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RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

The Moderating Role of Expressing Anger in the Relationship between Narcissistic Injury and Somatization among Individuals with High Levels of Vulnerable Narcissistic Traits

Kırılgan Narsisistik Özellikleri Yüksek Olan Bireylerde Narsisistik Yara ile Somatizasyon Arasındaki İlişkide Öfkeyi İfade Etmenin Düzenleyici Rolü

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Abstract:

The vulnerable narcissistic self involves heightened sensitivity to others' emotions, shame linked to grandiose fantasies, and reactivity to rejection. When self-worth dependent on external validation is threatened, narcissistic injury triggers intense anger, which, if not verbally expressed, may manifest through bodily channels and reinforce somatization. This study aimed to examine the moderating role of outward anger expression in the relationship between narcissistic injury and somatization among individuals with high levels of vulnerable narcissistic traits. The sample consisted of 473 individuals living in Istanbul (303 women, 64.10%; 170 men, 35.90%). Participants completed a sociodemographic form, the Vulnerable Narcissism Scale (VNS), the Childhood Trauma Questionnaire (CTQ), the Trait Anger and Anger Expression Styles Scale (TAAESS), and the Somatization Scale (SS). Data were analyzed using SPSS 25. Findings indicated that outward anger expression did not moderate the relationship between narcissistic injury and somatization symptoms, but did play a moderating role in the association between vulnerable narcissistic traits and somatization symptoms. These results suggest that vulnerable narcissism is closely associated with suppressed anger. The inability to express anger verbally may manifest as bodily symptoms reflecting narcissistic injury. The findings emphasize the significance of anger expression styles in understanding the link between vulnerable narcissism and psychosomatic processes and highlight the potential protective role of strengthening anger regulation skills in clinical practice.

Keywords: Vulnerable narcissism, Narcissistic injury, Anger expression, Somatization.

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Öz:

Kırılgan narsisistik kendilik, ötekilerin duygu ve düşüncelerine karşı aşırı hassasiyet, büyüklenmeci fantezilere eşlik eden utanç, alınganlık, öfke ve reddedilme ile eleştiriye karşı duyarlılıkla karakterizedir. Bu yapı, dışsal onaya bağımlı benlik değerinin tehdit edildiği durumlarda narsisistik yaralanmalara yol açmakta, bu yaralanmalar da yoğun öfke duygusunu tetiklemektedir. Sözel olarak ifade edilemeyen öfkenin bedensel yolla dışa vurulması somatizasyon süreçlerini güçlendirebilmektedir. Bu doğrultuda araştırmanın amacı, kırılgan narsisistik özellikleri yüksek bireylerde narsisistik yaralanma ile somatizasyon arasındaki ilişkide öfkeyi dışa ifade etmenin düzenleyici rolünün incelenmesidir. Araştırmanın örneklemi, İstanbul ilinde yaşayan 303 kadın (%64,10) ve 170 erkek (%35,90) olmak üzere toplam 473 bireyden oluşmaktadır. Katılımcılara araştırmacı tarafından hazırlanan sosyodemografik veri formu ile Kırılgan Narsisizm Ölçeği (KNÖ), Çocukluk Çağı Travmaları Ölçeği (ÇÇTÖ), Sürekli Öfke ve Öfke Tarzları Ölçeği (SÖÖTÖ) ve Somatizasyon Ölçeği (SÖ) uygulanmış, elde edilen veriler SPSS 25 programı ile analiz edilmiştir. Elde edilen bulgular sonucunda, kırılgan narsisistik özellikleri yüksek bireylerde narsisistik yaralanma ve somatizasyon belirtileri arasındaki ilişkide öfkeyi dışa ifade etmenin düzenleyici rolü olmadığı; ancak bireylerin kırılgan narsisistik özellikleri ile somatizasyon belirtileri arasındaki ilişkide öfkeyi dışa ifade etmelerinin düzenleyici rolü olduğu belirlenmiştir. Bu bulgular, kırılgan narsisizmin bastırılmış öfke deneyimleriyle yakından ilişkili olduğunu göstermektedir. Sözel olarak ifade edilemeyen öfkenin bedensel belirtiler aracılığıyla dışa vurulması, narsisistik yaralanmaların somatik yansımalarına işaret etmektedir. Bulgular, kırılgan narsisistik yapının psikosomatik süreçlerle etkileşimini anlamada öfke dışavurumu biçimlerinin önemini vurgulamakta ve klinik uygulamalarda öfke düzenleme becerilerine odaklanmanın koruyucu bir rol oynayabileceğini göstermektedir.

Anahtar Kelimeler: Kırılgan narsisizm, Narsisistik yaralanma, Öfkeyi ifade etme, Somatizasyon.

Introduction

Kohut (2020b) states that the first stage of the pattern that leads to the development of pathological narcissism is the trauma coming from the mother, while the second stage involves attempting to repeat the desired perfect self-object through the father, and then experiencing a traumatic loss of the idealized object or having the idealized object traumatize the self. In this process, optimal injuries shape the foundation of realism, whereas traumatic narcissistic injuries lead to the formation of the narcissistic self. Since childhood traumas cause narcissistic injuries in individuals, this study focuses on traumatic experiences encountered during childhood—such as emotional, physical, and sexual abuse, neglect, and patterns of family dysfunction—that can influence the development of narcissistic structure (Zamostny, Slyter, and Rios, 1993). It is accepted that narcissistic injury occurs particularly during early periods when the individual's self-worth perception is developing, especially as a result of inconsistent, neglectful, abusive, or demeaning attitudes from caregivers (Yakeley, 2018).

Individuals exhibiting fragile narcissistic traits are seen as modest, sensitive, stressed, experiencing intense feelings of inadequacy and a sense of worthlessness when not accepted, having low self-confidence and self-esteem, difficulty regulating emotions, lacking empathy in relationships, and being overly demanding. They strive to receive positive feedback from others and withdraw when they do not. Despite appearing shy and introverted, they harbor grandiose fantasies that are neither accepted nor rejected, leading to a fear of rejection. This fear manifests as shyness, stemming from their grandiosity. Such shy attitudes can prevent fragile narcissistic individuals from expressing feelings of anger. Therefore, it is thought that fragile narcissism is related to the suppression of anger.

Özmen (2006) defines individuals' expectations of being appreciated, accepted, liked, and loved by others as narcissistic needs. People whose main desire and need is to be recognized and accepted by others, believing they are entitled to such value, engage in actions to fulfill this need. Those who cannot satisfy the needs they wish to meet through these actions experience narcissistic injury (Karaaziz and Atak, 2013). Due to their hypersensitivity to rejection and criticism, vulnerable narcissistic individuals may suppress their negative emotions, such as anger, and express them through somatic symptoms (somatization) instead of directly expressing them (Pincus et al., 2014; Kealy, Rice, Ogrodniczuk, and Cox, 2018). Based on this information, it is thought that expressing anger in vulnerable narcissistic individuals is effective on the somatic symptoms they experience.

Köknel (1982) defines anger as an emotion that distresses an individual when faced with an undesirable situation or a perceived threat. The primary underlying reason for fragile narcissistic individuals responding with anger in interpersonal relationships is to restore their diminished self-esteem when encountering situations they perceive as threats to their self-esteem. This also indicates that anger serves as a mechanism for adaptation in fragile narcissism (Velotti, Rogier, and Sarlo, 2020). Additionally, the fulfillment of narcissistic needs believed to be deserved can also provoke anger and lead to aggressive behaviors (Okada, 2010). In light of this information, it is thought that there is a relationship between narcissistic injury and anger.

Individuals who use the defense mechanism of somatization, which involves expressing tensions arising from psychological and emotional processes in the body without any medical explanation, are those who cannot define, symbolize, or express these feelings (Öztürk and Uluşahin, 2015). In this context, somatization is considered one of the main psychodynamic processes, as unexpressed internal conflicts are indirectly expressed through physical symptoms (Busch, 2014). DuPen and colleagues (2016) stated that negative parental attitudes reinforce somatization. The negative parental attitudes underlying the development of narcissistic self are thought to be related to these two concepts. Problems in perceiving and understanding the inner worlds of the self and others,

caused by the limited mentalization skills of vulnerable narcissistic individuals, lead to somatic symptoms (Sever, 2018). The inability to mentalize, symbolize, and express the anger that accompanies narcissistic injury and low self-esteem experienced by vulnerable narcissistic individuals manifests again as physical symptoms directed at the person themselves. Therefore, the expression of anger in vulnerable narcissistic individuals may play a critical role in the emergence of somatic symptoms.

Anger has been conceptualized as a moderating variable reflecting individual differences rather than a direct mediating variable in the relationship between narcissistic injury and somatization. This is because the way anger is expressed can vary depending on the individual's coping style developed in response to narcissistic injury. In some individuals, anger is expressed openly. While reducing emotional tension can weaken the emergence of somatic symptoms, in some individuals, suppressing anger or redirecting it inward can strengthen physical complaints. Therefore, it has been hypothesized that anger may play a regulatory role, altering the direction and intensity of the relationship between fragile narcissism and somatization (Kovačić Petrović, Peraica, and Kozarić-Koščačić, 2019).

Purpose of the Research

This study aims to examine the moderating role of anger expression in the relationship between narcissistic injury and somatization in individuals with high vulnerable narcissistic traits. This research aims to reveal that somatic complaints observed in individuals with fragile narcissism may be related not only to physiological factors but also to the unexpression of anger. It is expected that this study will contribute to individuals' understanding of their physical complaints from both economic and psychological perspectives. The economic dimension encompasses financial losses from frequent healthcare visits; the psychological dimension involves emotional exhaustion stemming from the inability to interpret these symptoms. Additionally, identifying psychological factors that may lead to unnecessary visits to healthcare facilities could improve the functioning of the healthcare system. Indirectly, explaining these relationships can lead to a better understanding of the psychological processes that may cause individuals to be absent from the workforce for extended periods, thereby laying the groundwork for contributing to the national economy. In this regard, the study is considered to have significant societal benefits, and its unique contribution aims to fill a gap in the existing literature.

Method

This study was approved by the Ethics Committee of Istanbul Aydın University for Social and Human Sciences (08/03/2023-2023/07). Informed consent forms and scales were collected online.

Research Model

This research is a cross-sectional study conducted in a correlational screening model to test the predictive effect of vulnerable narcissism and narcissistic injury on somatization, as well as the moderating role of expressing anger in this effect. The relational diagram of the study variables is shown in Figures 1 and 2.

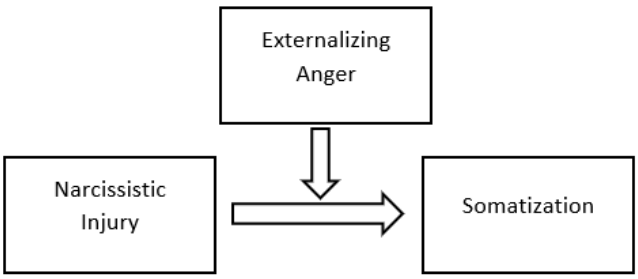

Figure 1. *Research model*

As shown in Figure 1, individuals with low vulnerable narcissistic traits were not included in the analyses conducted to determine the regulatory role of outwardly expressing anger in the relationship between narcissistic injury and somatization.

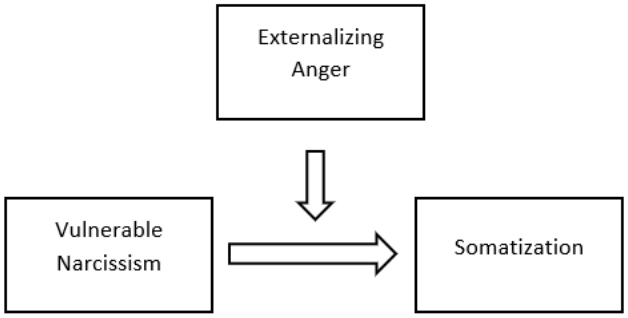

Figure 2. *Regulatory variable model*

The procedures used to determine the regulatory role of outward anger expression in the relationship between fragile narcissism and somatization, as shown in Figure 2, were conducted with all study participants.

Population and Sample

The study population consists of individuals aged 18-69 in Turkey. The sample is a non-probability convenience sample. The sample comprises 473 individuals living in Turkey, including 303 women and 170 men. Of the sample, 64.1% are women (n=303) and 35.9% are men (n=170); 31.5% have a high school diploma, an associate degree, or a vocational school education (n=149); 51.4% (n=243) are college graduates; and 17.1% (n=81) have postgraduate degrees.

Data Collection Tools

Sociodemographic Data Form

The sociodemographic data form prepared by the researcher includes questions on gender, age, education level, and psychiatric and physical illnesses.

Vulnerable Narcissism Scale (VNS)

The 5-point Likert-type fragile narcissism scale developed by Hendin and Cheek (1997) consists of 8 items (short form) and 10 items (long form). In its original form, the scale's Cronbach's alpha coefficient ranged from .62 to .75 (Hendin and Cheek, 1997). The Turkish studies of the scale were conducted by Şengül and colleagues (2015). In the Turkish adaptation studies, the Cronbach's alpha coefficient was found to be .66. As part of the validity and reliability studies in Turkish, two items from the original scale were removed because they did not fit the factor structure of the scale. As a result, the 8-item scale comprises a single dimension, hypersensitivity. In this study, Cronbach's alpha was .61.

Childhood Trauma Scale (CTS)

The Childhood Trauma Scale, initially developed with 70 items and later reduced to 53, was further shortened by the authors to 28 items and is a 5-point Likert-type scale used to identify experiences of abuse and neglect during childhood (Bernstein, Fink, Handelsman, & Foote, 1994). In its original form, the scale's Cronbach's Alpha ranged from .79 to .94, and test-retest reliability was .88. The scale consists of five dimensions: emotional, physical, and sexual abuse, as well as emotional and physical neglect. Turkish studies of the scale were conducted by Şar, Öztürk, and İkikardeş (2012). In the Turkish adaptation studies, the Cronbach's Alpha coefficient was .93, and the Gutmann reliability coefficient was .97. In this study, the Cronbach's Alpha coefficient was .88.

Somatization Scale (SC)

The scale developed by Hathaway and McKinley (1943) screens for somatic symptoms in individuals (Akt. Dülgerler, 2000). Validity and reliability studies in Turkish were conducted by Dülgerler (2000). The scale consists of 33 items. The reliability study of the scale yielded a Kuder-Richardson-20 internal consistency coefficient of .83. In this study, Cronbach's alpha was .88.

Constant Anger and Anger Expression Style Scale (CAAES)

The Continuous Anger and Anger Styles Scale, developed by Spielberger and colleagues (1983), consists of 34 items on a 4-point Likert-type scale. The scale's subdimensions are divided into four: persistent anger, suppressing anger, outward expression of anger, and anger control (Akt. Özer, 1994). Turkish adaptation studies were conducted by Özer (1994). The Cronbach's alpha coefficients for the scales are reported to range between .67 and .92 for the persistent anger scale, between .58 and .76 for the anger suppression scale, between .69 and .91 for the outward expression of anger scale, and between .80 and .90 for the anger control scale (Özer, 1994). In this study, Cronbach's alpha coefficients were .86 for persistent anger, .74 for inward anger, .84 for outward anger, and .89 for anger control.

Data Analysis

The online data were analyzed using SPSS 25. Skewness and kurtosis values within the range of -3 to +3 indicate that the distributions are normal (Kalaycı, 2010). Normality analysis determined that the data follow a normal distribution. Pearson correlation coefficient analysis and moderator variable analysis were used. Through Pearson correlation coefficient analysis, the linear relationships between vulnerable narcissism, narcissistic injury, outward expression of anger, and somatization were examined. The moderator variable analysis tested two separate models: one to assess the moderating role of outward expression of anger in the relationship between narcissistic injury and somatization in individuals with high vulnerable narcissistic traits, and another to examine the moderating role of outward expression of anger in the relationship between vulnerable narcissism and somatization. In these analyses, Hayes' PROCESS macro (Model 1) was used. The reference p-value in the study is .05, and the confidence interval is 95%.

Findings

Table 1. *Descriptive statistical values of the variables*

Variables	n	Min.	Max.	Mean	SD	Skewness	Kurtosis
Age	473	18.00	69.00	35.71	11.88	.36	-.84
Vulnerable Narcissism	473	8.00	36.00	21.50	4.73	.09	.09
Somatizasyon	473	.00	32.00	10.84	6.65	.61	-.38
Externalizing Anger	473	9.00	32.00	16.29	4.54	.96	1.00
Narcissistic Injury	473	35.00	88.00	48.61	10.06	1.46	2.30

Table 1 presents the descriptive statistical values of age, vulnerable narcissism, somatization, outward anger, and narcissistic injury variables.

Table 2. *Pearson correlation coefficient analysis of relationships between variables*

Variables	n	Mean	SD	1	2	3	4
1. VNS	473	21.50	4.73	-			
2.SS	473	10.84	6.65	**.22*****	-		
3. EA	473	16.29	4.54	**.31*****	**.20*****	-	
4.NA	473	48.61	10.06	**.25*****	**.40*****	**.21*****	-

"VNS = Vulnerable Narcissism Scale, SS = Somatization Scale, EA = Externalizing Anger, and NI = Narcissistic Injury."***p<0.00.

There is a significant positive relationship between participants' vulnerable narcissism traits and somatization (r=.22, p<.001), outward expression of anger (r=.31, p<.001), and narcissistic wounds (r=.25, p<.001). Accordingly, it can be concluded that as participants' vulnerable narcissistic traits increase, their somatizations, outward expression of anger, and narcissistic wounds also increase.

There is a significant positive relationship between participants' somatizations and outward expression of anger (r=.20, p<.001) and narcissistic wounds (r=.40, p<.001). Therefore, it can be concluded that as participants' somatizations increase, their outward expression of anger and narcissistic wounds also increase. There is a significant positive relationship between participants' outward expression of anger and narcissistic wounds (r=.21, p<.001). It can be concluded that as participants' narcissistic wounds increase, their outward expression of anger also increases.

In individuals with high vulnerable narcissism traits, a moderation analysis was conducted to examine the regulatory role of outward expression of anger in the relationship between narcissistic wounds and somatization. When examining the results, it is observed that there is no significant combined effect of narcissistic wounds and outward expression of anger on somatization in individuals with high vulnerable narcissism traits (B=-.00, t=-.21, p>.05, 95% CI [-.020-.016]). In other words, outward expression of anger does not have a moderating role in the effect of narcissistic wounds on somatization in individuals with high vulnerable narcissism traits.

Table 3. *Moderation analysis regarding the moderating role of Externalizing Anger in the relationship between Vulnerable Narcissism and Somatization*

Variable	B	SE	t	p	%95 Cl		R^2	$F_{(3-469)}$
					Low	High		
(Constant)	-6.76	4.43	-1.53	.128	-15.465	1.945		
V.N.	.65	.20	3.22	.001**	.252	1.044		
E.A.	.76	.26	2.86	.004**	.238	1.280		
V.N.*E.A.	-.02	.01	-2.12	.035*	-.047	-.002		
Model				.000***			.077	13.05

N.I. = Narcissistic Injury, E.A. = Externalizing Anger.
***p<0.001.

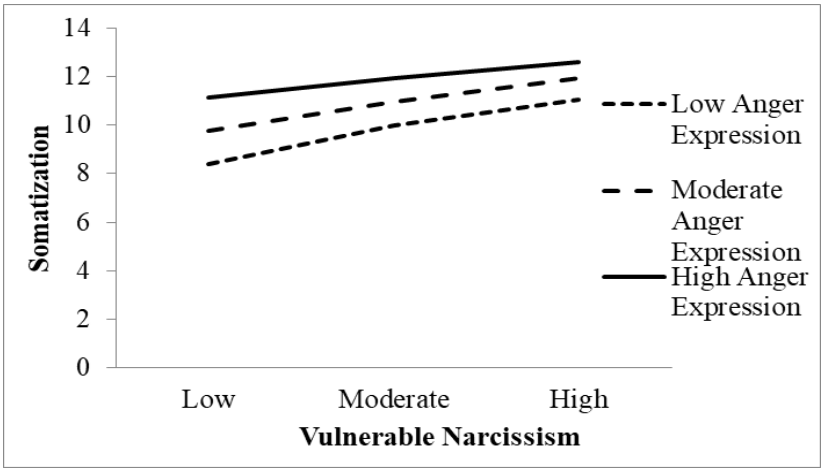

Figure 3. *The moderating effect of Expressing Anger in the relationship between Vulnerable Narcissism and Somatization*

A regulatory variable analysis based on regression analysis was conducted to examine the moderating role of outward expression of anger in the relationship between vulnerable narcissism and somatization. When Table 4 is examined, it is evident that the combined effect of vulnerable narcissism and the outward expression of anger on somatization is significant (B =- .02, t = -2.12, p < .05, 95% CI = [-.047, -.002]). In other words, outward expression of anger has a moderating role in the effect of vulnerable narcissism on somatization. Participants with low, medium, and high vulnerable narcissism scores who expressed anger at a high level had significantly higher somatization scores than those who expressed anger at a medium or low level. Additionally, in conditions where participants had low, medium, and high vulnerable narcissism scores, those who expressed anger at a medium level had somatization scores significantly higher than those who expressed anger at a low level. The somatization scores of participants vary according to their levels of outward expression of anger and differ based on their vulnerable narcissism levels. Participants with low vulnerable narcissism scores who expressed anger at low, medium, and high levels had somatization scores that were significantly lower than those of the group with high vulnerable narcissism scores who expressed anger at low, medium, and high levels.

Discussion

The findings indicate a positive and significant relationship between vulnerable narcissism and somatic symptoms. Vulnerable narcissism reflects low self-esteem (Miller and Maples, 2011). The narcissistic injury and low self-esteem experienced by vulnerable narcissistic individuals, along with the lack of proper symbolization and expression of their anger, lead to the anger being directed back at the individual and manifesting as physical symptoms (Ronningstam, 2005; Sever, 2018). In narcissistic personality disorder, issues with self-regulation caused by weak development of the self also bring about somatization, psychosocial problems, and health issues (Kealy et al., 2017; Wright et al., 2017). Krystal (1998) also stated that these self-regulation difficulties, stemming from emotional and traumatic life events, could lead to somatization. It has been suggested that somatization also protects the individual by preventing awareness of narcissistic injuries and deficiencies. Kealy and colleagues (2018... It has been stated that narcissistic personality disorder's distorted self-images increase physical sensitivity, manifesting as physical symptoms, and that individuals are excessively preoccupied with these physical issues. When reviewing the literature, it is observed that studies aligned with research findings report a positive relationship between pathological narcissism and somatic symptoms (Miller et al., 2013; Kealy, Tsai, and Ogrodniczuk, 2016).

A significant positive relationship has been identified between vulnerable narcissism and outwardly expressing anger. The reason for this result is thought to be that individuals with vulnerable narcissism, who are highly sensitive to criticism, acceptance, and approval from others, may express anger to seek this approval, which increases the likelihood of not receiving it, and suppressing this anger along with narcissistic fantasies, leading to feelings of shame associated with narcissistic wounds and grandiose fantasies (Cain, Pincus, and Ansell, 2008). When reviewing the literature, different findings are seen regarding the relationship between vulnerable narcissism and expressing anger. For vulnerable narcissistic individuals, anger used as a way to cope with internalized criticism and decreasing self-esteem may manifest as suppressed, hesitant, and avoidant behaviors to avoid experiencing this emotional difficulty in relationships (Salmivalli, 2001). This also causes vulnerable narcissistic individuals to adopt a position of hiding themselves and not expressing their feelings (Théberge and Garmache, 2023). Supporting this, Şenyuva and Yavuz (2024) reported a significant and positive relationship between narcissistic traits and the tendency to hide oneself. The failure of vulnerable narcissistic individuals to express their feelings leads to internal unrest and emotional problems. The reflection of grandiose fantasies they harbor, along with their tendency not to express their feelings, creates emotional entrapment, resulting in guilt, shame, and outbursts of anger (Miller and Maples, 2011). When vulnerable narcissistic individuals, who are overly sensitive to failure and criticism, encounter negative feedback from others, they may react with anger (Masterson, 1990). Okada (2010) conducted a study indicating that vulnerable narcissism predicts anger and aggression. An important positive relationship has been identified between outward expression of anger and somatic symptoms. However, contrary to this finding, some studies report that suppressing anger is related to somatization (Kellner, Hernandez, and Pathak, 1992; Liu, Cohen, Schulz, and Waldinger, 2011). Individuals who have difficulty appropriately expressing and regulating anger tend to do so through physical symptoms (Koh et al., 2008). Koh and Park (2008) supported these findings in their study. These findings indicate that as individuals express anger more frequently, their somatic symptoms also increase. In vulnerable narcissistic individuals, the element that triggers anger is narcissistic injuries. In this context, it is thought that the positive relationship between the expression of anger and somatization is not only due to expressing or suppressing anger but also because of the presence of anger itself, meaning that even if anger is expressed, it still originates from being angry (Koh, Kim, Kim, and Park, 2005). It has been determined that in individuals with highly vulnerable narcissistic traits, the relationship between narcissistic injury and somatization does not involve the regulating role of outwardly expressing anger. Feelings of shame related to their grandiose fantasies lead vulnerable narcissists to hide these fantasies. While they feel shame on one hand and have grandiose fantasies on the other, they experience intense anger when they suffer narcissistic injuries (Freis, Brown, Carroll, and Arşkin, 2015). This anger, which emerges as a result of narcissistic injuries, can manifest as outbursts of anger or be experienced as somatic symptoms through repression (Koh et al., 2005). The reason why expressing anger does not have a regulating role in the relationship between narcissistic injury and somatic symptoms within the scope of the research is thought to be the shame experienced regarding their grandiose fantasies (Kohut, 2020a). Since shame related to grandiose fantasies causes vulnerable narcissistic individuals to remain in a state of emotional isolation (Loeffler, Huebben, Radke, Habel, and Derntl, 2020). It is thought that the shame felt by vulnerable narcissists, caught between anger and shame, explains this finding, regardless of whether they express anger or not, as it stems from the shame they feel about their grandiose fantasies (van Schie, Jarman, Reis,

and Grenyer, 2021). Although shame prevents the expression of anger, its presence remains evident. In cases where shame does not outweigh anger and anger outbursts occur, criticisms from others, rejection, lack of appreciation, and disapproval—factors very important to vulnerable narcissists—are experienced (Pincus and Luškowitsky, 2010). In such cases, shame increases even further. Additionally, as Green and Charles (2019) noted, the tendency of narcissistic injury to lead to decreased self-esteem and the resulting fear of not regulating this decrease may cause individuals to express anger in passive-aggressive, sulky ways. Considering these points, the research results suggest that in the relationship between narcissistic injury and Somatization... The reason for the findings is that there is no regulatory role of anger in expression; it is thought to be due to the exclusion of feelings of shame from the analysis, the concern of not repeatedly increasing self-esteem, and the somatization of fragile narcissistic individuals and narcissistic wounds, which are perceived as a flaw in their 'perfect selves,' along with grandiose fantasies. These individuals often try to cope with this uncomfortable situation using defense mechanisms such as repression and denial (Given-Wilson et al., 2011; Loeffler et al., 2020).

The findings suggest that there is a regulatory role of outwardly expressing anger in the relationship between fragile narcissism and somatic symptoms. This research finding is consistent with studies in the literature regarding the relationship between fragile narcissism and somatization. It is known that fragile narcissism can predispose individuals to bodily complaints (Kealy et al., 2016). It has been suggested that pathological narcissism affects somatic symptoms indirectly, not directly, but through hypersensitivity to bodily sensations (Kealy et al., 2018). This also indicates that narcissism may be related to somatization. Similarly, in a clinical sample, women with high levels of narcissistic fragility were observed to report more somatic symptoms (Kealy et al., 2016). However, there are also contrary results in the literature. Ha (2014), in a study with adolescents, found that outward expression of anger had no significant effect on the relationship between depression and somatization; instead, inward-directed anger played a decisive role in this relationship. In an adult clinical sample, outward expression of anger was positively associated with the severity of certain physical symptoms. In contrast, in somatoform disorder patients, neither anger expression nor suppression showed a significant relationship with somatic symptoms (Koh & Park, 2008). These findings suggest that the protective effect of anger expression may not be consistent in all conditions and could vary depending on attachment and sampling. As a result of the research, it is concluded that the regulatory role of expressing anger in the relationship between fragile narcissism and somatization is because anger directed at the body, stemming from the limited mentalization skills of individuals with fragile narcissism, causes somatization (Ronningstam, 2005; Sever, 2018). Theoretically, fragile narcissism is based on a sensitive and unstable self-perception and hypersensitivity to criticism, which is why intense feelings of anger and shame emerge when narcissistic injury occurs (Zajenkowski, Rogoza, Maciantowicz, Witowska, & Jonason, 2021). Psychoanalytic theory suggests that repressed anger and aggressive impulses can manifest as somatic symptoms. It is noteworthy that fragile narcissistic Individuals... are described as having difficulty openly expressing their anger and instead directing this feeling toward their own bodies; it is suggested that they may try to compensate for the guilt caused by aggressive desires through physical complaints (Ince and Kökrek, 2024). From this perspective, it can be argued that outwardly expressing anger provides a form of emotional catharsis, reducing internal tension and thereby weakening the connection between narcissistic vulnerability and somatization. Indeed, it has also been emphasized that a healthier expression of anger can reduce unexplained physical complaints (Liu et al., 2011). Consequently, in individuals with fragile narcissism, constructive outward expression of anger is thought to play a regulatory role by alleviating stress reflected in somatic symptoms. These findings reveal that expressing anger is a regulatory variable in the somatization processes of fragile narcissism, offering a unique contribution to the psychosomatic explanations of narcissistic dynamics.

Limitations

The research has some methodological and conceptual limitations. The absence of a comparative examination between individuals with and without fragile narcissism and somatization diagnoses limits the generalizability of the findings to different clinical groups. Measuring narcissistic injury solely through childhood traumas has led to neglecting narcissistic injury experiences that may occur in adulthood. Additionally, not evaluating the expression of anger in individuals experiencing narcissistic injury and those with highly fragile narcissistic traits through an experimental pattern prevents causal testing of the relationships between variables. The use of self-report-based data collection tools introduces the possibility of subjective bias and social desirability effects in participant responses. The cross-sectional and correlational survey design also limits causal inference about relationships among variables. The exclusion of the shame variable from the model narrows its scope by omitting one of the emotional components of fragile narcissism. The use of convenience sampling reduces the generalizability of the findings, and the low Cronbach's alpha (.61) for the Fragile Narcissism Scale (FNS) further limits the scale's internal consistency.

Recommendations

In future research, employing experimental or longitudinal study designs could contribute to a better understanding of the causal direction of relationships between variables. Additionally, models that include variables such as shame and mentalization could provide a more comprehensive examination of the emotional regulation processes in fragile narcissism. Supporting self-report measures with clinical diagnosis or observation-based methods may also enhance the validity of the findings. It is thought to strengthen generalizability.

Declarations

Ethical Approval and Consent to Participate

The study was approved by the Ethics Committee of Istanbul Aydın University for Social and Human Sciences (03.08.2023- 2023/07).

Publication Permission

Not applicable.

Availability of Data and Materials

Not applicable.

Conflict of Interest

The authors declare no conflict of interest.

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ÖÖ prepared the entire article.

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