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Exploring Narcissism in Suicidal Ideation Using the Italian Version of the Guilt and Shame Proneness Scale

ABSTRACT

Objective: Several theoretical and clinical observations lead to the hypothesis that pathological narcissism could be associated with suicide ideation due to the difficulty in regulating shame in a functional way. The present study investigated the roles of guilt, shame and rivalry in the relationship between pathological narcissism and suicidal ideation.

Methods: A set of self-report questionnaires was completed by a sample of 936 Italian adults. These included the Italian version of the Guilt and Shame Proneness (GASP) scale, the Pathological Narcissism Inventory, the Beck Scale for Suicidal Ideation, and the Narcissism Admiration and Rivalry Questionnaire.

Results: A structural equation model that tested the factorial structure of the GASP and its invariance produced satisfactory results. Moreover, shame was a significant factor in the relationship between narcissism grandiosity and suicidal ideation. However, beta regression coefficients were low.

Conclusion: These findings suggest that despite clinicians should consider the presence of suicidal ideation in patients with pathological narcissism and their maladaptive regulation of shame, the relationship between these variables is complex and deserve further investigation.

Keywords: Emotion regulation, personality disorders, suicidality

Introduction

The relationship between suicidality and narcissism is still poorly understood, with the preliminary results being discordant.[1,2] Narcissistic implications in suicidality include the illusion of invulnerability, an aggressive attitude of control, and the desire to attack an imperfect self.[3,4] Suicidal ideation in individuals with high levels of pathological narcissism would therefore support the illusion of controlling death, or of protecting against narcissistic wounds.[5]

Recent reports have highlighted the importance of not considering pathological narcissism as a unitary construct. Instead, it can be divided into core facets (e.g., grandiose and vulnerable) that relate differently to several aspects of psychological functioning,[6,7] including suicidal ideation and its correlates.

In grandiose narcissism that is characterized by arrogance, domineering, and conceited attitudes,[8] suicidal ideation results from an attempt to demonstrate superiority in the ability to control decisive life events. Suicidal ideation may also result from denial and rationalization mechanisms that defend against ego-threatening interpersonal situations. In this regard, grandiose fantasies distinguish suicide from its true meaning of death and annihilation by attributing alternative meanings to suicidal conduct.[5] As already highlighted by some authors, grandiose narcissism could therefore lead to suicide ideation because of the need to maintain a high level of self-esteem, as well as the difficulty in regulating negative emotions that arise in ego-threatening contexts.[9,10]

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Studies have also shown that the vulnerable self, as characterized by hypersensitivity, high personal standards, and a tendency to repress negative emotions, is associated with an excessive search for positive self-representation aimed at restoring self-esteem. On the one hand, this can function as a protective factor. However, in the presence of negative interpersonal feedback and a disunion from ideal self-representations, the generation of shame, anger and aggression can be directed toward the self, leading to suicidal crises.[10] Indeed, a regression in ego functioning occurs when this dynamic is activated, with suicidality being a means of escaping from painful shame.[10,11]

Research findings on the relationship between narcissism and suicidal ideation support a different role for these facets. Jaksic et al[11] reported that vulnerable narcissism shows a strong association with shame and suicidal ideation. However, this contrasts with the results of other studies that found no significant association between narcissism grandiosity and suicidal ideation.[12,13] Because of this disagreement on the association between grandiose narcissism and suicidal ideation,[14] further empirical investigation is needed into the potentially protective role of an exaggerated sense of superiority and grandiose fantasy. A further complication is that suicidality may result from the oscillation between grandiose and vulnerable mental states associated with the emotional dysregulation that characterizes pathological narcissism.[12] Nevertheless, the observed association between narcissistic vulnerability and suicidal ideation suggests that sensitive individuals who are vulnerable to the unmet needs of recognition and admiration have a higher risk of experiencing suicidal thoughts. However, several questions remain regarding the relationship between suicidal ideation and narcissistic grandiosity, as well as the variables that link them.

Roles of Shame and Guilt

As mentioned above, theoretical explanations of the relationship between narcissism and suicidality include the difficulty of regulating specific negative emotions.[12,15] Shame and guilt are powerful and aversive self-conscious emotions that underlie suicidal ideation,[16,17] thus explaining the process by which narcissism leads to suicidality. These emotions include self-perceptions of being worthless, trapped, or hopeless, and of being socially disconnected, remorseful, and burdensome for others.[18]

The role of shame in suicide has been widely investigated and is often positively correlated with psychological symptoms including anger and aggression,[19] personality disorders,[20] anxiety disorders,[21] posttraumatic stress disorder,[22] and self-injurious behaviors.[23] Shame has also been described as a central emotion in narcissistic personality disorder,[24] and as a prominent feature of narcissistic vulnerability.[25] When ego injuries become unbearable, narcissistic vulnerability may lead to suicidality through deterioration of the grandiose self-image characterized by intense feeling of shame.[7]

MAIN POINTS

- *The Italian version of the Guilt and Shame Proneness Scale has good psychometric properties.*
- *Pathological narcissism is related to suicidal ideation.*
- *Under specific conditions, shame regulation accounts for the link between narcissism and suicidal ideation.*

Beyond the proneness to shame, the manner in which an individual reacts to shame can predict the relevant psychological outcome.[26] A common strategy used to regulate feelings of shame consists of withdrawing from interpersonal interactions.[27] This avoidance strategy is well described in the classification by Nathanson[28] and is associated with depressive feelings of loneliness.[27]

Several studies have stated that guilt is often associated with specific behaviors or social transgressions that are inconsistent with the internalized moral standards.[29] Given that guilt underlies the motivation to repair a wrong, apologize, admit one's own mistake, and increase empathy, it is considered a prosocial emotion. Guilt has been highlighted in the literature as a protective factor for different types of maladaptive behaviors, such as criminal offense and substance use.[30] However, high levels of guilt are maladaptive, especially when associated with rumination or when combined with feelings of shame.[31] In some circumstances guilt may become pathogenic, as shown by reports that pro-social behaviors resulting from excessive empathic concern can lead to self-sabotaging behavior and psychological problems.[32,33] In contrast, other research found that guilt was not related to either suicidal ideation or to previous suicide attempts.[34] Moreover, when controlled by the effect of shame, the propensity for guilt was not related or was only slightly negatively related to suicidal ideation.[16] However, the study of guilt in relation to suicidality has been hampered by the lack of appropriate tools that take into account the complexity of the construct. Recently, a new instrument was developed to assess guilt and shame in a multidimensional way,[35] thus opening new research possibilities in this field.

In summary, despite the increased attention paid to suicidality and narcissism over the past few years, several questions still need to be answered. The aim of this study was therefore to investigate the relationship between these 2 constructs, with a particular focus on the role of guilt and shame in the relationship. We hypothesized that both grandiose and vulnerable narcissism are related to suicidal ideation, and that maladaptive strategies for regulating shame but not guilt could at least partially explain these relationships.

Material and Methods

Participants and Procedures

The study sample was comprised of 936 subjects, with a mean age of 30.24 (Standard Deviation [SD] = 12.79) years and with 67% (n = 627) of participants being female. Data were collected online for 1 month during the time of the pandemic emergency, but without the lockdown obligation. Subjects were invited to participate in a digital survey promoted throughout social media and amongst students enrolled in psychology courses. Prior to the start of the study, information was given regarding anonymity and privacy, and participants provided written informed consent. The study was approved by Ethics Committee of Sapienza University of Rome (Protocol number: 0000593; Date: April 11, 2022).

Measures

Demographic information was obtained using an initial ad hoc questionnaire specifically created for the study. Data were collected for age, gender, education level, income level, and relationship status.

The Pathological Narcissism Inventory (PNI)[6,14] is a 52-item, self-report questionnaire rated on a 6-point Likert scale. The subjects

indicate how aptly each affirmation describes themselves, ranging from 1 ("It does not describe me at all") to 6 ("It describes me perfectly"). The PNI is composed of 7 subscales: Exploitative, Entitlement Rage, Grandiose Fantasy, Self-Sacrificing, Self-Enhancement, Contingent Self-Esteem, Devaluing and Hiding the Self. The first 4 subscales are used to calculate the score for grandiose narcissism, while the last 3 are used to estimate vulnerable narcissism. The psychometric properties of the Italian version of PNI are similar to the original. Cronbach's alpha in the present study ranged from .77 (PNI Exploitative) to .94 (PNI Vulnerability), thus indicating good reliability.

The Beck Scale for Suicidal Ideation (BSS)[36] is a 21-item self-report measure of the intensity of suicide-related thoughts during the preceding week. The items include suicidal thoughts, behaviors, plans, and intent, thus making it a comprehensive measure of current ideation. Scores from the 3-point rating scale (0, 1, and 2) are summed to provide a total score ranging from 0 to 38. This is obtained by adding the scores for each of the first 19 items. The Beck Scale for Suicidal Ideation demonstrated good internal consistency in the current study, with $\alpha = .78$.

The Narcissistic Admiration and Rivalry Questionnaire (NARQ)[37,38] is an 18-item self-report that assesses the agentic (admiration) and antagonistic (rivalry) parts of grandiose narcissism on a 6-point scale ranging from 1 ("Not agree at all") to 6 ("Agree completely"). Each dimension is composed of 3 subscales that cover the affective–motivational, cognitive, and behavioral processes of narcissists. The admiration dimension is composed of "grandiosity", "strive for uniqueness", and "charmingness". A typical item reads "Being a very special person gives me a lot of strength". The rivalry dimension consists of the subscales of "devaluation", "strive for supremacy", and "aggressiveness". A typical item reads "I want my rivals to fail". The Cronbach's alpha value in this study was .87 for admiration and .87 for rivalry.

Guilt and Shame Proneness (GASP)[35] is a 16-item self-report tool with a 7-point Likert scale ranging from 1 (very unlikely) to 7 (very likely). The subject rates the likelihood that he/she would respond in different hypothetical situations in which they commit a private transgression related to guilt, or a public transgression related to shame. Guilt and Shame Proneness divides guilt and shame into 4 subscales. The first 2 concern personal evaluation: guilt negative behavior evaluation (guilt NBE) and shame negative self-evaluation (shame NSE). The 2 other subscales are behavioral (guilt repair and shame withdraw). Four items assess each of the 4 subscales. A back translation procedure[39] was used to build the Italian version of the tool. In the current study, Cronbach's alpha ranged from .63 for shame withdraw (indicating that reliability was slightly less than the acceptable cut-off), to .79 for NBE, indicating good reliability.

Data Analysis

Preliminary analyses were conducted to check that the skewness and kurtosis of the continuous variables were in the acceptable ranges. In addition, Kolmogorov–Smirnov tests were carried out to evaluate the normality of distributions of data as well as of residual errors resulting from regressions. In case tests indicated non normal distribution nonparametric tests were carried out. The internal consistency of each tool was then calculated to ensure the reliability of measures. Descriptive analyses were performed by calculating means and SDs of continuous variable whereas categorical variables were reported as frequencies and percentages.

A confirmatory factor analysis (CFA) was performed with the lavaan package in R[40] and using the Maximum Likelihood method of estimation. The goodness of fit of the model was examined using the comparative fit index (CFI), the Tucker–Lewis index (TLI), and the root mean square error of approximation (RMSEA). According to Kline's guidelines,[41] the acceptable values were >0.90 for CFI and TLI, and <0.08 for RMSEA. Next, a series of measurement invariance tests[42,43] was performed, including configural invariance across sex (through a multigroup CFA), metric, scalar, and strict invariance. This constrained the model to maintain equals across male and female factor loadings, item intercepts, and factor variances. The evaluation of whether measurement invariance was reached was assessed by computing the chi-square differences and testing for statistical significance.[44] To explore relationships between variables, correlations between GASP and the other measures (BSS, NARQ and PNI) were assessed with Spearman rho correlation coefficient. A 2-step cluster analysis was performed using Schwarz's Bayesian Criterion to classify the participants according to their PNI scores. Lastly, the mediation model was tested in each of the clusters according to the procedure outlined above. The mediating roles of GASP and NARQ in the relationship between PNI and BSS were tested as recommended by Baron and Kenny.[45] Specifically, a series of generalized linear models was conducted and both direct and indirect effects were estimated with the bootstrap method and PROCESS macro version 3 for SPSS.[46] The significance level was established as α=0.05. All analyses, except the CFA, were performed using SPSS version 24.0 (IBM SPSS Corp.; Armonk, NY, USA).

Results

Description of the Sample

First, descriptive analyses were performed. The place of residence was n = 513 (54.8%) in cities, n = 312 (33.3%) in towns, and n = 111 (11.9%) in small towns. With regard to education levels, 3.8% (n = 36) of participants completed first grade school, 39.7% (n = 372) completed middle school, 29.3% (n = 274) completed high school, 23.7% (n = 222) completed college, and 3.3% (n = 31) received postgraduate education. Participants reported their annual income levels as <€36 000 (51.9%, n = 486), between €36 000 and €70 000 (35.7%, n = 335), between €70 000 and €100 000 (8.8%, n = 82), and >€100 000 (3.6%, n = 33). Relationship status was reported as single (71.7%, n = 672), married (14.5%, n = 136), relationship out of cohabitation (5.1%, n = 48), divorced (0.1%, n = 1), separated (2.2%, n = 21), widowed (0.7%, n = 6), or living with a partner (5.6%, n = 52).

Factorial Structure of the GASP and Measurement Invariance Tests

CFA indicated that a 4-factor solution was optimal. This model confirms previous results reported by the authors[35] and identifies 4 factors: guilt NBE (items 1, 9, 14, 16), guilt repair (items 2, 5, 11, 15), shame NSE (items 3, 6, 10, 13), and shame withdraw (items 4, 7, 8,12). All loadings were significantly different from zero at the 0.05 level, as seen in Figure 1. The fit for the 4-factor model was: ($\chi^2/df = 3.91$, $p <$ .001, CFI = 0.93, TLI = 0.91, RMSEA = 0.056).

The invariance test for the model was conducted across the male and female groups. As shown in Table 1, configural invariance was met and weak invariance was met only partially, as well as strong invariance.

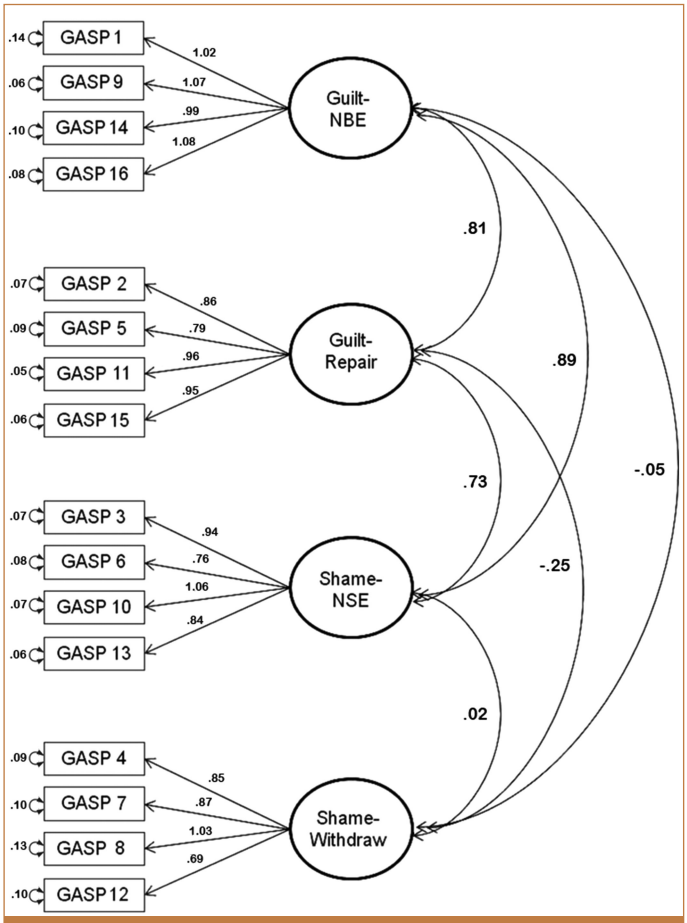

Figure 1. Confirmatory factor analysis of the GASP in a sample of 936 adults. Solid lines indicate statistically significant path at $P < .05$; Not standardized coefficients are displayed. GASP: Guilt and Shame Proneness Scale; NBE: Negative Behavior Evaluation; NSE: Negative Self Evaluation.

Associations Between GASP Factors and Other Measures

Table 2 shows the relationship between GASP factors and other scales. The shame dimension assessed with GASP was positively and significantly correlated with both grandiose and vulnerable narcissism, whereas the guilt dimension was significantly but negatively correlated with these PNI scores. Moreover, Rivalry and Admiration scores were negatively correlated to the Shame Negative Self-Evaluation factor but only the Rivalry scale was significantly and positively related to the Shame Withdraw dimension. Dimensions of guilt were both negatively and significantly associated with the NARQ scores. Lastly, levels of suicide ideation were positively associated with shame dimensions, both PNI scales and rivalry scores but negatively correlated with guilt and not significantly linked to admiration levels.

Table 1. Invariance Test

Invariance	RMSEA [90% CI]	TLI	CFI	χ^2 Difference (*P*)
Configural	0.060 [0.054-0.066]	0.892	0.911	
$\chi^2/df = 2.69$				
Weak	0.059 [0.053-0.065]	0.894	0.908	25.145 ($P = .014$)
$\chi^2/df = 2.65$				
Weak partial	0.058 [0.052-0.064]	0.898	**0.912**	6.519 ($P = .769$)
$\chi^2/df = 2.59$				
Strong	0.060 [0.054-0.066]	0.892	**0.902**	51.413 ($P < .001$)
$\chi^2/df = 2.68$				
Strong partial	0.058 [0.052-0.064]	0.900	**0.912**	7.620 ($P = .178$)
$\chi^2/df = 2.56$				

Bolded values indicate good fit of the model, n = 936. RMSEA: Root Mean Square Error of Approximation; CI: Confidence Interval; TLI: Tucker-Lewis Index; CFI: Comparative Fit Index.

To explore the predictability of suicide ideation, a generalized linear model was performed entering age, gender, grandiosity, shame withdraw and rivalry. As shown in Table 3, grandiosity and shame withdraw were the only variables found to be positively associated with suicide ideation. The same procedure that was followed for narcissistic vulnerability led to the same pattern of results (see Table 4).

Shame Withdraw in Grandiose Narcissism and Suicide Ideation

To explore the pathway by which narcissism leads to suicide ideation, we tested the mediating role of shame withdraw in this relationship. As shown in Figure 2, grandiosity positively predicted suicide ideation and shame withdraw. Shame withdraw was also a significant predictor of suicide ideation. Finally, shame withdraw significantly predicted suicide ideation after controlling for the grandiosity effect. A significant indirect effect of shame withdraw explained 12.47% of the association between grandiosity and suicide ideation ($\beta = 0.006$, 95% Confidence Interval (CI) [0.002, 0.012]).

The same model was tested using Vulnerability as an independent predictor instead of Grandiosity. Despite the model was significant ($R^2 = 0.48$; $P < .001$) and the direct effect of vulnerability on suicide ideation too ($\beta = 0.06$; 95% CI [−0.045, 0.076], nonsignificant indirect effect was revealed.

We next performed a preliminary, 2-step cluster analysis using scores obtained in the PNI grandiosity subscale as the discriminant factor. This analysis (mean silhouette = 0.60) identified 3 clusters comprising 253, 471 and 272 individuals with low ($M_{grandiosity} = 61.32$ (SD = 10.24)), medium ($M_{grandiosity} = 88.90$ (SD = 7.86)), and high ($M_{grandiosity} = 114.53$ (SD = 9.98)) scores, respectively, for PNI grandiosity.

The test result for the mediation model was not significant in individuals with low ($R^2 = 0.01$; $P = .524$) or high ($R^2 = 0.01$; $P = .899$) narcissistic grandiosity. In contrast, the model was statistically significant ($R^2 = 0.03$; $P = .010$) for individuals with medium levels of narcissistic grandiosity. Although shame withdraw mediated 44.04% of the association between grandiosity and suicide ideation ($\beta = 0.016$, 95% CI [0.003, 0.034]), the direct effect between grandiosity and suicidal ideation was not significant ($\beta = 0.02$, 95% CI [−0.050, 0.090]).

Discussion

The present study examined the relationship between suicidal ideation and 2 facets of narcissism (grandiosity and vulnerability), with a focus on the role of guilt and shame. First, the psychometric properties of an Italian version of the GASP were evaluated. This confirmed a 4-factor solution similar to the one found by the authors in the original study.[35] Furthermore, the internal consistency of the subscales, as well as the overall tool, appear to retain good psychometric properties. Future studies should extend these findings to an examination of both concurrent and discriminant validity, thus providing complete validation of the tool for Italian studies.

Table 2. Spearman Correlations Between GASP, BSS, PNI, and NARQ Scores

		Guilt repair	Guilt NBE	Shame Withdraw	Shame NSE	BSS	PNI Grandiosity	PNI Vulnerability	NARQ Admiration
Guilt repair	*r*	–							
	P								
Guilt NBE	*r*	0.560	–						
	P	<.001							
Shame Withdraw	*r*	−0.210**	−0.044	–					
	P	<.001	.175						
Shame NSE	*r*	0.458**	0.575**	0.030	–				
	P	<.001	<.001	.365					
BSS	*r*	−0.140**	-0.099**	0.151**	-0.036	–			
	P	<.001	.001	.002	.771				
PNI grandiosity	*r*	−0.161**	-0.140**	0.161**	0.035	0.135**	–		
	P	<.001	<.001	<.001	.281	<.001			
PNI vulnerability	*r*	−0.193**	−0.081*	0.294**	0.130**	0.217**	0.678**	–	
	P	<.001	.013	<.001	<.001	<.001	<.001		
NARQ admiration	*r*	−0.154**	−0.213**	0.004	−0.172**	-0.026	0.444**	0.076*	–
	P	<.001	<.001	.903	<.001	.285	<.001	.019	
NARQ rivalry	*r*	−0.405**	-0.358**	0.319**	−0.187**	0.109**	0.478**	0.435**	0.445**
	P	<.001	<.001	<.001	<.001	.004	<.001	<.001	<.001

Guilt NBE, guilt negative behavior evaluation; Shame NSE, shame negative self-evaluation; BSS, Beck Scale for Suicidal Ideation; GASP: Guilt and Shame Proneness Scale; PNI: Pathological Narcissism Inventory, NARQ: Narcissistic Admiration and Rivalry Questionnaire; *$P < .05$; **$P < 0.001$; n = 936.

Table 3. Generalized Linear model with Age, Gender, Grandiosity, Rivalry, and Shame Withdraw as predictors of Suicide Ideation

	β	WCS	*P*	95% CI	
Intercept	1.52	2.59	.108	−0.331	3.365
Gender	−0.24	0.66	.147	−0.819	0.339
Age	−0.03	6.34	.012	−0.049	−0.006
PNI grandiosity	0.02	5.18	.023	0.002	0.032
NARQ rivalry	0.068	0.138	.710	−0.290	0.426
Shame withdraw	0.126	14.01	<.001	0.060	0.192

PNI: Pathological Narcissism Inventory, NARQ: Narcissistic Admiration and Rivalry Questionnaire, WCS: Wald Chi Square; CI: Confidence Interval; Likelihood ratio chi-square = 38.35 ($P < .001$), n = 936.

Table 4. Generalized Linear Model with Age, Gender, Vulnerability, Rivalry, and Shame Withdraw as Predictors of Suicide Ideation

	β	WCS	*P*	95% CI	
Intercept	1.52	2.59	.108	−0.673	2.575
Gender	−0.43	2.16	.142	−1.008	0.144
Age	−0.22	4.09	.043	−0.042	−0.001
PNI vulnerability	0.04	30.02	<.001	0.024	0.051
NARQ rivalry	−0.11	0.40	.530	−0.456	0.234
Shame withdraw	0.10	8.12	.004	0.030	0.162

PNI: Pathological Narcissism Inventory, NARQ: Narcissistic Admiration and Rivalry Questionnaire, WCS: Wald Chi Square; CI: Confidence Interval; Likelihood ratio chi-square = 62.91 ($P < .001$), n = 936.

An interesting pattern of correlation was observed between the variables analyzed. As expected, both the grandiosity and vulnerability facets of narcissism correlated positively and significantly with suicidal ideation and shame dimensions. These results are in agreement with literature that considers shame to be a central emotion in narcissistic personality disorder[24] and a prominent feature of narcissistic vulnerability.[25] In other words, feelings of shame are more closely connected with narcissistic aspects such as grandiosity and vulnerability than are feelings of guilt. However, vulnerability and grandiosity showed correlations of similar magnitude with the guilt dimensions. This was somewhat surprising since in theory, grandiose narcissism is more closely associated with a lack of guilt and remorse than vulnerable narcissism.[14] A possible explanation is that vulnerable narcissism may be associated with these dimensions too because of a greater awareness of fear of interpersonal humiliation compared to grandiose narcissism. The latter may be associated with more

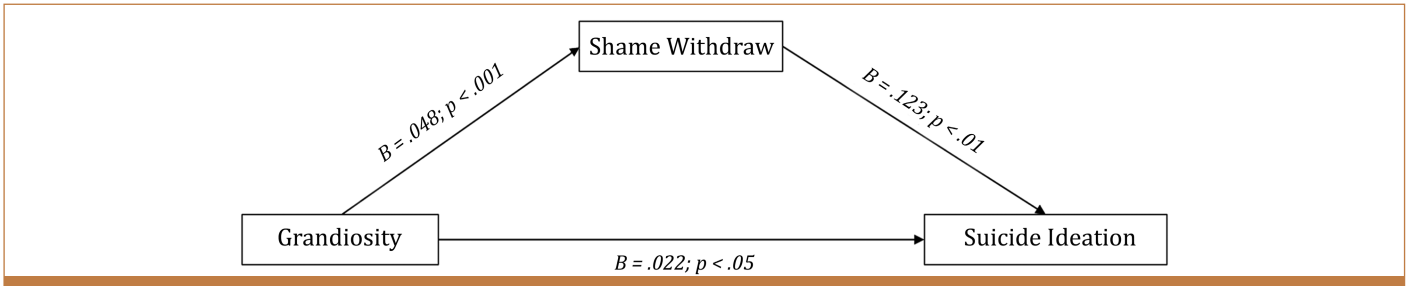

Figure 2. Model of Grandiosity as a predictor of suicide ideation, mediated by shame withdraw. 12.47% of the total effect was mediated.

confidence in the capacity to restore one's social image after an interpersonal transgression, as well as denial of the impact of negative interpersonal feedback on one's sense of self-worth. Consequently, a high level of vulnerable narcissism is likely to be associated with inhibition of reparative behaviors, and a preference to withdraw rather than be exposed to potentially humiliating interpersonal situations.

The present study found that all GASP dimensions were significantly correlated with the rivalry and self-admiration dimensions, except for the association between self-admiration and shame withdraw. These results are mostly in agreement with studies that have highlighted the role of shame in generating aggressive or hostile reactions toward self and others.[19] Therefore, it is not surprising that as shameful sentiment increases, the reactivity of the individual in the form of rivalry also increases. Interestingly, guilt dimensions were significantly correlated with all NARQ subscales, suggesting that guilt may not just be an emotion that motivates prosocial behavior, but may also be related to dysfunctional interpersonal factors. Of note, the current study did not investigate the predictive role of guilt on the NARQ subscales controlling for shame levels, as recommended by previous studies that examined other outcomes. Therefore, this suggestive finding warrants further study with a specific focus on the topic.

Shame withdraw was found to have a positive and significant relationship with suicidal ideation, whereas guilt dimensions showed a significant negative correlation with this outcome. This concurs with the conclusion by Lansky[47] that shame is the most significant variable that characterizes patients with suicidality. However, the current findings on guilt were unexpected because several previous reports have argued that maladaptive levels of guilt can lead to suicidal ideation, especially when associated with rumination or with thoughts of being a burden for others. Nevertheless, this may be explained by the nonclinical nature of participants (e.g., lack of diagnosis for depression), and the failure to measure other potential moderators (e.g., rumination, burdensomeness).

In the present study, shame withdraw was found to mediate the relationship between grandiose narcissism and suicidal ideation. This suggests the reason why individuals with grandiose narcissism develop suicidal ideation could be related to maladaptive strategies for regulating shame. Of note, this interpretation supports the notion that threatening the ideal image of an individual with high levels of grandiose narcissism could lead to the onset of unbearable feelings of shame and self-directed anger. These may in turn lead to self-directed aggressive behavior such as suicidal crises.[10] Future studies should investigate the role of other mediators involved in this pathway, as well as the potential moderating effect of vulnerability levels.

However, it should be noted that the mediational path through shame withdraw appears to explain only a small part of the link between grandiosity and suicidal ideation. Moreover, our subsequent analyses revealed this model was significant only in individuals with medium levels of narcissistic grandiosity, and not in those with low or high levels. In contrast, the indirect path in this subgroup contributed almost half the association between narcissism and suicide ideation. Taken together, these results suggest the role of shame in the association between grandiose narcissism and suicidal ideation may only be relevant in individuals with subclinical levels of grandiose narcissism. Other variables may account for this association in individuals who suffer from a psychopathological condition related to grandiose narcissism. In addition, despite significant, the regression model was found to be very low, failing to explain a meaningful portion of suicidal ideation levels. This might indicate that the link between narcissism and suicide ideation is complex and may be better explained by other additional variables.

Despite the interesting observations made in this study, several limitations should be borne in mind when considering the conclusions. First, the findings are not generalizable to the entire population due to the use of a convenient sampling method. Indeed, recruitment was through social media and amongst psychology students, resulting in a highly skewed sample in terms of age and civil status. Also, the method used to investigate pathological personality (i.e., self-report questionnaires) may not be suitable for measuring variables that are at least partially egosyntonic. Although tests on cross-sectional data with a mediational model can be informative, the causal nature of the observed relationship should be further confirmed by longitudinal research. Moreover, in the present study we investigated the proneness to use specific strategies for regulating shame, without controlling for the level of shame proneness. Consequently, future studies should attempt to replicate and extend the current findings to patients with personality disorder using a longitudinal research design that controls for shame reactivity, and/or measures personality using specific measurement tools.

Data Availability: *The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request.*

Ethics Committee Approval: *The study was approved by Ethics Committee of Sapienza University of Rome (Protocol number: 0000593; Date: April 11, 2022).*

Informed Consent: *Informed consent was obtained from all individual participants included in the study.*

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