuscript revisions, approval of the final version.

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