

The Effects of Parenting Style on the Development of Narcissism

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ABSTRACT

Investigating biological, developmental and social learning causal factors of Narcissistic Personality Disorder are explored in this study with an emphasis on the effects of permissive, authoritarian and authoritative parenting styles. Research regarding the parent/child relationship from Baumrind and Kohut were primarily used to frame the context of why narcissism begins to develop and when it begins to emerge. Further discussed are the implications for the manifestations of these effects going into adulthood. Interpersonal relationships are identified as the primary source of difficulty an individual with narcissistic personality will face as a result of their disorder. Causation, future implications going into adulthood, examining treatment obstacles for the purpose of constructing ideas on treatment approaches for this unique phenomena are determined and are the objectives of this research paper.

Keywords: Narcissistic Personality Disorder (NPD)

Introduction

In 1968, Kohut first introduced the term "Narcissistic Personality Disorder" in his study *The Psychoanalytic Treatment of Narcissistic Personality Disorders - Outline of a Systematic Approach*, where he expanded on some of Freud's earlier ideas about narcissism. Kohut's theory of self-psychology explored presentations of healthy and unhealthy forms of narcissism, which suggested the main function of narcissism was to allow people to suppress feelings of low self-esteem and develop a sense of self (Kohut, 1968). In 1980, the disorder was officially recognized in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) and criteria were established for its diagnosis. In May of 2013, the DSM-5 was released, containing a newly evolved model of Narcissistic Personality Disorder.

Narcissistic personality disorder (NPD) in the DSM-IV (and now in Section II of DSM-5) describes "a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy," indicated by five or more of the following nine criterion: (1) a grandiose sense of self-importance; (2) preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love; (3) beliefs of being special and unique; (4) requirements of excessive admiration; (5) a sense of entitlement; (6) interpersonal exploitativeness; (7) lack of empathy; (8) envy of others; and (9) arrogant, haughty behaviors or attitudes (The American Psychiatric Association [APA], 2013, p. 669). The diagnostic validity of the previous DSM models of narcissism were recently called into question and an evolution of the diagnosis begins a reconfiguration. Empirical research has determined the previous diagnosis to be too broad and imprecise and now shows the disorder to present with multiple categories, features, traits, thresholds and other observable phenomena. Skodol, Morley and Bender (2013) described the new model, calling it a "categorical-dimensional hybrid based on the assessment of core elements of personality functioning and of pathological personality traits" (Online publication July 8, 2013 DOI: 10.1037 per 0000023). The new model was intended to be the official approach to the diagnosis of personality pathology in the DSM-5, but was ultimately placed as an alternative in Section III for further study (Skodol, Morley & Bender, 2013).

Russ and Shelder, et al. (2008) purport that despite its severity and stability, NPD is one of the least studied personality disorders. This is surprising in light of how prevalent narcissism presents in our culture today. With this in mind, it is reasonable to deduce that available research regarding the effects of parenting styles in regard to how they correlate to the development of NPD in children would be equally scarce.

Biological, Developmental and Social Learning Causal Factors

The cause and emergence of NPD appears to have a myriad of developmental, biological, and social learning/parental rearing related factors. Morf and Rhodewalt (2001) developed the dynamic, self-regulatory processing model of narcissism. The dynamics of the disorder are compared to patterns of addiction, wherein holding self-esteem is sought as the goal. This prevalently used model shows narcissism as an ongoing personality process rather than a static condition. According to this model, narcissism has one goal, which is to create and maintain the grandiose self-view. While grandiosity is the hallmark of this personality disorder, there is a hidden, inner world of instability within the individual, which vacillates between shame and grandiosity. Internal shame is the underlying cause of a need for continual praise and validation. Aggression and rage can ensue when the need for superiority, being placed on a pedestal or inability to obtain admiration from outside sources is not met (Morf & Rosenwalt, 2001).

Developmental Factors

Research findings support the notion that narcissism is manifested and measurable at age eight. Thomas & Bushman (2009) researched the developmental factors that occurred during this developmental period of time in their empirical research study. Harter (1999, 2006) is cited within the study in the following excerpt:

From about age eight, developmental increases in self-reflection and abstract reasoning allow children to form self-esteem (e.g., "I like myself as a person"). Individual differences in self-esteem now rapidly emerge, with a majority of children thinking relatively positively about themselves and a minority thinking relatively negatively about themselves. In addition, from age 8 up to adolescence, children become increasingly motivated to create and maintain favorable self-views and to avoid unfavorable self-views. This emergent self-esteem motivation is manifest in a number of important ways. First, older children and adolescents become increasingly self-conscious and concerned about how they are viewed by others. Second, they are easily shamed and humiliated, emotions are intimately related to the maintenance of self-esteem. Third they increasingly use impression management strategies to try to influence the opinions that others hold of them. What normative development of self-esteem and the motivations that surround it may tell us about the development of narcissism is first, if it involves at its core an over-investment of self-esteem then its first observable manifestations are likely to emerge before about age eight, although the early developmental processes leading to narcissism may well operate before this age. (p. 1236)

Biological Factors

The neurobiological dimension of narcissism was explained by Derryberry and Rothbart (1997) in terms of approach and avoidance temperaments. They explained approach-avoidance dispositions by stating that limbic circuits, the amygdala, and the hypothalamus, have networks that control the motivation and emotion. Applying this theory, narcissists are compared as having behavioral characteristics such as impulsiveness, risk taking, and aggression that are associated with approach temperament. (Bushman & Baumeister, 1998). Foster and Trimm, (2008) conducted research with adult participants that showed narcissism as having an association with heightened self-reported approach temperament. These biological structures and functions were insufficient to stand on their own and the research does not suggest that an individual with approach temperament will automatically develop NPD. A variable appeared to be missing, a type of accelerant that ignites the framework that is in place for the development of this disorder. That igniting factor swings our attention to focus on social learning or, more specifically, parenting styles and the impact of parenting styles on development.

Social Learning and Parenting Styles

Psychologists have sought to correlate the personality and behavioral traits of children with the way they are nurtured and reared during development. Authoritative parenting has been found to produce the most positive features, traits and characteristics of personality, achieving a more psychologically balanced individual. The other two styles, authoritarian and its polar opposite, permissive/indulgent parenting, have been found to produce traits and personality features related with malignant forms of narcissism.

Diana Baumrind, a pioneer researcher into authoritative, permissive, and authoritarian parenting styles found that authoritativeness was the ideal style of parenting, as fostering

maturity, assertiveness and responsibility. This style combined parental controls and the setting of boundaries with warmth and nurturance (Baumrind, 1973). Permissiveness, indulgence, and a marked lack of boundaries lead to "immature" children with poor self-control and self-reliance. Authoritarian parents are opposite to the permissive pattern. Authoritarian parents restrict autonomy, and exert strong control with little warmth. An effect of this parenting style is described as "disaffiliated" youth (Baumrind, 1973). The following explanation will help show how these parenting styles and related traits parlay into the development and emergence of narcissism.

Kohut believed all human beings had tendencies toward narcissism and those tendencies could be transformed into healthy forms of functioning or maladaptive manifestations. During development, parents serve as self-objects, which children draw upon to construct their identity. Parents can either create a stable and healthy object or an unstable object. Empathy, warmth, and a supportive environment for development were considered the "oxygen" upon how a child survives psychologically (Kohut, 1977).

This empathic and supportive setting along with its positive effects is presented in Baumrind's idea of authoritative parenting. A lack of empathy or caring concern can manifest in permissive or indulgent parenting, which is sometimes evidence of indifference or lack of interest. Or, alternatively, permissive indulgent parenting can present in the form of putting a child on a pedestal or idolizing the child. A lack of warmth and empathy is most obviously presented in an "iron-fisted," controlling, and punitive construct observed in authoritarian parental practices (Baumrind 1966).

Watson, Little, and Biderman (1992) tested three hypotheses, using Kohut (1977) and Baumrind's (1966) theories to examine correlates of levels of narcissism and measures of self-functioning in accordance with permissive, authoritative, and authoritarian parenting styles. Heinz Kohut's "self-psychology" was used (because it placed a primary focus on narcissism) to frame the hypotheses, all of which yielded significant results. The first hypothesis tested that perceptions of parents as being authoritative would be associated with less narcissistic immaturity, second, that permissiveness would correlate with immature, grandiosity and third, authoritarian parenting might retard internalization of ideals or, on the other hand, cause the child to identify with his/her aggressor. These parenting styles and their psychological effects will be examined in further depth.

Permissiveness and Overindulgence

As previously discussed, empirical evidence has shown to support both biological and developmental correlates to narcissism. Additionally, according to Ramsey, Watson, Biderman, and Reeves (1996) retrospective and cross-sectional studies suggest that narcissism is also associated with parental overvaluation and overindulgence. In regard to permissiveness and overindulgence, adult narcissists report childhood recollections of their parents putting them on a pedestal, believing they had exceptional talents, and often praising and rarely criticizing them (Otway & Vignoles, 2006). They also recalled their parents failing to set restrictions (Ramsey, Watson, Biderman, & Reeves, 1996). According to Millon & Everly (1985), narcissism can manifest as a result of parents rewarding of a child's behavior regardless of whether the child merits the reward. This causes the child to develop a sense of grandiosity or entitlement that is central to narcissism. Additionally, the child can also model superiority or internalize a grandiose sense of self by emulating his or her parent's behavior.

Authoritarian Parenting

Heinz Kohut's negative concept of "chronic frustration," which is frustration caused by a consistent lack of empathy and absence of loving concern, is traumatic and leads to unhealthy development. Traumatic frustrations result from persistent empathic deprivation. These frustrations can occur in two ways: First, the child may experience an overt absence of parental empathy. Second, parents may provide empathy unpredictably. Either way, traumatic frustration deprives the child of the empathic merger with self-objects that are essential to internalization, which manifests in dysfunctional ways (i.e., poor self-esteem, depression, needy exploitativeness, and a sense of entitlement associated with maladjusted narcissism) (Kohut, 1977, 1984).

Authoritative Parenting

Heinz Kohut (1977, 1984) delineated how the internalization of parents as self-objects and perceptions of love, empathy, and acceptance can lead to healthy or unhealthy forms of narcissism. This concept parallels Baumrind's contention discussed earlier that authoritative parenting is the ideal style because it combines parental controls and the setting of boundaries with warmth and nurturance (Baumrind, 1973). Both parents assume important roles regarding nurturance of the child, wherein one can make up for the inadequacies of the other. When parents show love, responsive and empathic, the child internalizes these factors into a healthy self-object. Kohut, (1977) explained the child's intermittent disappointments could paradoxically result into an internalized construct of healthy self-love (e.g., healthy narcissism).

Kohut (1984) called parental empathic failures that lead to healthy narcissistic development "optimal frustrations." These optimal frustrations arise when parents are unable to perfectly meet the empathic and supportive needs of their children at all times. Sacksteder (1990) contended, "Parental empathic failure encourages the child to construct the independent psychological structures of being admired and of admiring that underlie healthy self-esteem. In other words, children learn how to do for themselves what parents had previously done for them." Healthy maturity develops as a result of when the child is able to sustain his/her own sense of self-worth as he/she gradually shifts away from relying on the parents (Kohut, 1984). To reiterate, the child learns to meet his/her own emotional needs and learns to comfort himself/herself, thus developing a healthy sense of self, exclusive of the parents. In short, healthy narcissism is a byproduct of authoritative parenting and develops as a result of internalizing a positive self-object, which aids in shifting from parental reliance to self-reliance for comfort and self-esteem.

Implications for Future Relationships

The greatest difficulty faced by individuals with NPD face interpersonal relationships. However, the narcissist is usually indifferent to these difficulties. The people who are near and dear to the narcissist appear to suffer far more intensely than they do. Narcissists work hard to hone and reflect an idealized impression or image they wish for others to see, yet, any time spent learning who they really are uncovers an arrogant, childish, and self-centered individual. Narcissists enjoy the "game" of romantic relationships and prefer it to an authentic, committed, intimate relationship. This is revealed in their romantic patterns of love. "They prefer "trophy" romantic partners. Superficiality is pervasive. Because of their lack of empathy, they are not highly affected by their interpersonal problems. "All of their energy and efforts are reserved for the self" (Campbell & Foster, 2002; Robins & Beer, 2001). However, the aging process presents

a final bill to the narcissist, a bill that may be too large to pay in the end. Sam Vaknin, PhD, and self-proclaimed narcissist, eloquently describes the aging process of the narcissist as follows:

As a child prodigy, a sex symbol, a stud, a public intellectual, an actor, an idol – the narcissist was at the center of attention, the eye of his personal twister, a black hole which sucked people's energy and resources dry and spat out with indifference their mutilated carcasses. No longer. With old age comes disillusionment. Old charms wear thin. Having been exposed for what he is - a deceitful, treacherous, malignant egotist - the narcissist's old tricks now fail him. People are on their guard, their gullibility reduced. The narcissist - being the rigid, precariously balanced structure that he is - can't change. He reverts to old forms, re-adopts hoary habits, succumbs to erstwhile temptations. He is made a mockery by his accentuated denial of reality, by his obdurate refusal to grow up, an eternal, malformed child in the sagging body of a decaying man. (Vaknin, 1997, <http://samvak.tripod.com/journal54.html>)

Once this insidious personality pattern has developed and presented, interventions are difficult and it is challenging to achieve substantially successful relationship therapy. Narcissistic Personality Disorder is tricky to treat because defense mechanisms are firmly rooted and embedded in the disorder. These defenses are fundamental and foundational and can create a landmine of obstacles as will be examined further.

Obstacles to Diagnosis and Treatment

The traits that exist within NPD make diagnosis difficult. Creating a therapeutic alliance proves to be equally precarious. An individual with NPD is virtually unable to be introspective or disclosing because of the shame and dread of facing intimidating or deflating exposure (Ronningstam, 2012). The main difficulty lies with the incongruence between the client's internal experience and external expression.

Ronningstam (2012) found that individuals who seek treatment with pathological narcissism and NPD tend to find the diagnostic characteristics do not match their own perceptions and understanding of their problems or his/her perceptions of how he/she interacts with others. The client may be guarded or may even be deceptive in their presentation for a myriad of reasons. Ronningstam (2012) explained:

They may not know why they have come for treatment and what they want to work on, or they may see a discrepancy between their own and others' perception of their problems and what they need to change. They may feel blamed, threatened, and unfairly treated, and/or they readily oppose and criticize the therapist's comments and interventions while pursuing their own point of view. (p. 947)

In the meta-analysis, Ronningstam (2012) revealed a detailed examination of how grandiosity presents in its many different forms. Ronningstam's examination explained to attend to the client's inner experiences for the purpose formulating a strategy that focused on developing congruence between the client's perception and the therapist's diagnosis. Diagnostic determinations and observations are focused on overall goals to solve the problem of weak therapeutic alliance. An alliance building strategy was identified as key to successfully treating NPD. The strategy included utilizing components across three dimensions, which included therapeutic attitude, therapeutic interventions, along with a list of strategic steps to implement in alliance building (Ronningstam, 2012).

Conclusion

Narcissistic personality disorder and its pervasive pattern of grandiosity, the need for admiration, and lack of empathy is a harmful and self-defeating personality disorder. After examining the empirical evidence, it appears that parenting styles, specifically the permissive/indulgent and authoritarian parenting varieties may lead to the development of unhealthy narcissism or exacerbate a biological predisposition already present. Interpersonal difficulties appeared to be the main source of pain, which is mainly felt by those close to the disordered individual. Lack of empathy causes the narcissist to be indifferent to the pain of others until behavioral consequences arise creating a crisis for himself/herself.

Thomas and Bushmen, et al. (2009) stated that research goals on etiology and development should be focused on the purpose of intervention, ultimately minimizing the negative impact narcissists have on themselves and others. More research into parenting styles should emphasize the effects and consequences that can manifest as maladjusted features resulting in unhealthy child development that carries on into adulthood. It appeared that child worship and excessive praise, in addition to child abuse are two very different roads that paradoxically lead to the rearing of the same malignant personality.

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