

Narcissism, Parenting, Complex Trauma: The Emotional Consequences Created
for Children by Narcissistic Parents

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Abstract

The purpose of this paper is to examine the developmental and clinical implications related to the traumatic impact narcissistic parents have on their children's emerging identity and relational functioning. Complex trauma, or developmental trauma as it is often termed, will be linked to traumatic narcissism, as it is assumed that traumatic narcissism itself is a particular form of attachment-related trauma. Psychoanalytic theory, and particularly self-psychological theory, was chosen due to its emphasis on narcissism, and its usefulness in relation to restoring regulation (particularly of shame) and repairing early developmental disruptions. Following this section, the researchers outline the main findings of relevant classical and contemporary research. A clinical case is then presented to highlight the traumatic impact of narcissism and to demonstrate that self psychological theory, and intersubjectivity theory in particular, can be applied to expand our understanding of traumatic narcissism.

Introduction

Review of current published research demonstrates that there is a dearth of information on the long-term emotional consequences developed in children by narcissistic parents (Brothers, 2009; Shaw, 2010, 2014; Achiro, 2015). Research highlights that children of narcissistic parents are often subjected to emotionally toxic, damaging environments, which can produce a "shattering of the self" (Brothers, 2009). Exposure to narcissistic parents itself represents relational trauma as it compromises the development of intersubjective relating, defined by Shaw (2014) as "being able to resist demands for submission and a willingness to negotiate mutuality" (p. 19). Narcissistic parents cause attachment injuries to their children through the frequent abdication of their parental role. Such parents view their children as a natural extension of themselves. Thus, the child's shortcomings are met with greater intensity, as they are perceived by the parent as their own failure. In an attempt of self-protection and to recover their sense of self-worth, parents distance themselves from the children, leaving them confused and emotionally abandoned. At the same time, parents may psychologically merge with their children, whereby, the children are narcissistic extensions of their parents; their children's achievements and successes are presented as their own.

Shaw (2010) suggested that the pathological narcissist needs complementarity in their relationships. Their relational strategies are marked by the compulsion to control and to dominate others. Arguably, this strategy is reflected in the narcissistic parent's relationship with their children. A narcissistic parent tends to design a proper, Stepford-like life, based on current socially desired norms. Social networks make this process easy and indirectly feed the narcissistic cycle of fairly well-controlled egocentric self-promotion. Achiro (2015) stated that "nowhere is this more apparent than on our Facebook profiles, Snapchat feeds, and Instagram photos, which act as self-generated attempts at packaging ourselves to *look* alive, enviable, and most importantly worth something" (p. 29).

Children often serve a particular function in this made-up world. Their failure to fulfill this function creates distress in the parent, and contempt in the parent-child relationship. The child is then shamed for failing to fit into the picture of perfection. This unhealthy parent-child relationship based on serving a function entitles only one side with the power to make decisions. Naturally, the inflicted shame and inherent powerlessness will later underlie the child's own relationships. This process creates the opportunity for morphing, "an authentic human into a commodity, meant solely for consumption and gratification of others' needs" (Achiro, 2015, p. 29).

Shaw (2010) pointed out that these children are raised believing they cannot ever win, and they are always wrong. Furthermore, a process of depersonalization occurs which impacts the ability of the child to experience themselves as a subject. What Achiro (2015) described as "commodification of the human experience" seems to have a debilitating effect on an individual's perception of self and projection of others, which fuels "the rage buried within us for being taught to mute our realness..." (p. 29). Furthermore, the author concluded that our hope is to "find the courage to look inside of ourselves and live in fulfillment of our true nature, which is beautifully imperfect and inspirationally idiosyncratic" (p. 29) despite the indelible mark left by the experience of complex trauma resulting from being raised by narcissistic parents.

Review of the Related Literature

A brief review of the literature on narcissism, particularly in relation to parents characterized as narcissistic, and connections between narcissism and complex trauma will be offered. While not exhaustive, the review will cover classical views of narcissism, focusing on narcissism as a "cathexis to the ego," like Freud's (1910) model, to contemporary models that emphasize the individual's need to bolster a "fragmented" or "depleted sense of self," conceptualizations that are closer to Kohut's (1977) views of narcissism.

Psychoanalytic contributions to our understanding of narcissism will be emphasized due to the fact that understanding narcissism holds considerable interest to psychoanalytic thinkers. Additionally, it is the author's contention that therapies informed by self psychology provide useful frameworks for its treatment. The authors begin by defining narcissism, noting distinctions between the "deflated narcissist" (Bach, 1985; Shaw, 2014) and types of what is considered "pathological narcissism" ("inflated narcissist") (Shaw, 2014). The deflated narcissist is described as "trapped in the narrow space between preserving ties to others on the basis on accommodation on the one hand, and on the other, striving to preserve their own" (Shaw, 2014,

p. 10). This is a traumatized individual who fears “that only by subjugating oneself to seemingly more powerful others can one hope to be able to rely on human connection” (Shaw, 2014, p. 10). The pathological narcissist is understood to be convinced of and obsessed with maintaining their sense of superiority and perfection and their shame stems from a cumulative relational trauma caused by chronic shaming perpetrated by a narcissistic caregiver (Shaw, 2010). Gabbard’s (2005) views of patients with narcissistic personality disorders (NPD) will also be presented, as “thin-skinned” or covert narcissists, often thought to coincide with Kohut’s (1977) concept of narcissism, are distinguished from “thick-skinned” or overt narcissists, often associated with Kernberg’s (1975) views of narcissism. Psychoanalytic foundations of narcissism will be considered, as the paradigm shift in terms of Freud’s theory and Kohut’s theory of narcissism are discussed. The issue of “narcissistic parents” (Miller, 1981; Shaw, 2010, 2014) is then addressed as the connection between narcissism and developmental trauma is drawn in terms of the notion of the “traumatizing narcissist” (Shaw, 2010, 2014). Finally, self psychological theory and its movement in the direction of intersubjectivity is addressed in relation to traumatic narcissism and its ties to complex trauma.

Definitions of Narcissism

When most people refer to narcissism, they are talking about people who are grandiose, self-centered, and exploitative as defined by the Diagnostic and Statistical Manual (DSM-5; APA, 2013). As Silverstein (2007) notes, a complete psychoanalytic understanding of narcissistic personality disorder remains unsettled, in spite of Kohut’s (1977, 1984) and Kernberg’s (1975) thorough conceptualizations of narcissism. One issue which appears to obfuscate clear definitions of narcissism relates to whether narcissism is the result of what’s termed developmental trauma (to be discussed in a subsequent section) or narcissism is pathological in nature. Shaw (2014) asserts that patients described as pathologically narcissist are often those whose self-esteem is fragile; who feel attacked, insulted, or injured; they “dread the suffocating submission they feel required to proffer” (p. 10). Furthermore, it is suggested that this person is referred to as the “deflated narcissist” (Bach, 1985; Shaw, 2014) or the “shame prone narcissist” (Kohut, 1971). “The pathological narcissist” is also believed to refer to the “overinflated” (Bach, 1985 in Shaw, 2014), grandiose, envious, and exploitative narcissists. We agree with Shaw’s (2010) contention that the term “pathological narcissist” is limited in terms of its usefulness because most people, characterized as narcissistic, ostensibly possess traits of deflated and inflated narcissism which often occur together, dialectically.

Further efforts to come up with types of patients with narcissistic personality disorder were made by Gabbard (2005) in concluding that Kohut’s description of narcissistic personality disorder corresponds to the hypervigilant (covert or thin-skinned) narcissist, while Kernberg’s conceptualization describes an oblivious (overt or thick-skinned) narcissist. Rosenberg (2013) in his book entitled, *The Human Magnet Syndrome: Why We Love People Who Hurt Us*, though not a psychoanalytic writer, captured the difference between productive narcissists and malignant narcissists. He states that productive narcissists are a useful and necessary manifestation of narcissistic personality disorder, citing Andrew Carnegie and John D. Rockefeller as examples, while malignant narcissists are a combination of four pathological extremes: narcissism, psychopathy, sadism, and paranoia. The difference between this form of narcissism and others is that “malignant narcissists are able to force their grandiose fantasies onto others” (p. 119). They

are suspicious of others, particularly of those who can threaten their position of power. This type of narcissist corresponds to Shaw's (2010, 2014) notion of the traumatizing narcissist that can be defined as the narcissist who 'seeks hegemony for his subjectivity by weakening and suppressing the subjectivity of the other for the purpose of control and exploitation' (p. 12). This type of traumatizing narcissism typifies the characteristic of the narcissistic parenting and complex trauma that we are addressing in this article. We are not suggesting that a linear relationship exists between narcissistic parents and traumatic effect of their parenting. We are merely suggesting that the proposed relationship exists as illustrated in current research (Brothers, 2009; Shaw, 2010, 2014; Achiro, 2015) and that this proposed relationship informs how we can enlarge our understanding of traumatic narcissism and develop more effective treatments.

Psychoanalytic Foundations of Narcissism

Narcissism has been given recurrent attention by psychoanalytic writers. The focus has shifted from narcissism as a developmental fixation, whereby, the patient becomes stuck at a certain stage of early development, to an emphasis on the depleted self and the accompanying compensatory behaviors that attempt to bolster this state of depletion. Freud (cited in McWilliams, 2011) borrowed the term from the god of the myth of Narcissus, the youth who fell in love with his own reflection in a pool of water.

Freud (1910) considered narcissism to be a stage of development that moved in the direction of libidinal involvement (cathexis) and object love. Because Freud regarded narcissism as a form of psychopathology, and, later, as a perversion, he considered these patients unsuitable for psychoanalytic treatment (Silverstein, 2007). This libidinal type of narcissism (related to sex and aggressive instincts) was characterized as having extreme grandiosity and narcissistic libido, eventually became the foundation for self-esteem. Freud's identification of the link between narcissism and self-esteem influenced Kohut's (1971) early conceptualization of narcissism and notions of the self.

Kernberg (1975) put forth a view of narcissistic pathology that attempted to integrate elements of ego psychology. Unlike Freud's classical model, it emphasized adaptive patterns and "conflict-free" aspects of ego functioning, and object relations theory, which shifted the emphasis from sexual and aggressive drives (Freud's model) to disturbances in early relationships. We see a shift in psychoanalytic thinking at this point; most notably as a shift from an emphasis on conflict to a focus on parental deficiency. In other words, theorists tried to identify unmet needs in early development that led to psychopathological states in later development. Kernberg (in Silverstein, 2007) notes the clinical importance of narcissistic patients' unusual degree of self-reference, emphasizing also the apparent contradiction between their inflated self-image and their increased need for love and admiration. He indicated in his writings (Kernberg, 1975) that such patients had mothers who exploited special qualities in them while, at the same time, displaying callous indifference and spiteful aggression. A cold maternal relationship would set in motion a search for compensatory admiration.

While Kernberg (1975) placed emphasis on the link between the libidinal and aggressive drives, Kohut (1971) asserts that narcissistic pathology is a disruption of the development of a

normal albeit archaic (related to an earlier phase of development) self. For Kohut (1971), whose book was entitled *The Analysis of the Self*, healthy psychological development (and “healthy narcissism”) is said to result from the parental capacity to respond to the child’s two basic core needs; namely, the need to be mirrored and the need for idealization. *Mirroring* needs consist of the need to be admired or recognized as special, while *idealization* needs involve the need to admire and look up to a significant other, usually a caregiver (Kohut, 1977). If the parents or caregivers fail to meet the early needs for mirroring or idealization, damage to the self-structure, called self-disorders, often results (Kohut, 1977) and persists into adulthood.

Self psychologists define the essence of human experience in terms of the individual’s need to organize his or her psychological experience into a cohesive configuration. *Selfobjects*, a term used by Kohut, are objects whose functions are experienced as part of the self and in the service of maintaining and restoring the self (Tolpin & Kohut, 1980). Selfobjects, or persons who provide empathic responsiveness to sustain self-cohesion, are often parents or parental figures (Silverstein, 2007). For Kohut, narcissistic personality disorder reflected a disturbance of the regulation of what he termed “self experience.” Its clinical presentation may exhibit as grandiosity, self-centeredness, and pronounced entitlement or envy. Conversely, the narcissistic personality may present in which the opposite of grandiosity and entitlement are seen. In fact, self-depreciation, denigration of one’s abilities, excessive shame or modesty, or deep-rooted sense of not belonging or not being able to hold one’s own, sometimes masquerading as shyness or unassertiveness, may be seen.

We can perhaps see, based on these psychoanalytic formulations, that narcissism is a complex phenomenon, manifesting as deflated narcissism (closely tied to Kohut’s view) and inflated narcissism (closely associated with Kernberg’s view), traits always occurring together (Shaw, 2014). As Shaw (2014) noted, when entitled grandiosity is in the foreground of the personality, then over-idealization is in the background, and vice versa. Furthermore, he added, in any particularly narcissistic individual, one of these aspects is often in the foreground and predominates (for example, grandiosity). The more grandiose an individual, the more likely to engage in a relationship with a person whose predominant narcissistic trait is on the other side of the dialectic, as someone who is characterized as the deflated narcissist. The deflated narcissist may be attempting to bolster their precarious sense of self-esteem by merging with someone they see as powerful and assertive.

Narcissistic Parents and Pathological Parenting

Before discussing the issue of “pathological parenting,” we wish to echo what Fraiberg, et al. (1975) noted that morbidity in the parents’ history will not alone predict the presence of maladjustment in their children. Furthermore, “parental morbidity” (Fraiberg et al., 1975) will not, as a sole factor, predict identification with the “pathological” figures from the past and the passing on of those experiences to their children. What Fraiberg and her colleagues (Fraiberg et al., 1975) discovered, was that the memories of childhood abuse, tyranny, and desertion are often recalled in chilling detail, while the associated affective experience was not. They went on to state that “when anxiety, grief, shame, self-abasement were recovered and remembered, in therapy, patients no longer needed to inflict their own pain and childhood sins upon their children” (p. 420). While the research studies, subsequently cited below, show a correlation

between parental pathology and childhood disorders, the results fail to demonstrate a cause between those factors.

Although the term “pathological parenting” may not have been referenced, writers have been addressing the maladaptive sequela of certain “noxious” parenting practices for quite some time. For example, Alice Miller (1981), a Viennese psychotherapist who eloquently captured the central importance of parental relationships in shaping the social brain, asserts that the origin of the conceptualization of the self occurs when a child, looking for love and attunement, instead gets trapped in the mother’s (or father’s) own personal narrative. The child, with little or no possibility of self-discovery, compensates by caring for the parent under a real or imagined threat of abandonment. “Pathological caretaking”, or what has been termed “co-dependence” in popular literature, involves the child (and subsequently the adult) becoming dedicated to the prediction, and attunement to the needs of parents and others, while truncating the development and expression of one’s own feelings and needs (Cozolino, 2010). For these people, a battering or abusive relationship is far less frightening than solitude, due to the need to regulate others, to avoid their inner world. Miller used the term *double amnesia* to describe the process by which these children have to first forget certain parts of themselves (feelings, thoughts, and fantasies) that could not be accepted or tolerated in their families. The second layer of forgetting is to forget that these feelings have been forgotten. These two layers of forgetting ensure that the child will not slip back into wanting what could not be had.

Recent research also demonstrates that traits of personality disorders (PD) in parents often predicts negative behavior in their children. A study cited in a literature review by Dutton, Denny-Keys, and Sells (2011) found that children with parents in three psychiatric groups (categorized as “psychotic”, “affective disorders” and “personality disorders”) were more likely to be exposed to anxious/depressive behaviors than controls. Traits in parents with personality disturbance that were most predictive of negative child behavior were aggression/hostility, impulsivity, and marital discord. Additionally, parents in a study by Johnson, et al. (2006), compared to parents in a control group without personality disturbance, were found to display several maladaptive child-rearing practices; most notably, high parental possessiveness, rejection, inconsistent discipline, and low parental affection. Leeb, Mercy, and Holt (2012) found that, even in the absence of physical aggression, hostile and rejecting parenting had powerful negative effects on child trauma symptoms. Specifically related to narcissism, parental narcissism was viewed as a parent who is self-absorbed and unresponsive to their child’s needs. Horne (1998) notes that “...a parent who is narcissistic will be affectively unavailable to his or her child and may inhibit the development of vital human capacities in adolescents such as high self-esteem... (children of narcissists) may display heightened empathic skills which may actually be hypervigilance or a heightened protective stance that masquerades as empathy” (p. 76).

Revisiting the contentions of Fraiberg and her colleagues (1975), the key to the “ghosts” of the patient’s past lies in the fate of affects in childhood. Their hypothesis is that access to childhood pain becomes a powerful deterrent against repetition of the past in their parenting. Furthermore, Shaw (2014) discusses the shame that is often associated with the affect states experienced by the child; cumulative trauma, he notes, comes in the form of chronic shaming. The traumatizing narcissistic parent envies and resents the child’s right to dependency and demand, overtly or covertly, that the child recognizes the exclusive validity of the parents’ wishes and needs. In a

subsequent section we will address the importance of affective mirroring in the parental relationship and the detrimental effects that often occur in the absence of this affective resonance.

The research ostensibly bears out what has been stated about pathological narcissism so far (Brothers, 2009; Shaw, 2010,2014; Achiro, 2015). Most notably, that it often has a profound negative impact on the child's development, leading to relational disruptions and often severe disturbances in terms of identity development and self-regulation. A main theme is that the developing individual experiences a depleted subjective world, with severe problems with intersubjective relating; their relational patterns often entail experiences of being used to fulfill psychological functions for others (i.e., parents, spouses, etc.), often feeling a sense of shame associated with their own needs and feelings. In the section that follows, we argue that it is important to consider multiple contexts as we understand why narcissism is so pervasive, and why it is so highly disruptive to intersubjective relating.

Examining the Context of Narcissism and Its Link to Complex Trauma

Richard Achiro (2015) presents a fascinating commentary on narcissism in Western culture, as he contends that we are a culture that reinforces the notion that some people exist merely to serve an important function for others. Described as the “commodification of human existence,” (p. 29) he argues that, essentially, humans are a commodity, just like material possessions, we serve a purpose that gratifies the other (namely, the “traumatizing narcissist”). The narcissist commodifies others by utilizing them as means to reach their own goals. Within the family context, children of narcissistic parents are possessed by their parents because, as was noted by Johnson, et al. (2006) the parents need the child to perform vital functions for them and fulfill the parents' unmet needs. Furthermore, McWilliams (2011) conveyed that, in mass societies and in times when changes occur rapidly, the immediate impression an individual makes is often more compelling than one's authentic self. In the United States, an atmosphere of narcissistic absorption may not be a recent phenomenon. Because the U.S. is a capitalistic country, without a class system to provide visible levels of status, individuals are more likely to try to accumulate noticeable evidence of their superiority, thereby equating inferiority with failure. It was further noted (McWilliams, 2011) that our contemporary patients, unlike patients in Freud's time who were suffering from “harsh superegos,” often experience a sense of emptiness, and lament about observable assets such as beauty, fame, and money, rather than more idiosyncratic aspects of integrity and identity.

The dynamics that are played out at the cultural level often “trickle down” to the family level. Bowen (Goldenberg & Goldenberg, 2008) was a pioneering family therapist who advocated the view that current family patterns are embedded in unresolved issues in the family of origin. He believed that chronic anxiety is transmitted from past generations, whose influence gets enacted in the present through the appearance of symptomatic behavior. Chronic anxiety underlies symptomatology. Its only anecdote is resolution through differentiation of the self, whereby the person can think, plan, and follow his or her own values and beliefs, especially around anxiety-provoking situations, without having his or her behavior driven by emotional cues by others. Individuals with the most fusion between their thoughts and the thoughts of others function most poorly. Despite the fact that Bowen was not explicitly addressing the

experiences of individuals subjected to traumatizing narcissists, his theoretical contentions speak to the family context that models and reinforces a family configuration that fails to appreciate the child's emerging sense of self. His notion of the family as the "undifferentiated ego mass" (Goldenberg & Goldenberg, 2008) connotes "a conglomerate emotional oneness" (Bowen, 1966), whereby the individual is "dominated by the feelings of those around them; fearful and emotionally needy, they sacrifice their individuality in order to ensure acceptance from others" (p. 182). The child may also experience distancing and rejection by the parent if the child fails to gratify the needs of the parents. Such is the plight of the child (and subsequently the adult) subjected to the domination by the traumatizing narcissist. Due to their compromised self-development, their experiences of self may be characterized by a sense of "vague falseness, shame, envy, emptiness, ugliness or inferiority, or their compensatory counterparts: self-righteousness, pride, contempt, self-sufficiency, vanity, and superiority" (p. 185).

At this juncture, we are recognizing that the child exposed to traumatic narcissism can also be characterized as having been exposed to complex trauma, developmental trauma, or what Shaw terms "post-cumulative relational trauma" (Shaw, 2014, p. 36). According to Courtois and Ford (2009), the definition of *complex psychological trauma or complex trauma (CT)* involves stressors that: (a) are repetitive and prolonged; (b) caused by direct harm or neglect and abandonment by caregivers or seemingly responsible adults; (c) occur at developmentally vulnerable times in the victim's life, such as early childhood; and (d) have significant potential to severely compromise a child's (and subsequently adult's) development (p. 1). The sequelae of the exposure are also complex and consist of states, features, conditions, and phenomenology, including severe problems with emotional regulation, dissociation, somatic distress, identity and relational disturbances, and spiritual alienation. While the *DSM-5* (APA, 2013) has been revised to include some aspects of trauma found predominantly in CT, it still has not been added as a separate diagnosis. Van der Kolk (2005) referred to complex trauma as "developmental trauma," so we will refer to complex trauma as "developmental trauma" as we consider what the literature reveals about current conceptualizations of developmental trauma, particularly in relation to self psychology and post-Kohutian views of self psychology, namely intersubjectivity theory.

Brothers and Ullman (1988), in their book entitled *The Shattered Self*, outline a self psychological view of trauma, stating that the traumatic meanings of the event to the patient often shattered the "archaic narcissistic fantasies" or "central organizing fantasies of self in relation to selfobject" (p. 93). Specifically, she addresses the developing individual's need to idealize the parent or parental figure, a need that is often traumatically thwarted with the context of trauma. Many writers note that post-Kohutian self psychology has been highly influenced by attachment theory, infant research (Beebe & Lachmann, 2002) and what are termed "two-person" intersubjective models (Schorre, 2002; Hartmann, 2009; Teicholtz, 2009). According to Schorre (2009), the disruption of attachment bonds leads to a regulatory failure and impaired autonomic homeostasis, adding that early disturbances in selfobject experiences (self-pathologies) that lie at the psychobiological core of trauma. Affect dysregulation, a central feature of complex trauma and other self-pathologies, results from thwarted selfobject needs associated with early attachment trauma. Essentially, the experience of trauma represents "a disruption of the link between the self and the mothering 'empathic other'" (Schorre, 2002, p. 461). In relation to intersubjectivity theory and trauma, contributions to the literature emphasize the disruptive impact of trauma on relational systems. Orange (1995) defines intersubjectivity

as... “the dialogic attempt of two people together to understand one person’s organization of emotional experience by making sense together of the shared experience” (p. 8). Intersubjectivity theory is often viewed as an outgrowth of self psychology, often drawing parallels between what occurred between caregiver and infant, and therapist and patient. Along with several collaborators, Stolorow (as cited in Teichotz, 2001) carried forward Kohut’s unique contributions through the exploration of the therapist’s subjectivity and its ubiquitous influence on the psychoanalytic clinical process. Additionally, in terms of trauma in particular, Stolorow (2007) contends that developmental trauma originates within a formative intersubjective context whose key feature is “malattunement to painful affect—a breakdown of the child-caregiver system of mutual regulation” (p. 3). We are in agreement with the systemic nature of traumatic narcissism and its developmental sequela in contending that its psychopathogenesis is best understood in relation to deficits in “selfobject regulatory functions” (Schorre, 2009). It follows that psychotherapeutic intervention needs to scaffold the “restoration of the self” (Kohut, 1977), by emphasizing the “bilateral” dimension of healing.

The Case of Anne

The clinical case that follows is used to illustrate some of the deleterious effects that adult children of narcissistic parents often experience, leading to trauma that is cumulative and developmental in nature. This extended clinical vignette also intends to demonstrate how the traumatizing narcissist’s relational system can be viewed through the lens of self psychological theory, intersubjectivity, and attachment models. As was mentioned previously, these theories were chosen due to their focus on disruptions in self-development, intersubjective relatedness, and attachment.

Anne is a patient in her early twenties. She came to therapy after a hospital stay, due to an overdose with prescription drugs. During her hospitalization, Anne shared experiencing feelings of debilitating anxiety and depression. She started seeing a psychiatrist at 15, due to being bullied at school, and feeling suicidal depression. Anne is a single child in an intact family. Her parents hold prominent roles in their community, and have successful careers. Around puberty, she revealed feeling "isolated, rejected, and ostracized." She described her adolescent years as "turbulent," referring to her parents' reactions to her. While she perceived her parents as being generally supportive during her childhood, later she started feeling judged and abandoned by them. She reported having been repeatedly sexually abused by her father as a preadolescent. Anne stated that she told her mother, but her sentiments were deflected that “this kind of thing happens to all pretty girls” hinting that she had sustained similar abuse when younger. The parents decided to suppress the alleged incidents for the sake of the family’s reputation in the community. Her father became enraged with her, stating that her actions could jeopardize his career and that no one would believe her anyway. When she was 12, her maternal uncle stayed with the family for a year, and reportedly made sexual advances toward her. When she complained to her parents, they accused her of being sexually provocative herself. Her parents refused to address it with the uncle, denied her accusations, and forbade her to share it with anyone. This exacerbated Anne’s anxiety, hypervigilance and reactivity.

She feels she could never compete with her peers and these feelings were confirmed by her perceived lack of accomplishment. She graduated from a pre-medicine program last year with the intent to follow in her parents' footsteps and become a physician, but received a sub-par

result on the MCAT exam. Presently, she shares feeling frustrated with herself, isolated, and constantly ruminating over her past perceived shortcomings, her identity, and her future. She revealed that she has been actively self-injuring for years and has been doing it more often lately. She shared having had several relationships with men, in which she did everything possible to meet the needs of her partners, but despite her efforts, all of them ended up leaving her. She is now conflicted about entering another relationship with a man for fear of abandonment, and reluctantly acknowledges having met a woman with whom she feels she can be herself. When her parents sensed that she was becoming emotionally invested in this relationship, they quickly introduced her to their friends' son, a promising young lawyer from a well-established socially prominent family. This response elicited feelings of being smothered by her parents once again and reinforced the need to conform to social acceptability, as well as increased her anxiety as she feels alienated from "her true self." After an argument with her parents in which they expressed their disappointment in her and stated they were ashamed of her, in her desperation she took an extra pill hoping it will ease her pain and anxiety. Instead, she ended up hospitalized, after her parents reported it as a suicide attempt. She was taken to the hospital alone and her parents never called nor visited while she was in the hospital. Her parents concealed that she was ever treated by a psychiatrist and, currently, refuse to be a part of her treatment. Anne shares that she approaches every relationship with the desire to be either "useful" or "helpful" and continues to express fears of abandonment.

Anne's case highlights many of the themes and issues associated with individuals subjected to traumatic narcissism; namely, she is ostensibly struggling with a deflated sense of self and an overwhelming sense of shame. Her adolescence mainly consisted of experiences that were traumatic and shaming (i.e. being bullied, feeling isolated), reinforcing a sense of self as "bad" and perhaps unworthy of love. Because she characterized herself during puberty as "isolated, rejected, and ostracized," it supports that her parents were not experienced as soothing and available to her during her transition from childhood to adolescence. It can be surmised that Anne was experienced as a "good girl" during her childhood but, as she approached adolescence and may have demonstrated a sense of autonomy (or, in Shaw's words, an emerging "subject"), her parents might have experienced a sense of threat that she was no longer an extension of them and, thereby, deserved to be punished. Shaw's (2014) contention seems to capture the child's dilemma at this developmental juncture, as he notes that "an opposition from the child (autonomy experienced as "moving away from the parents") is characterized by the parent as signifying the child's moral failure, punishable by the withdrawal of the parents' love..." (p. 28). The trauma Anne endured was compounded by the fact that she was reportedly sexually abused by two family members whom she believed she could trust. Additionally, no one ever believed her allegations of abuse nor took steps to initiate proper treatment as it would tarnish the family's reputation. As Fonagy et al. (1991) noted, if one's (in this case reportedly Anne's mother) own attachment trauma is dissociated, the chances of passing along insecure or disorganized attachment experiences to one's child are high. Her mother is likely fearful of the reemergence of her own pain and sense of shame associated with being abused, so she silences her daughter and maintains a stance of domination and control over Anne. As Fraiberg and her colleagues (1975) reveal in the *Ghosts in the Nursery* article, the parents may ward off the painful affect states from their own childhoods by identifying with the aggressor (in this case, Anne's mother's support of her husband) and projecting their (disowned) aggression on to their child. Kohut's (1984) notion of parental failures to provide idealization (a sense of protection by the idealized selfobject) also

seems fitting here because they blamed her for being victimized and perhaps bringing shame to the family heritage.

It is also notable that Anne's emerging adulthood was marred by experiences of perceived failure and loneliness. Because her parents are physicians and she performed poorly on the MCAT, it is likely that Anne shattered her parents' illusions of "unyielding infallibility" (Shaw, 2014). She failed to perform as an extension of them, so her sense of identity was perhaps obliterated (or, stated another way, a crucial part of herself has been permanently destroyed). Anne ruminates about feeling defective, so it is likely that she blames herself when her attempts to date men lead to a sense of abandonment and rejection ("What's wrong with me that they leave me?"). Additionally, it is likely that she is reenacting the distancing and disengaging patterns in her family-of-origin, resulting in the men abruptly departing from the relationship. "Intersubjective relatedness" (Brownlow, 2001) is disrupted when the individual feels forced to accommodate the parents' needs in order to maintain a tie with them. For Anne, her wish to please her parents (reinforced by their actual withdrawal from them, if she failed to do so), kept her connected to them at the expense of her own subjectivity. A major rupture appears to occur when she began to show interest in a relationship with a woman, resulting in her parents shaming her and withdrawing from her in retaliation. In the context of traumatic narcissism, parents may feel betrayed when their child rebuffs, in the parents' experience, the love object that they have chosen for their child (the successful, young attorney). Anne's final attempt to escape "the relational system of subjugation" (Shaw, 2014) reached a crescendo when she overdosed on pills. Anne, it appears, has relentless hope that her parents will understand her internal experience (subjectivity), however, according to Stolorow et al. (1987), her experiences remain unarticulated and never evoke responsiveness from her parents, unless the experiences conform to what the parents deem acceptable. She continues to feel anxious and depressed, and relentlessly seeks to gain approval from others, as her insecure pattern of attachment persists. It is important to note, as was previously stated, that we are recognizing the complex nature of the interplay between narcissism and complex trauma and not putting forth a view that there is a linear, cause-and-effect relationship, between narcissism and developmental trauma. Additionally, paying attention to other factors (i.e., cultural, ethnicity, etc.) that may account for some of the behaviors displayed by Anne and the issues that were played out in her family-of-origin, we contend that narcissism and developmental trauma may play a crucial role in understanding these issues and that the relationship between these factors needs to be further investigated.

Summary and Conclusions

Despite the fact that narcissism receives much attention in the clinical and research literature, its traumatic nature is often deemphasized, particularly in terms of the impact of narcissistic parents on their children. We attempted to underscore the contention that "traumatizing narcissists" (Shaw, 2010, 2014) tend to engage others in relational systems of subjugation, leading to often severe relational disruptions and disturbances in identity development. When parents can be characterized as traumatizing narcissists, their offspring often suffer from a tremendous sense of shame and humiliation, mainly functioning as narcissistic extensions for their parents. Within this relational context, the parents often project their disowned sense of failure and humiliation onto their children, leading to attachment disturbances and other deleterious effects. Put quite aptly by Miller (1981), the child functions almost

exclusively as a need gratifying object, for which the child is rewarded. But the child is punished for and unrecognized for her attempts to assert her own separate subjectivity.

The authors also established links between traumatic narcissism and complex trauma, demonstrating that traumatic narcissism leads to severe disruptions in regulatory functions (sometimes termed “disruptions to intersubjective relatedness”) and affective mirroring. Traumatic abuse is no doubt linked to this type of malignant narcissism as the goal of the traumatizing narcissist, according to Shaw (2014), is “to debilitate the subjectivity of the other, (which is) a form of dehumanization that is the very essence of traumatic abuse” (p. 13). Schore’s (2009) contributions to our understanding of the nature of these attachment disruptions were referenced as complex, developmental, and relational trauma, and were discussed in this context. Additionally, the intergenerational transmission (Bowen, 1966) of traumatic narcissism was addressed, noting that families, particularly parents, will often interfere with the child’s emerging sense of self when unresolved issues from the past, expressed through the metaphor of “ghosts in the nursery” (Fraiberg et al., 1975) revisit the scene. Merger states (what Bowen termed “undifferentiated ego mass”) occur when the child serves a function for the parent. Conversely, disengaging patterns may be enacted if the child fails to live up to the often unrealistic and unreasonable expectations of the parent.

The final section of the article presented case material on Anne, a young woman in her early twenties, ostensibly suffering from a deflated sense of self and overwhelming shame. Her emerging “sense of subject” (during adolescence) was likely viewed as threatening by her parents, thereby, leading them to distance themselves from her, as punishment, leading Anne to feel alone and isolated in her suffering. The case illustrates how difficult it is to escape from the tyranny of this kind of relational system, characterized by Shaw (2010, 2014) as “subjugating.” Selfobject functions (Kohut, 1977) of mirroring and idealization are severely thwarted in this context, along with ruptured intersubjective relatedness. Undoubtedly, Anne’s mother’s own victimization demonstrates the intergenerational themes of abuse and domination, leading to the “shattered self” (Brothers, 2009).

In this article, we hoped to highlight some of the central dynamics of traumatic narcissism, utilizing a clinical case to illustrate important issues and themes. While the focus was placed on self psychological, attachment, and intersubjectivity theories, we agree that other approaches, like family systems theory, cognitive-behavioral therapy, among others, may also be used to expand our understanding of traumatic narcissism and offer treatment models that will effectively treat its damaging effects. A final hope is that the material presented in this article can be used to inform treatment models, and lead to a greater appreciation of the complex nature and damaging sequelae of traumatic narcissism for children of narcissistic parents.

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