

**Parental Narcissism:
Impact on the Child and the Formation of ‘Self’**

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To my mother,

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or nurtured my compassion.

Abstract

The primary purpose of this proposition essay is to consider the nature of narcissism and its varying faces of expression, ranging from the healthy, to the sub-clinical, to the pathological. Due to the breadth of the subject matter, the lens of focus has been narrowed to concentrate on the experience of parental narcissism and the detrimental impact this has upon a child's natural development process and ability to form a cohesive self-concept.

In order to adequately outline, explore and validate the subject matter, the essay has been structured and developed by focusing on three key areas: the narcissistically afflicted parent and an analysis of how this dysfunctional behaviour is expressed, the narcissistically afflicted child and an analysis of how this dysfunctional behaviour is received, and the road to recovery and an analysis of how this dysfunctional behaviour might be understood, processed and reframed.

The first chapter considers what it means to be narcissistic, firstly by referencing a healthy expression, or how one might achieve a secure sense of self, and then by considering what it means to have a full blow personality disorder in accordance with the DSM-V criteria. Parental narcissism is then viewed from two angles in the form of overtly narcissistic parenting, which is obvious in expression and oblivious in reaction to others, and covertly narcissistic parenting, which is subtle in expression and hypervigilant in reaction to others. The chapter outlines how both expressions exhibit non-nurturing, non-validating and neglectful parenting behaviour towards the child.

The second chapter takes the position of the child and considers what it means to be on the receiving end of narcissistic parenting and in particular how it affects the nurturing of an attachment bond, the formation of an identity and the emancipation of a personality. The findings

show that the parent's lack of emotional availability, their unwillingness to tolerate willful behaviour and their non-acceptance of autonomous expression and personality, lead to the formation of an insecurely-ambivalent attachment style, a shame-based identity and an undifferentiated personality within the child.

The third chapter reflects on how these early childhood injuries continue to shape and influence the adult's experience, with particular reference to the development of codependence and toxic shame. Psychotherapy is then considered as a means by which one might heal the wounds inflicted and nurture a recovery process. By combining intellectual understanding with emotional processing and cognitive reframing, the findings show how a person can shed their protective self-image and reconnect with their core self.

The proposition paper concludes with a set of recommendations in order to facilitate recovery and emotional growth for the client and expand knowledge and awareness for the therapist. The principle intention of providing these suggestions is to enable the client to build upon the foundation work already achieved during the psychotherapy process and to educate the therapist and widen their perspective in order that they may facilitate this process more effectively and meet the ethical standards required by their profession.

Introduction

The recognition and understanding of narcissism as an expression of human behaviour is as old as the Greek legend from which it heralds and has been portrayed through art and literature ever since (Ronningstam, 2005). Yet our fascination with its cause and affect has taken on a new dimension in recent times and the word ‘narcissist’ has become “a public word in common parlance” (Shaw, 2014, p.1). This liberty of expression does not however adequately reflect the complexity of the subject matter; it is not possible to apply a ‘one size fits all’ approach to either the characteristics of the afflicted or the grievances of the injured. As a spectrum disorder, narcissism has a huge range of expression, extending from a healthy form at one end, which we all aspire to achieve (Horwitz, 2000, as cited in MacDonald, 2014), to the sub-clinical manifestation of a few narcissistic traits such as solipsism (Lowen, 1985), to an insidious but covert form demonstrated within the family system (Donaldson-Pressman, Pressman, 1994), finishing at the far end of the spectrum with a full-blown pathological syndrome in the form of Narcissistic Personality Disorder (NPD) (Louis De Canonville, 2015). We could even take one step beyond NPD into the fascinating but frightening world of the malignant psychopath and describe a person who is the ultimate “face of evil” (Louis De Canonville, 2015, p.1).

According to Twenge and Campbell (2009), there has been a phenomenal rise in the incidence of narcissism within our culture over the last 20 years, particularly in America. In data collected from 37,000 American college students in 2006 for example, 1 out of 4 participants answered positively to the majority of questions listed on the standardized Narcissistic Personality Inventory (NPI). The authors also estimate that a total of 5% of all American 20 year olds actually have the pathological form of narcissism, NPD (Twenge & Campbell, 2009). With ever increasing levels of greed, self-obsession, arrogance and vanity, more and more people are being

“seduced by the increasing emphasis on material wealth, physical appearance, celebrity worship and attention seeking” (Twenge & Campbell, 2009, p.2). This shift in cultural values needs to be considered in our understanding of narcissism as a whole because as Alexander Lowen explains “narcissism of the individual parallels that of the culture; we shape our culture according to our image and in turn we are shaped by that culture” (Lowen, 1985, p.5).

Since most of the literature to date has focused specifically on the nature of the ‘narcissist’ and the personality traits exhibited by its offenders, it has been decided that this proposition paper will concentrate on the experience of the victim instead, especially since these people are more likely than their abusers to seek out therapy in an attempt to understand and heal their wounds. The main contention of this paper is that the effects of narcissistic injury, particularly from a parent, leave a devastating and toxic impression on the emotional lives of all those children unfortunate enough to encounter them; if for example, a child continually prioritizes the needs and expectations of their parents, at the sacrifice of their own feelings and judgements, then they may sabotage their self-concept and ability to live a real and authentic life (Miller, 2007).

In order to adequately explain the nature of narcissism and its injurious effects on others, it is necessary to narrow our lens somewhat and focus on some specific areas. As a result, the proposition will concentrate on two key modes of the expression: a pathological type in the form of an overtly narcissistic mother and her impact on a daughter, and a subclinical type in the form of a covertly narcissistic family system and its impact on the children. The mother-daughter relationship is of interest for 3 main reasons: firstly narcissism tends to be associated more with men than women with a 50-75% ratio recorded in the DSM-V (2013). According to the literature however, female narcissism is still very much in existence but more difficult to recognize because its expression is more stealth like and hidden due to the cultural norms and expectations

placed on female behaviour. Secondly, whilst sons also suffer at the hands of a maternal narcissist, for a daughter, a mother represents her “primary role model for developing as an individual, lover, wife, mother and friend, and aspects of maternal narcissism tend to damage daughters in particularly insidious ways” (McBride, 2008, p.6). Thirdly, since women are currently inclined to seek out therapy more than men, it is the daughters of maternal narcissists that a therapist is more likely to encounter in the therapy room. In choosing to look at a covertly narcissistic family system, the intention is to highlight how a situation that is less easily identifiable and does not merit a clinical diagnosis is destructive to its victims nonetheless. To the outside world, this type of family looks absolutely fine but if the needs of the parents continuously take precedence over the needs of the children, then the damage is done, and these adult children struggle with their sense of self but fail to understand why (Donaldson-Pressman, Pressman, 1994).

To answer the proposition, why parental narcissism is so injurious to children and detrimental to the formation of a strong sense of self, the essay will be shaped in the following way:

Chapter 1 will focus on the narcissistically afflicted parent; it will begin by defining what narcissism is by briefly considering its classical and psychoanalytical origins before outlining our modern-day interpretation of the condition. It will then be considered what it means to have healthy narcissism and a strong sense of self in order to establish a yardstick for understanding dysfunctional narcissism. Next, the chapter will look in more detail at the behaviours of our two key players: an overtly narcissistic mother, which will be based on the model provided by Karyl McBride (2008) and a covertly narcissistic family system, based on the model provided by Stephanie Donaldson-Pressman and Robert Pressman (1994).

Chapter 2 will focus on the narcissistically injured child; it will outline how parental narcissism interferes with the normal growth and development of a child by referring to John Bowlby's work on attachment styles and behaviours, Erik Erickson's explanation of the psychosocial lifespan phases and identity formation and finally Murray Bowen's work on differentiation and the individuation process. Each development process will be considered from a healthy standpoint and then also in relation to the overt and covert expressions of parental narcissism used throughout this essay.

Chapter 3 will focus on recovery from narcissistic injury and how psychotherapy can help to heal emotional wounds; it will begin by outlining the adult experience and the ways in which the initial childhood injury becomes shaped and expressed in later life. The concepts of codependence and toxic shame will be considered alongside the personality characteristics typically displayed by daughters of overtly narcissistic mothers and children of covertly narcissistic families. Psychotherapy as a recovery tool will then be examined by referencing a range of techniques and perspectives to show how one might heal one's wounds and reconnect to the self. Finally a number of recommendations will be proposed as a means by which both client and counsellor might work to reinforce and expand their understanding of, and recovery from, the impact of parental narcissism.

Chapter 1: The Narcissistically Afflicted Parent

Definition of Narcissism

Classical Origins

The origin of the word ‘narcissism’ has its roots in classical art and literature which stretch back over a thousand years. Beginning with the mythological Greek legend by Ovid, the story of Narcissus has been portrayed on canvas and paper many times since. Ranging from the Renaissance painting by Caravaggio, to Charles Dickens’ Miss Havesham in *Great Expectations* or Oscar Wilde’s, *The Picture of Dorian Gray*, these works have used the image of Narcissus to help “illustrate the dangerous sinfulness and deadly punishment attached to excessive self-preoccupation and self-adulation” (Ronningstam, 2005, p.3).

In the original poem by Ovid, Narcissus is portrayed as a beautiful but proud young thespian who was so preoccupied with his own beauty that he was unable “to see, hear or react to the needs of another” (Donaldson-Pressman, Pressman, 1994, p.11). In the story, the river nymph Echo falls in love with Narcissus and tries desperately to gain his attention. Sadly, Narcissus is so enthralled with his own beauty that he scorns the mournful cries of Echo and she dies of a broken heart. To punish him for the crime of unrequited love, the Greek Gods seduce Narcissus to fall in love with his own reflection, which he attempts to touch but fails to embrace, until eventually he too fades away and dies (Golomb, 1992).

Psychoanalytic Origins

The mythological characters of Narcissus and Echo have come to represent the concept of destructive self-love; a concept which, at the turn of the 20th Century, was transitioned out of

mythology and incorporated into psychology through the work of Sigmund Freud and his peers. In his essay 'On Narcissism: An Introduction' in 1914 (Freud, Strachey & Tyson, 2001) Freud used an instinctual drive theory to explain how narcissism develops. He differentiated between a healthy or primary form of narcissism (which occurs in us all) to an unhealthy or secondary narcissism (which occurs when things go amiss). The former type describes how infants initially invest their libidinal energy into their egos but that the imbalance caused creates a conflict for the child and prompts him to transfer some of the libido onto an external object instead, such as the mother (Storr, 1989). When this occurs, then appropriate attachments can result. Freud believed that this division of libido investment is a normal and healthy human expression since we are equally driven to facilitate the building of self-esteem as well as mutually supportive adult relationships (Snowden, 2006). If however this process is impeded in some way, e.g. due to the injury caused by either an overly-indulgent or overly-neglectful parent, then Freud's second type of narcissism will occur. When this happens, the child withdraws their libidinal energy away from the external objects and reinvests it into the ego instead. Freud's work on narcissism is considered to be the first major psychological contribution to our understanding of the subject matter, however it was the later works of the psychoanalysts, Otto Kernberg and Heinz Kohut who actually conceptualized his Narcissus metaphor into the pathological disorder that we understand today (Donaldson-Pressman, Pressman, 1994).

Modern-Day Perspective

Having briefly considered the classical and psychological origins of narcissism, let us now direct our attention to a more modern day perspective of the condition by referring to the information provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013). According to the DSM, Narcissism is described as a spectrum disorder which operates on a

continuum ranging from the sub-clinical at one end (with just a few traits) to the pathological at the other (with a full-blown personality disorder). Some of the characteristics listed to describe an individual with narcissism include the following: “a person with a grandiose sense of self-importance, a preoccupation with fantasies of unlimited success and power, a belief that he or she is special and unique, a need for excessive admiration, a sense of entitlement, is interpersonally exploitative, envious, jealous and arrogant and lacks empathy for others” (DSM-V, 2013, p.669). As with most mental disorders however, it is difficult to apply a ‘one size fits all’ approach to our understanding and the DSM does not encompass all expressions of narcissism. Our task here however, is not to analyze the full range of narcissistic pathology, but to narrow our view and focus on two key expressions; the overtly narcissistic mother and the covertly narcissistic family. Before we consider these however, let us first outline what it means to have healthy narcissism and a secure sense of self.

Healthy Narcissism

A person with a secure sense of self “possesses a cohesive self-concept and positive self-regard and is impervious to disintegration.....they can be real and loving with themselves while at the same time show sensitivity for others” (Louis De Canonville, 2015, p.21).

Broadly speaking, to be secure in oneself is to have equilibrium; a sense of balance between self-centeredness (healthy narcissism) and self-sacrifice (empathy with others). To love oneself in a healthy way is to have self-regard, self-respect, self-esteem, self-expression, self-awareness, self-possession and self-preservation so that whenever an important decision or choice needs to be made, the person will act from the basis of their true, inner self (Anderson & Winer 2003). Indeed the Humanistic psychotherapist Carl Rogers believed that all individuals have the ability

to self-actualize and reach their full potential and that this is in part achieved by focusing on the relationship with oneself (Rogers, 2004). Therefore without some form of healthy narcissism, a person is unable to strive for the best in life and will struggle on their journey to self-realization. When the balance between self-centeredness and self-sacrifice is managed well, then the person can feel the full range of human emotions, enabling them to relate to others and maintain healthy relationships. In addition, ‘they can gracefully accept compliments and praise without excessive ego inflation and they have the capacity to accept themselves as they are, warts and all’ (Louis De Canonville, 2015, p.23).

Clearly a person’s relationship with the self is an essential component for emotional and psychological wellbeing. If however that relationship is not nurtured and protected and the person’s energy is instead (due to childhood parental injury) redirected into creating a ‘false self’, then that person will struggle to achieve balance and manage the challenges of life. This ‘false self’ appears to evolve out of two opposing reactions to childhood parental injury; either the child overcompensates and develops a grandiose image to protect their fragile selves – i.e. the narcissist (Lowen, 1985), or the child becomes hypervigilant and develops an image of compliance that responds exclusively to the needs of the parents at the expense of their own – i.e. the narcissistically injured (Winnicott, 1965 as cited in Anderson & Winer, 2003). The dynamics which determine an individual’s path of choice are not fully understood and limited research is available on the subject. However aspects such as the strength of a person’s libidinal aggressive drives or the prevalence of certain personality traits such as sensitivity may play a role in the outcome.

The Mother

....as Nurturer

“Once there was a tree and she loved a little boy. And every day the boy would come and he would climb up her trunk, and swing from her braches, and eat apples. And the boy loved the tree. And the tree was happy” (Silverstein, 1964, p.1).

In Silverstein’s book ‘The Giving Tree’, the relationship between a young boy and a tree is beautifully conveyed; the child asks for what it needs and the tree responds without hesitation. It is a fitting analogy for the role of a mother because it highlights the importance of unconditional love; to give without expectation for oneself. Jasmin Lee Cori (2010) elaborates on this theme by describing a number of different ‘faces’ that a good mother needs in order to satisfy the emotional and psychological needs of her child. They range from her role as a “place of attachment” in which a child feels held, safe and secure, to that of “first responder” whereby she is constantly present and available, to her role as “nurturer” providing physical and emotional sustenance, to the task of “mirroring” which enables the child to be seen and therefore feel real (Cori, 2010, p.20-31). Unfortunately for many children, their mothers are unable to give selflessly of themselves in this way because they have so many unmet needs of their own.

....as Overtly Narcissistic

To be ‘overtly’ narcissistic is to be both *obvious* in one’s expression and *oblivious* in one’s reaction to others. This mode of behaviour has often been associated with more extroverted personalities as these individuals would usually be aggressively vocal in getting their needs met.

In her book “Will I ever be good enough?” Karyl McBride (2008) illustrates how an overtly female narcissist might behave in her role as mother to a daughter. If for example she adopts an

“engulfing” parenting style, she will attempt to dictate and control all aspects of her daughter’s life ranging from what to wear, to what to say, to what to think. Alternatively she may do the opposite and exhibit an “ignoring” style which involves the total neglect of the child’s physical and emotional needs. McBride has also attached personalities to the expression of a narcissistic mother ranging from someone who is “flamboyantly extrovert”; a woman loved by the masses but feared at home, to the “accomplished oriented”; a mother who focusses on a daughter’s role as a ‘human doing’ rather than a ‘human being’, to the “psychosomatic”; a woman who uses her physical ailments to manipulate others, to the “emotionally needy”; the mother who just wants to be taken care of. No matter which parenting style or personality is employed, the message received by a daughter is the same: ‘you are not enough as you are; you need to be different and you must work hard to earn my love’ (McBride, 2008, p46-57).

Although the behaviour of an overtly narcissistic mother may appear to others to be grandiose, arrogant and self-obsessed, the reality is that these women do not have a high opinion of themselves at all; in fact it is quite the opposite. In reality they are deeply insecure and have an insatiable need for adoration and approval because they cannot give it to themselves. Susan Forward (2013) explains how a narcissistic mother does not deliberately set out to make her daughter feel rejected and unloved simply because she adores herself too much; on the contrary, her real ‘self’ is totally ignored and receives no respect, regard or preservation at all. Instead her entire focus is on feeding her false, grandiose image so that she can impress all those around her and mask her deep feelings of inadequacy. This is a totally self-absorbing behaviour and leaves very little room or energy for anyone else, including the needs of a daughter (Forward, 2013).

According to the DSM-V (2013), narcissism tends to be associated more with men than women with a 50-75% ratio recorded. Christine Louis De Canonville (2015) believes that the main reason for this is because female narcissists are more difficult to identify due to the cultural norms and expectations placed upon them. “Most western societies”, she says “like to think that all women are sweet, caring, kind, and nurturing mothers” (Louis De Canonville, 2015, p.2) but sadly that is not the case. Many women manage to conceal their narcissistic traits by skillfully adopting the cultural stereotypes and behaving in more subtle, indirect ways. Whereas male narcissists may engage in physically violent confrontations, female narcissists will inflict harm through ‘emotional violence’ by manipulating relationships or spreading insidious rumours (Louis De Canonville, 2015). Indeed, the victim of a female narcissist is often at a loss to recognize and understand the psychological and emotional abuse that they are experiencing and are therefore less likely to highlight it vocally. Bearing this in mind, one can see how difficult it may be for a daughter to recognize her mother’s narcissism, no matter how overtly she is afflicted.

The Family

....as Functional

A functional 21st Century family model is perceived as a nurturing safe haven of love and growth; a place where you can be utterly yourself to “explore, experiment, falter and regroup without shame, without self-derogation, armed always by the experience of love and support which one may carry as food for the soul” (Hollis, 2006, p.132). If parents are emotionally connected and operate at the top of the family hierarchy to meet the psychological and emotional needs of their children, then a safe and secure environment is assured, and the children will trust their parents to provide them with constant support and protection (McBride, 2008).

....as Covertly Narcissistic

To be 'covertly' narcissistic is to be both *subtle* in one's expression and *hypervigilant* in one's reaction to others. This mode of behaviour has often been associated with more introverted personalities as these individuals are usually inhibited and shy and prefer to direct attention away from themselves. They listen carefully for signs of criticism as they are easily hurt and are prone to feelings of shame and humiliation (Gabbard, 1989 as cited in Shalita, 2006).

In a covertly narcissistic family system, individuality of the children is sacrificed at the altar of parental need but it is achieved in more subtle, covert ways. Just like Echo in Ovid's story, these children try to gain attention and approval by becoming "reactive and reflective" to their parents' needs (Donaldson-Pressman, Pressman, 1994, p.11). This makes it difficult for them to develop and trust their own feelings and judgements because they instinctively react to external rather than internal demands. The key message received from the parental 'mirror' is: 'you are not meeting my needs; you are inadequate and you must try harder' (Donaldson-Pressman, Pressman, 1994). The expression of this message may take on different forms but in a covertly narcissistic family it can be difficult to detect due to its subtlety. To the outside world these families appear quite normal, but if you dig a little deeper, you will see that an 'inversion process' has occurred and the parental needs have been given priority. Donaldson-Pressman and Pressman describe some of the ways in which this parenting style might be expressed; indirect communication for example is a common way for narcissistic parents to relate to their children. Instead of asking a child to make their bed for example, a parent might say 'it would be nice if my children would make their beds every once in a while!' The expression is passive-aggressive and subtle but understood none the less. Strong boundaries or lack thereof is also a problem in narcissistic families; issues such as a lack of privacy can be a huge violation to a child, whether it

is to do with one's personal space or possessions to the reading of private emails, letters or diaries. This lack of entitlement at home totally impedes the child's ability to set healthy boundaries with other people, even in adulthood. Since the expression and experience of the child's feelings is determined by the parents, the default reaction for these children will be to repress and sublimate them, which they will automatically do in future relationships as well. Mind reading is another subtle form of communication used by narcissists. It can be quite maddening when on the receiving end because the child is expected to know exactly what the parent wants without them verbally expressing it. Sometimes the parent might say one thing but actually mean something completely different and the child is still expected to read between the lines and correctly decipher the intended message (Donaldson-Pressman, Pressman, 1994).

According to David Elkind, (1991) 'instrumental narcissism' is a syndrome often manifested by covert or hypervigilant parental narcissists. These individuals invest all their energy into their children in an attempt to create a genius or masterpiece. They see themselves as being less than and their children as being just average, so they try to elevate their own self-esteem and status through the achievements of their children, with the conviction that they can mold the child into whatever they desire (Elkind, 1991). Although these parents may themselves be quite shy and self-effacing, they will still propel their children into the limelight to shine on their behalf. If the child is criticized or hurt in any way, these parents will feel shame and humiliation in response because they are unable to discern the child's experience from their own. Naturally, this has a devastating effect on a child's development as they struggle to differentiate and achieve an autonomous self from that of their parents (Elkind, 1991).

Chapter 2: The Narcissistically Injured Child

The first part of the essay began by outlining the nature of narcissism and its varying forms of expression as a spectrum disorder, focusing specifically on parental narcissism and the appearance of both overt and covert representations. In a nutshell, both expressions exhibit a non-nurturing, non-validating and neglectful parental style which is highly dysfunctional and injurious to the child because it interferes with their natural development process. One way to understand how this process 'ought' to function is by referring to Pia Melody's (2003) work on Codependence. In her book she explains how all children are initially born with a set of natural characteristics which help them transition through each maturation phase; every child for example needs to feel "*valuable*" (able to esteem oneself amidst others), "*vulnerable*" (able to expose oneself emotionally through learned acquirement of modelled parental boundaries), "*imperfect*" (be able to make mistakes without feeling toxic shame), "*dependent*" (be able to rely on caregivers to meet physical and emotional needs) and "*immature*" (be able to be childish and act one's age) (Melody, 2003, p.64). Functional parents will automatically accept these traits in their child and help them to develop each characteristic effectively. For a dysfunctional, narcissistic parent however, childish, self-centred behaviour is not tolerated because it interferes with their compulsive desire to be the centre of attention and have their own needs met. When children in these families are behaving naturally (i.e. being vulnerable, imperfect, dependent and immature) then the message they receive from their parents is "there is something wrong with you, shape up" (Melody, 2003, p.81). When this message is continuously reinforced, the child will eventually sacrifice their own needs and feelings in order to maintain familial harmony and safeguard some level of parental acceptance.

Attachment

A Secure Base

According to John Bowlby (1988), the nurturing of a healthy personality requires the provision of a secure base from which a child or adolescent may safely leave to explore the outside world, knowing with certainty that if danger threatens, he can always return and be “nourished physically and emotionally, comforted if distressed and reassured if frightened” (Bowlby, 1988, p.12). In order for this to be achieved, a trusting bond of attachment or “interpersonal bridge” (Bradshaw, 2005, p.10) must be established so that the child can safely rely upon their caregiver to be there for them when needed and provide a foundation for growth and understanding.

Mirroring

One way in which this interpersonal bridge is nurtured is through the continuous verbal and non-verbal mirroring of the child by the primary caregiver. It is particularly important in the early years because the child cannot yet use language to sense themselves; they need their mother to do that for them. If the child feels seen, then their feelings are substantiated in the reflection and they can recognize themselves as a developing person (Cori, 2010). If the mirroring is distorted however, the child may feel imperceptible and struggle to identify and accept their emotions, choosing instead to acknowledge what their attachment figure and others believe about them. This can lead to a lifelong endeavour to attain accurate mirroring in order to ‘be seen’ and feel understood.

Internal Working Models

The repetition of these interactive experiences with the primary caregiver and others triggers the child to establish a set of internal cognitive models which help them to understand and relate to the world, the self and others. These models become ingrained into the child's personality to the extent that if the child is securely attached, then a responsive, loving and reliable model will ensue enabling them to feel worthy of love and attention. Alternatively, an insecurely attached child will perceive the world and all those in it as dangerous and to be treated with caution, thereby rendering the child to feel ineffective and unworthy (Holmes, 2014).

Attachment Style in a Narcissistic Family

In his work on early childhood development, John Bowlby (1988) defined 4 specific attachment stereotypes to explain a child's behaviour in relation to their primary caregiver; secure, insecure-avoidant, insecure-ambivalent and insecure-disorganized attachment. According to the psychotherapist Richard Boyd (2011), it is the insecure-ambivalent category which is of most relevance to the study of narcissism because it involves a mother whose actions are motivated entirely by her own emotional needs as opposed to those of her baby. In this situation the mother is both capricious and unpredictable as she alternates between over-stimulation and total neglect of the child depending upon her mood at any given moment; she may for example arouse the child at a time when it is ready to sleep in order to satisfy her own need for contact and attention, creating a state of emotional dysregulation for the baby and threatening its sense of safety (Boyd, 2011). Another typical dynamic of narcissistic mothers involves treating the child like a doll or showpiece, to be dressed-up and paraded in public in order to communicate the message: 'look at my beautiful baby, aren't I a perfect mother?' As an extension of herself, the mother can bask in

the admiration her baby receives and feed her narcissistic appetite. This situation is very confusing for the child because it communicates a mixed message; in public the child experiences adoring, yet insincere maternal love but in private it changes to indifference and rejection. The child oscillates between a need to approach for embrace and retreat for safety; it is an atmosphere of intense uncertainty which damages the bond of trust and sows the seeds for enmeshment in intimate adult relationships (Ogden, 2006, as cited in Boyd, 2011).

According to McBride (2008), overtly narcissistic mothers find it extremely difficult to provide their daughters with a secure base, adequate mirroring and a nurturing, healthy attachment because their pathological self-absorption precludes their ability to express genuine empathy and unconditional love. Without these a mother cannot forge an emotional connection and the child's sense of trust is shattered making her feel abandoned, unimportant and unable to trust in intimate relationships. In addition, when the child looks for emotion validation in her mother's face, the reflection is not her own but rather her mother's perception of how she wants her to be. Sadly this image is more often than not critical, non-validating and negative and its strength ensures total absorption into the child's internal working model (McBride, 2008).

Conversely, Donaldson-Pressman & Pressman (1994) assert that a covertly narcissistic parent is initially able to achieve a bond of trust and attachment with their child because their needs in the early years are simple and pose minimal threat to those of the parents. As the child grows however and strives for autonomy and differentiation, their behaviour becomes more self-centred and their needs more complex. This transition threatens the parents' position of superiority and attempts are made to reassert their power and control through what Donaldson-Pressman & Pressman call the 'Inversion Process'; by mirroring to the child that their behaviour is selfish, the child will repress all feeling and adapt to parental needs to safeguard their approval.

Identity Formation

Autonomy versus Shame

In addition to healthy attachment, the development of ‘ego’ and ‘identity’ are of equal importance during a child’s maturation process; the strength of the former is imperative in order to mediate the forces of drive and conscience and develop a sense of competence and self-esteem and the latter is essential in order that a person may become defined as a unique individual with a strong sense of self through “a process of simultaneous reflection and observation....by which the individual judges himself in the light of what he perceives to be the way in which others judge him” (Erikson, 1968, p.22). In order for a person to shape and determine these two internal forces, the psychoanalyst Erik Erikson contended that they must transition through a set of 8 psychosocial phases during their lifespan. Every phase is characterized by a crisis involving a pair of conflicting orientations, which if resolved successfully, will elicit the nurturing of a specific ‘virtue’ of ego functioning (Stevens, 2008). Although each of the 8 stages has a relevance and importance for personality development, the study of parental narcissism and its affect upon the child requires an analysis of two stages in particular, the first of which is ‘autonomy versus shame’ and the ensuing virtue of ‘will’. The reason for selecting this phase is because the expression of narcissism as a parental style becomes particularly apparent when the child first attempts to assert it’s ‘will’ and emancipate from the primary caregiver in order to explore and experience the outside world (Bradshaw, 2005). This stage occurs when a child is approximately 1-3 years of age and begins the skill of toilet training which requires autonomous, willful action. It becomes a battle for control between the parent and the child which, if handled correctly, will lead to an ability to balance the forces of free choice and self-restraint, but if handled incorrectly, will foster a strong sense of shame and corrosive self-doubt (Stevens, 2008).

Toxic Shame

According to John Bradshaw (2005), shame is a healthy human emotion which acts like a metaphysical boundary to keep a person grounded and consciously aware of their limitations. It lets us know that we are not ‘God-like’ and able to do, be and achieve anything that we desire, but instead reminds us of our fallibility and human capacity to make mistakes. As an emotion it wears many faces ranging from shyness to guilt, to embarrassment to inferiority and a person will transition from one to the other throughout their lifespan.

In order to accept one’s limits and imperfections, a person needs to have a confident sense of self, a feeling of self-worth and value which develops through the experience of a secure attachment. When a primary caregiver provides a child with stable, understanding limits, and the freedom to express a full range of emotions, without the withdrawal of their love, then the child can successfully establish a healthy sense of shame. As Brené Brown explains, it is the ability to accept the making of a mistake as “I *did* something bad”, rather than “I *am* bad” (Brown, 2012, p.41); by separating one’s behaviour from oneself, a person is able to perceive the fault as a temporary blip, learn from the lesson in a constructive way and move on. If however a child experiences a traumatic, insecure attachment, where the child’s autonomy is crushed and the expression of emotion is forbidden, then the feeling of being limited or making a mistake is experienced like a deep incision inside; the child does not perceive the action as a separate behaviour to be recognized and released, but instead as a sign that they really are as bad, worthless and inferior as they believe themselves to be. As Bradshaw (2005) explains;

Toxic shame is experienced as the all-pervasive sense that ‘I am flawed’ and defective as a human being’; it is no longer an emotion that signals our limits, it is a state of being, a core identity (Bradshaw, 2005, p.29).

Identity verses Role Confusion

Since a narcissistic parent is unable to tolerate a child's autonomous will or free expression of emotion, the propensity for developing toxic shame as a foundation for identity formation in adolescence is a likely outcome for the narcissistically injured child. For this reason, it is necessary to consider another of Erickson's psychosocial phases, 'identity verses role confusion' and the ensuing virtue of 'fidelity' for our understanding of narcissistic injury. According to Erickson, the resolution of this crisis is determined by the integration of the previous 4 crises (trust, autonomy, initiative and industry) as well as the processes of "*introjection*"; i.e. when the child internalizes the expectations of parents and establishes them as inner representations, "*identification*"; i.e. when the child takes on the characteristics of other significant people to whom they relate, and "*identity formation*"; i.e. when the adolescent child enters a state of "*psycho-social moratorium*" in order to freely explore and test alternative ideas, beliefs and choices and then balance one's self-definition with the judgement and expectation of others (Stevens, 2008, p.51-63). If navigated successfully, the individual will emerge from the experience with a unified sense of self or identity and a feeling of purpose and meaning, all of which lay the foundation for future lifespan development (Erickson, 1968). Conversely, failure to reconcile the conflict will result in a person feeling disconnected from themselves, from others and society in general; it is a feeling of not knowing oneself or ones value.

Identity Formation in a Narcissistic Home

In a narcissistic home, it is unlikely that a child's attempt to develop their self-concept through autonomy and exploration will be met with reassuring, safe arms; on the contrary, a covertly narcissistic parent may perceive their child's transition from infancy to toddlerhood as infuriating

and selfish because the child's emotional needs are no longer in sync with those of the parents. Active steps are then taken to crush these demands, thereby influencing the child's experience of shame in a toxic way (Donaldson-Pressman & Pressman, 1994). For example, when a child makes mistakes and normal shame is felt, a lack of parental encouragement and inability to respond appropriately to the child's needs will communicate the message 'you are too needy and this makes you a bad person, leave me alone'. At this point, the child will experience the core wound of abandonment as well as the mutation of healthy shame into toxic shame. This interferes massively with a child's self-concept and a set of negative thoughts, beliefs and attitudes will evolve which reinforce the notion that the child is a flawed and defective human being (Louis De Canonville, 2015). During Erickson's '*introjection process*', a narcissistically injured child will take on the boundary-less and shame based characteristics of their role model parents and internalize them into their sense of self. According to Louis De Canonville (2015), these visual and auditory shaming experiences will eventually become imprinted in a child's memory, which over time will create an enormous collage of shaming experiences, all of which can be triggered at any given point later in life.

In the same way that a narcissistic parent will struggle to manage a child's autonomous will and attempts at emancipation during the 2nd psychosocial phase, the experience of that struggle intensifies significantly when the child reaches adolescence. McBride (2008) explains how an overtly narcissistic mother experiences her daughter as a replication and extension of herself rather than an autonomous person. This means that her attempts to separate and develop her own identity and sense of self during the teenage years will be perceived by the mother as a major threat, which in turn intensifies her mother's critical shaming behaviours to prevent this occurring. Naturally the child will fear the abandonment and withdrawal of her mother's love

and approval and so will modify her behaviour and work hard to ‘earn’ the attention that she so desperately needs and craves, sacrificing her own identity in the process (McBride, 2008). Given that a healthy identity depends upon the successful balancing of self-concept with the judgement of others, the emphasis a narcissistic mother places upon image will radically affect a daughter’s ability to balance these internal forces and forge a strong identity. If the message communicated is “it’s much better to look good than to feel good” (McBride, 2008, p.18) then all energy will be redirected into performing for others and meeting their needs rather than connecting with one’s own core feelings and mobilizing them as a guiding force through life.

Differentiation

The forces of individuality and togetherness are a power struggle which exist in us all and epitomizes a core feature of the human condition. On the one hand a person will feel the pull to be an individual; separately defined from others with autonomy over choices, beliefs and values. On the other hand however, a person will feel the need for togetherness with others; for attachment, validation and approval. The challenge is to find balance between these two forces so that individuality is not sacrificed at the expense of maintaining harmonious, interpersonal relationships (Gilbert, 1992). According to Murry Bowen the process of managing these two conflicting forces is known as ‘differentiation’, or “the ability to remain emotionally present, engaged and non-reactive in emotionally charged situations, while simultaneously expressing one’s own goals, values and principles” (Wright, 2009, p.29). In an undifferentiated, or fused family environment however, the emotional atmosphere is unstable and family members sacrifice their own individuality to contain anxiety and preserve familial harmony, which in turn causes them to fuse with others to fill the void and feel complete.

Differentiation in a Narcissistic Home

Given that the literature suggests a narcissistically injured child is likely to experience both a fragile, insecure attachment bond and a fractured, shame-based identity, it is not surprising to learn that their ability to successfully differentiate from their family of origin is seriously impeded by parental need and expectation as well; an overtly narcissistic mother for example, will forcefully deny her daughter's extrication to keep her performing as an extension of herself to maintain her fragile self-image, and a covertly narcissistic family will quietly ignore individuation to keep the children acting as servants of parental need. Out of a desire to contain anxiety, minimize feelings of toxic shame, ensure some level of parental love and approval and fill the void of self, these children become locked into an enmeshed and suffocating family system; they do what is expected and they carry the emotional load.

Chapter 3: The Road to Recovery

The second part of the essay outlined the impact of parental narcissism on a child's natural developmental processes and the subsequent formation of an insecurely-ambivalent attachment bond, a fractured, shame-based identity and impeded differentiation. Given the fragility and dysfunction inherent in such a foundation, it is clear to see how a parent's failure to establish an emotional connection, provide adequate mirroring, nurture an autonomous will and foster personality emancipation, would rupture a child's sense of self and generate numerous inter and intra-relational difficulties in later adult life. In order to adequately convey the full impact of parental narcissistic injury upon a child, the final part of this essay will consider the adult-child experience and the ways in which a person might recover and reconnect with their sense of self.

Adult Experience

Codependence

According to Pia Melody, "dysfunctional, less than nurturing, abusive family systems... (including those of a narcissistic nature)...create children who become codependent adults" (Melody, 2003, p.4), the core symptoms of which include difficulty experiencing appropriate levels of self-esteem, the setting of functional internal and external boundaries, owning and expressing one's thoughts, feelings and behaviours and taking care of one's adult dependency needs. These symptoms are perhaps better understood by reconsidering the natural childhood characteristics previously discussed in chapter 2, and evaluating them from an adult context: A codependent adult will for example continue to struggle with feelings of inadequacy and fail to perceive themselves as "*valuable*" and of inherent worth, particularly amidst others. They will also fail to protect themselves in relationships due to their damaged or non-existent boundaries.

Feeling too “*vulnerable*”, many adults replace these boundaries with walls as a means of protection, which serves to keep them isolated, alone and obstructs intimacy. If the codependent was toxically shamed as a child for making mistakes, then as an adult they will struggle to be “*imperfect*”, often leading to perfectionistic and controlling modes of behaviour. This makes it extremely difficult for them to acknowledge what they really think or feel because their reaction to any assumed imperfection is too painful for them to experience. Finally, to be “*dependent*” the person relies too heavily on others to get their needs met and may employ manipulative methods in order to do so. In contrast, the individual may do the opposite and reject all forms of external help, preferring to leave their needs unmet rather than reach out (Melody, 2003, p.80). Essentially a codependent adult is someone disconnected from the ‘self’, which means that they must rely upon others to provide positive feelings and self-validation which they desperately need but cannot generate from within.

Shame-based Identity

An adult with a shame-based identity, experiences the emotion of shame at their core in a deeply entrenched way so that all other feelings, needs and drives eventually become dictated by that emotion. If for example the expression of anger was forbidden in childhood, then the child may disown the emotion so that it becomes an alienated part of the self; this means that when the person experiences anger as an adult, they will struggle to acknowledge and release it without feeling toxic shame as well, turning them into people-pleasers and doormats – it’s as if they do not deserve to be angry. Eventually when shame has become completely internalized and numerous aspects of ‘self’ disowned, the adult perceives themselves with disdain, continually and critically scrutinizing every minute detail of their behaviour and developing an agonizing self-consciousness and all-pervasive sense of never fully belonging (Bradshaw, 2005).

Adult Children of Narcissistic Parents

The symptoms of codependency and toxic shame based personalities have many overlapping elements with those who were narcissistically injured by their parents. According to McBride (2008) for example, the adult daughter of an overtly narcissistic mother is likely to experience a range of negative emotional symptoms including oversensitivity, acute self-consciousness, severe lack of confidence despite achievements and a deep sense of insecurity. She explains how these women exert a huge amount of energy trying to do the right thing and be the good girl; they become 'human doings' rather than 'human beings' and base their value on productivity and accomplishment in order to feel worthwhile and earn the love and respect of others. Unfortunately these external achievements never heal the feelings of inadequacy because the "negative introject" (Golomb, 1992, p.98) or internalized voice of mother, is so strong that it drowns out feelings of accomplishment with guilt and shame. As a target of mother's envy, the daughter grew up believing that she is undeserving of success so thoughts such as 'who do you think you are?' or 'don't get too big for your boots' are frequently heard by the negative introject of these women (McBride, 2008).

In their work on the narcissistic family system, Donaldson-Pressman and Pressman (1994) target repressed feelings, lack of trust (of oneself and others) and boundary issues as being the major difficulties experienced by the adult-child. Their lack of entitlement, or right to have, express and experience feelings which were unacceptable to their parents makes it hard for them as adults to say no to the demands of others and protect themselves appropriately. It is only through the acknowledgement of their entitlements and a reconnection with their sublimated feelings that they can successfully establish boundaries, experience authentic emotion and trust themselves to make decisions based upon their own genuine needs (Donaldson-Pressman and Pressman, 1994).

Therapeutic Interventions

Having considered an extensive range of literature on parental narcissism, the evidence collated to date consistently and irrefutably acknowledges the injurious impact this type of parenting has upon the life of a child and their ability to cultivate a strong sense of self. Despite the depth and severity of these wounds however, the literature also acknowledges that a person's ability to heal and grow as an adult, is a real and genuine possibility with the support and guidance of psychotherapy (McBride, 2008). By firstly revisiting the past, a client is able to understand and diagnose their situation in a cognitive and intellectual way, helping them to face the reality of their experience. The goal here is not to apportion blame but to accept what happened and acknowledge the subsequent pain and its lasting effect upon the identity and personality of the adult-child. Secondly, the client needs to identify and process the feelings connected with that experience in order to release trauma from the body, grieve the pain of parental abandonment and mourn the loss of what could have been; i.e. the experience of a carefree childhood or the love of a warm, nurturing and emotionally available parent. In the final phase, the client is encouraged to change and reframe certain perceptions and behaviours which are no longer helpful and only serve to reinforce the original negative messages absorbed from the parent(s). By learning cognitive and behavioural techniques such as challenging the inner critic and shame-based distorted thoughts or establishing limit-setting behaviours and expressing an assertive communication style, a client is able to create a new lens through which to view themselves, others and society.

Phase 1: Understanding the Experience

Since an adult survivor of narcissistic abuse finds it extremely difficult to trust, the primary focus for any counsellor working with such a client is to firstly establish a safe, therapeutic environment as a foundation upon which trust may grow. The counselling style most consistently employed to achieve this is a Humanistic, Person-Centred approach, first developed by Carl Rogers in the 1950s. Through the communication of empathy, unconditional positive regard and congruence, an attachment bond is forged and a nurturing ambiance established. This permits the client to drop his defenses and explore “all the hidden nooks and frightening crannies of his inner and often buried experience” (Rogers, 2004, p.34). For a narcissistically injured adult-child, this type of approach would provide the validation and mirroring required for the person to discard their protective and delusional self-image and eventually reconnect with their real, authentic self.

As the therapeutic relationship begins to grow and the client’s symptoms and life patterns are identified, both client and counsellor can achieve a deeper, cognitive understanding of the problem and how it is being experienced. The client’s family history needs to be unpacked and the roles of each member identified in order to understand the nature of the family dynamic. The objective of this activity is to achieve an acceptance of the less-than-ideal situation, to understand how one’s identity became molded by the experience, to identify and disown feelings projected by the parent(s), to let go and stop blaming oneself for the past and finally to take responsibility for redefining oneself in the future. In addition to all this, examining our past experience also helps us to address any dysfunctional dynamics occurring in our family today, as narcissistically injured adults repeatedly attract people who create the same emotional atmosphere as their family of origin (Donaldson-Pressman & Pressman, 1994).

Phase 2: Processing the Experience

Once the problem has been examined on a cognitive level, the next stage requires the client to reconnect with the feelings associated with their childhood experience. Since narcissistic parents consistently deny the needs and feelings of their children in favour of their own, a child's ability to properly express and process their emotions is denied them. This lack of validation and emotional discharge leads to unresolved grief; grief for the loss of the child they never got to be and for the nurturing parent they never got to experience (McBride, 2008). The second phase of therapy involves reconnecting with those feelings in a safe, non-shaming environment in order to discharge the repressed trauma from the body and process the unresolved grief. One way in which the therapist might work to facilitate this is by engaging with the client's 'inner child' -- the playful, enthusiastic, spontaneous, creative, sensitive, instinctual and magical presence that dwells at our core and holds the key to physical and emotional wellbeing. In a dysfunctional family, this internal presence is denied expression and very quickly becomes locked away and hidden behind the adult persona. By engaging in a series of writing and drawing activities, the client is able to feel the inner-child's emotions and recapture its sense of wonder (Capacchione, 1991). In addition to inner-child work, another therapeutic approach that could be utilized to access feelings and process trauma is EMDR, or Eye Movement Desensitization and Reprocessing. This type of therapy works to alleviate distress associated with traumatic events by simultaneously attending to the memories, while at the same time focusing on an external stimulus such as directed eye movements or hand tapping. Shapiro (2001) believes that this technique enhances a client's information processing and helps them to forge new associations between their traumatic and more adaptive memories.

Phase 3: Reframing the Experience

At this point in the therapy, it is advisable for the client to engage with new thinking and behavioural styles in order to expand their emotional process and reframe their future experience constructively. Cognitive Behavioural Therapy (CBT) and Schema Therapy are two approaches which therapists use to target these areas and specific techniques are employed in which to do so. Both therapies are based upon the premise that it is not outside or external events that cause a person distress but rather their individual reaction to, or interpretation of, those events (Ellis, 2011). According to Bradshaw (2005), a shame-based person is likely to experience numerous cognitive distortions due to their faulty interpretations, ranging from ‘catastrophising’ e.g. a small mistake warrants devastating consequences; to ‘mind-reading’ e.g. the assumption that all people view one negatively; to ‘personalization’ e.g. continually comparing oneself to others because one’s worth is questionable. By working with a therapist to identify these negative thoughts and beliefs, highlight those which have been projected on to them by the parent, and learn how to challenge and dispute them effectively, a narcissistically injured adult-child can rid themselves of their parent’s internalized messages and begin the delayed individuation process of psychologically separating from them (McBride, 2008).

Asserting oneself in order to get one’s needs met is consistently difficult for narcissistically injured people; having been used to meeting the needs of others, the ability to say ‘but this is what I want’ is an elusive experience. Through the use of “behavioural rehearsal” (Kouimtsidis et al, 2007, p.54) a therapist can work with a client to practice effective communication skills for dealing with interpersonal conflict. Aside from building confidence and self-esteem, this practice will also help the person to bring down their protective walls and develop functional boundaries instead; an imperative step for any codependent/shame-based/narcissistically injured person.

Recommendations

For the client

The primary objective of recovery for a narcissistically injured adult-child is to reconnect with the lost self and become a whole, authentic person. We have already considered how one might achieve this from a therapeutic perspective, but there are also numerous other endeavours that an individual might engage with, outside the therapy room, in order to facilitate this process. Recovering one's self-esteem and sense of worth for example, is an essential part of recovery but one which cannot be achieved alone; it is only through the mirroring eyes of another that one's reflection can be seen and validated, allowing an interpersonal bond to form (Bradshaw, 2005). Connecting with significant others or group activities is therefore recommended as a way to counter toxic shame, break down the metaphysical walls of isolation and provide the social context needed to reengage with human feedback and experience one's self worth.

Identifying and integrating one's forgotten or unknown values, preferences and beliefs is also an effective way to reconnect with lost aspects of self, as these elements play a vital role in one's ability to experience purpose and meaning. Extensive reading on the subjects of narcissism, codependence and internalized shame is also recommended as a way to expand one's cognitive understanding and facilitate 'light-bulb' moments of enlightenment, all of which help the individual to feel understood and validated.

For the therapist

According to Christine Louis De Canonville (2015), psychotherapists in Ireland lack adequate knowledge and training on the subject of narcissism and its injurious effects upon others; she believes that all therapists should educate themselves better so that the narcissistically injured

client can fully understand what happened to them and allow true healing to occur. Aside from expanded knowledge however, it is also recommended that a therapist pay close attention to the unconscious motivations driving behaviour in both their clients and themselves; if the power and existence of these impulses remain unacknowledged, the potential for transference and countertransference could seriously impede the therapeutic process (Sussman, 2007). Since a narcissistically injured person is conditioned to meet the needs of others, it is highly likely that they will attempt to do the same with a therapist. Consequently this will interfere with their ability to 'drop their mask', communicate authentically and modify their self-concept.

From a therapist's standpoint, awareness and understanding of one's own unconscious (and potentially narcissistic) motivations is critical if one is to operate in an ethical capacity. In 2005 a study was conducted by Faber, Manevich, Metzger and Saypol, to discern an individual's key motivation for pursuing a career in psychotherapy. They identified 'early childhood experiences of trauma and loss' as being the most notable, recurring theme, claiming that many therapists entered the profession in order to satisfy some of their own unmet needs for attention and relationship (Farber et al, 2005). Alice Miller (2007) also explains how some therapists develop an ability to observe and react intuitively to the needs of others because their own childhood experience prioritized parental needs above their own. The suppressed and sublimated childhood feelings that result may therefore unconsciously motivate a therapist to satisfy her own unmet needs at the expense of the client (Sussman, 2007). For this reason, it is highly recommended that all therapists seek to identify their own unconscious motivations through a combination of personal therapy and supervision since it is "only after painfully experiencing and accepting our own truth, can we be free from the hope that we might still find an understanding, empathic parent, perhaps in a patient, who will be at our disposal" (Miller, 2007, p.21).

Conclusion

In answer to the question ‘does parental narcissism impact a child and their ability to form a strong sense of self?’ this proposition has argued consistently and categorically:

...that *yes*, the impact is both penetrating and injurious since it is “a blow to self-esteem that scars and shapes personality” (Lowen, 1985, p.76),

...and *yes*, a child’s ability to form a strong sense of self is seriously impeded since parental need takes precedence over the needs of the child, forcing them to abandon their ‘authentic self’ in favour of a false image of compliance (Winnicott, 1965, as cited in Anderson & Winer, 2003).

In order to adequately outline, explore and validate these two claims, the essay has been structured and developed by focusing on three key areas: the narcissistically afflicted parent and an analysis of how this dysfunctional behaviour is expressed; the narcissistically afflicted child and an analysis of how this dysfunctional behaviour is received; and the road to recovery and an analysis of how this dysfunctional behaviour might be understood, processed and reframed. A summary of each chapter will now be presented to highlight and substantiate the key findings.

The essay began by outlining the nature of narcissism and its varying forms of expression as a spectrum disorder ranging from the sub-clinical at one end to the pathological at the other. A definition of narcissism was then provided from a classical and psychoanalytical perspective to establish an historical context. To explain what narcissism means according to a modern-day interpretation, the most recent version of the DSM-V (2013) was consulted to obtain a list of criteria. In contrast to this, the nature of healthy narcissism, otherwise referred to as a strong sense of self, was outlined to provide a comparison for understanding. Finally the chapter

narrowed the lens of focus and targeted two specific styles of parental narcissism; a pathological type in the form of an overtly narcissistic mother and her impact on a daughter and a subclinical type in the form of a covertly narcissistic family system and its impact on the children. The first expression was selected to illustrate an extreme form of behaviour e.g. a grandiose sense of self-importance or an excessive need for admiration; and the second to illustrate a less easily identifiable, yet nevertheless destructive form of behaviour e.g. a hypervigilant reaction to others or a passive-aggressive communication style. By describing the personality characteristics and typical behaviours of both types, the intention was to show that although the expression of each may differ, the long-term impact on the child is exactly the same; in short, both exhibit a non-nurturing, non-validating and neglectful parenting style, which seriously impede a child's capacity to develop through the maturation process and form a cohesive self-concept.

The second part of the essay is dedicated to the experience of the injured child and begins with a look at their innate characteristics and the way in which they are handled in both a nurturing and dysfunctional family environment. Having established this foundation, the analysis then turns to a review of John Bowlby's attachment theory; firstly by outlining the criteria required for secure attachment, and secondly by placing those criteria in the hands of a narcissistic parent and considering how a child might be impacted by the experience. Due to the excessive self-absorption and emotional unavailability of the parent, the findings clearly identified the likely establishment of an insecure-ambivalent attachment style within the child. The proposition then moves into the area of identity formation and its role in establishing a child's sense of competence, self-esteem and sense of self. This was considered in relation to Erik Erikson's psychosocial lifespan phases in order to understand how narcissistic parenting might influence and shape a child's identity. Two phases in particular were identified for their relevance,

‘Autonomy verses Shame’ and ‘Identity verses Role Confusion’. During both stages, the findings show how a narcissistic parent struggles to tolerate the autonomous, willful action required for a child to successfully mature through each phase. As a result, there is a strong possibility that the child will foster toxic shame and corrosive self-doubt in response to their parents’ conduct and eventually integrate the shame as a foundation for identity formation in adolescence. Finally the chapter discusses the role of differentiation and the way in which parental narcissism impedes this natural process; once again parental need and expectation takes precedence and the child, out of a desire to contain anxiety and ensure some level of parental love, continues to meet parental need, becoming locked into an enmeshed and suffocating family system.

The final part of the essay considers the adult-child experience and the ways in which a person might recover and reconnect with their sense of self. Based upon the impeded childhood experiences of attachment, identity formation and differentiation, certain personality characteristics were identified as existing in the narcissistically injured adult; they include codependency traits such as self-esteem deficiency, boundary impairment and a lack of need fulfillment, plus the internalization of toxic shame which leads to agonizing self-consciousness and an all-pervasive sense of never fully belonging. In response to this experience, the chapter goes on to outline how one might attempt to heal and recover through the support and guidance of psychotherapy; by revisiting the past to understand and accept the problem, processing one’s feelings to release trauma and grieve pain, and changing cognitions and behaviours to reframe perception, a narcissistically injured adult-child can work to repair the damage, shed the protective self-image and reconnect with the true, authentic self.

The last part of the chapter outlines a set of recommendations to reinforce and expand the understanding of, and recovery from, the impact of parental narcissism. From a client's perspective, it is suggested that the client attempt to rediscover a sense of worth through an expanded relationship with others, and also reconnect with lost aspects of the self through reintegration of forgotten or unknown values, preferences and beliefs. From a therapist's perspective, it is suggested that their general knowledge of narcissism be expanded in order to assist client understanding, and also that one's unconscious motivations be explored in order to expose any hidden, narcissistic tendencies of their own and ensure good, ethical practice.

In conclusion the essay has shown how narcissism, as an innate part of the human condition, is imprinted into our perception from birth and influences our thoughts, feelings and behaviours both on a conscious and unconscious level. In its positive guise it facilitates authenticity and core strength allowing one to experience the full range of human emotions and relate to others in a healthy way, but in its negative guise, it is seductive, powerful and corrupting for the narcissistically afflicted and belittling, destabilizing and deleterious for the narcissistically injured. Unfortunately, the journey towards life-fulfillment and the experience of self-worth is neither quick nor easy for anyone; it is a long, arduous and often elusive process which cannot be acquired through a grandiose, false image or a precious child molded in that image. Instead, the key to self-worth seems to reside within the realms of one's authentic self and the courage to be vulnerable, imperfect and ordinary – to be truly seen and accept oneself completely.

“The dark does not destroy the light; it defines it”
“Only when we are brave enough to explore the darkness,
will we discover the infinite power of the light.”

(Brown, 2010, p.6).

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