Out of the Mirror
A Workbook of Healing for Adult Children of Covert Narcissists
A Literature Review and Experiential Project
Presented to the Faculty of the Adler Graduate School

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Abstract

This paper explores the relationship between covertly narcissistic parents and their adult children. Adult children of covert narcissists share many of the same behavioral characteristics, namely codependency, that adult children of alcoholics display, without a history of physical, sexual, or substance abuse in their family of origin. There is very little research about narcissistic parenting, narcissistic family systems, or the effects that this disorder may have on children. Of further concern is the fact that adult children who do seek therapy are often misdiagnosed with a variety of personality disorders or clinical syndromes. This paper examines the personality traits of covert narcissism and codependency in adult children who grew up in narcissistic family systems. A case is also made for the development of a workbook specifically written and designed to apply this information, through a series of assessments and exercises, which will assist individuals struggling to heal from this subtle form of child abuse.

*Keywords:* adult children of narcissists, covert narcissism, narcissistic family systems
Out of the Mirror

A Workbook of Healing for Adult Children of Covertly Narcissistic Parents

Edwards and Stein (2005) write that Alfred Adler believed children learn to handle their lives through the support and encouragement received from their parents early in life. With a solid foundation of respect, cooperation, and interdependence they grow up to successfully manage what Adler called the three tasks of life: work, community, and love (Carlson, Watts, & Maniaci, 2005). As adults, these children have the courage to grow and use their gifts and talents in ways that are beneficial not only to themselves, but to their families and society in general (Edwards & Stein, 2005).

Edwards and Stein (2005) write that when children do not experience this love and respect they become discouraged, and this discouragement leads to exaggerated feelings of inferiority. As a defense mechanism, children develop numerous compensatory behaviors in order to help them move from feeling inferior to feeling superior, or from a perceived minus to a plus (Carlson, et al., 2005; Edwards & Stein, 2005). However, in this attempt to protect themselves from feeling inferior, children can learn to use these safeguarding behaviors to avoid situations where they believe they might fail or feel inadequate (Ansbacher & Ansbacher, 1956; Edwards & Stein, 2005).

Children need a positive mirror or reflection of themselves from their parents that provides a framework for emotional self-worth (Miller, 1981). This mirroring is an intentional process of minimizing inferiority feelings, exploring strengths, teaching children to help others, and to feel that they have something unique to contribute. Some parents not only neglect to encourage positive attributes in their children, but they almost seem to intentionally discourage them by focusing on flaws and weaknesses. They criticize, humiliate shame or disrespect their
children, and seldom make the effort to acknowledge the more positive aspects of their personalities (Bradshaw, 1988). Children become strong by seeing themselves, for who they really are, initially in the eyes of their parents, and in time are able to integrate this healthy self-image into the personality (Edwards & Stein, 2005).

Pressman and Pressman (1994) observe that most families fall somewhere in the middle on the continuum of healthy/unhealthy parenting, and that issues faced later in life can often be pinpointed as having roots that go back into childhood (Carlson et al., 2005). One exception, however, is the narcissistic family system. Many people from narcissistic families who seek treatment as adults have symptoms that mimic those of adult children of alcoholics (ACOA), namely codependency. However, there is no history of alcohol or drug abuse, physical abuse, or other issues readily identifiable that would seem to cause this behavior (Pressman & Pressman, 1994). In fact, many people who seek therapy are perplexed themselves as to why they often feel depressed or sad, and report that they had a perfectly fine childhood (Miller, 1981). This is partially what makes diagnosing and treating adult children of narcissists difficult: Where is the alcoholic? Where is the abuse? Miller (1981) describes how codependent behavior is adopted by children to survive narcissistic parenting:

What happens if the mother not only is unable to take over the narcissistic functions for the child but also, as very often happens, is herself in need of narcissistic supplies? Quite unconsciously, and despite her own good intentions, the mother then tries to assuage her own narcissistic need through her child, that is, she cathects [sic] him narcissistically. This does not rule out strong affection. On the contrary, the mother often loves her child as her self-object, passionately, but not in the way he needs to be loved. Therefore, the continuity and constancy that would be so important for the child are missing, among other things, from this love. Yet, what is missing above all is the framework within which
the child could experience his feelings and his emotions. Instead, he develops something
the mother needs, and this certainly saves his life (the mother’s or the father’s love) at the
time, but it nevertheless may prevent him, throughout his life, from being himself. (p. 34)

Although there is a growing awareness of Narcissistic Personality Disorder (NPD) as a
diagnosis, many mental health professionals may not be aware of a more vulnerable subtype of
NPD referred to as covert narcissism (Wink, 1991). The empirical evidence on the two types of
narcissism is very limited and the research that has been done on narcissism has primarily
assessed overt traits (Schoenleber, Sadeh, & Verona, 2011). Covert narcissists are not the larger
than life, look at me narcissists that one would associate with the more grandiose or overt
behaviors described as criteria for NPD in the Diagnostic and Statistical Manual of Mental
Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013). They do, however, share
core features such as conceit, self-centeredness, and a sense of entitlement; but in contrast to
overt or grandiose narcissism, the second subtype displays more vulnerability, hypersensitivity,
and anxiety. Others may see them as shy or modest, but underneath are the same grandiose
expectations of oneself and others (Dickenson & Pincus, 2003). In fact, these fantasies and
contemptuous disregard for others are most often apparent only to those closest to them
(Kernberg, 1975). The conflict for covert narcissists is that their feelings of entitlement are often
met with bitter disappointment by the lack of (perceived) approval or attention they feel others
owe them. This disappointment leads to angry and hostile outbursts, which are followed by
shame and depression (Dickenson & Pincus, 2003). What kind of parents do covert narcissists
make? What coping skills do their children need to develop in order to survive in a family
dynamic where everything is great on the surface, but underneath lies a pattern of subtle and
unpredictable hostility, blame, and disappointment? Which parent do they love? The kind,
patient, pinnacle of society or the depressed and resentful tyrant? If children feel that they are to
blame for disappointing their narcissistic parents then, in their limited logic, could they also be responsible for regaining that same love and approval?

Being forced to meet the erratic emotional needs of narcissistic parents is the dynamic that creates a perfect storm for adult children of covert narcissists to develop amazingly efficient codependent behaviors. What is even more alarming, however, is that often when they do seek help they receive an improper diagnosis, are misdiagnosed, or once a diagnosis has been made, are not treated correctly. Pressman and Pressman (1994) report that many of their clients with symptoms of ACOA, who had no history of abuse, had been previously diagnosed with personality disorders (borderline, narcissistic, avoidant), or with other disorders (depression, dissociative identity disorder, posttraumatic stress disorder). Adult children of narcissists share similar psychological problems with ACOA such as: fear of feelings, fear of conflict, people pleasing, isolating, an over developed sense of responsibility, lack of trust, and feelings of guilt (Neuman, n.d.). Though they may share symptoms, that does not necessarily mean they should share a treatment model (Pressman & Pressman, 1994). For example, a twelve-step group for ACOA may not fit the needs of adult children of narcissists; the symptoms are the same, but the source is not. Many adult children of narcissists that were referred to ACOA materials felt that although they identified with the syndrome, they could not relate to the examples of drunk or abusive parents (Pressman & Pressman, 1994). In addition, the twelve-steps of ACOA put the source of help and responsibility on yet another authority figure: God (or a higher power), and not on the individual. Although spirituality can be a key component in recovery, a treatment plan and supportive educational materials need to be designed that specifically address the issues faced by adult children of covert narcissists. A workbook would provide a structured method to help people understand and identify: covert narcissism and early childhood, the theory of
codependency and how it affects the present, and changes that need to be made in order to begin the process of moving forward.

**Literature Review**

**Limited Information**

Finding information about the narcissistic family system is difficult, particularly as it pertains to parenting. Of all the personality disorders (PDs) researched and written about by academics and popular authors, NPD and the effects of NPD parenting are virtually non-existent, inaccurate, or not scientifically validated. It is interesting to note that NPD came dangerously close to being deleted from the DSM-5 (APA, 2013) altogether, along with the dependent, histrionic, paranoid, and schizoid PDs (Miller, Widiger, & Campbell, 2010). They were kept in, but why the APA’s Personality and Personality Disorders Work Group proposed to delete them in the first place is unclear.

**Lack of empirical literature.** Research studies of NPD are few and far between. As mentioned, the empirical literature is quite sparse with only a small number of studies singularly devoted to this important disorder (Campbell & Miller, 2010). A search on PsycArticles using the terms “empirical” and “peer review” written between the years of 1972-2013 revealed 898 articles on personality disorders, 208 on borderline personality disorders, 46 on narcissistic personality disorders, 2 on covert narcissism, 3 on vulnerable narcissism, 0 on children of narcissists, and 11 on children of borderlines. In a general search on PsycArticles that did not specify type using the same time period, there were 1781 articles on personality disorders, 302 which were written about borderline personality disorder, and 61 on narcissistic personality disorder. In a further search on PsycArticles for articles written in the last five years (2008-2013) there were 662 on personality disorders, 22 of which were on the subject of NPD; 3 on covert narcissism, 5 on vulnerable narcissism, 3 of which were the same articles found using covert
narcissism; and 153 on borderline personality disorders. Miller and Campbell (2010) comment that most of the research on trait narcissism has been conducted by social-personality psychologists and not read by, or at least cited by, clinical researchers and clinicians. They make the observation that as a result, this research has had very little effect on the clinical understanding of NPD. This data further supports the theory that NPD is not on the radar for most clinicians or mental health professionals, and more importantly, that the effects of narcissistic parenting are even less understood.

**Limited resources in popular literature.** Popular resources on the subject of adult children of narcissistic parents are also limited, although they do exist. A search produced 22 results, 9 of which specifically address NPD. Among books listed, there is only one that could be defined as a workbook. Most of the popular literature reviewed that deals with being the child of either overt or covert narcissistic parents focused on the narcissists themselves (how to assess, diagnose, and treat), how to get along with the narcissist in your life, or how diabolical and horrible narcissists are. The language, tone and style of writing often infers that the behavior on the part of the narcissist is intentional, or that they have chosen this dysfunctional lifestyle and simply do not care. For example, in the (very popular) book: *Trapped in the Mirror: Adult Children of Narcissists*, Golumb (1995) writes:

> Narcissists are wholly different [than non-narcissists]. They unconsciously deny an unstated and intolerably poor self-image through inflation. They turn themselves into glittering figures of immense grandeur surrounded by psychologically impenetrable walls. The goal of this self-deception is to be impervious to greatly feared external criticism and to their own rolling sea of self-doubts. (p. 12)

What the author is saying is essentially correct. However, just in these few sentences, the language chosen to illustrate the behavior of narcissists is somewhat inflammatory and
provocative. Do they really “turn themselves into glittering figures?” It would seem that the behavior being described is conscious and intentional. A reader who is not familiar with the psychology and complex nature of NPD might conclude that narcissists choose this personality disorder, and thus could simply choose a different way of living if they truly wanted to. For codependents looking for a way to maintain their dysfunctional relationships, but not experience the pain of living through others, this style of rhetoric may suggest that if they could just understand narcissists they could fix them, or fix themselves to please them. Adult children of narcissists are experts in understanding others. What they lack, and may be terrified to discover, is an understanding of themselves. Where most of the books fall short is in taking that next step. How does one move forward? How can this understanding be translated into real personal growth and movement? At some point, fairly soon in the process, the focus of the work needs to be on adult children and not their narcissistic parents.

This project will explore collected data and limitations of writing about various aspects of NPD: bias in language; an Adlerian view of narcissism; overt and covert narcissism; attachment styles; parental personality disorders; codependency; adult children of narcissists; and treatment theories from scholarly journals.

**Bias in Language**

To avoid bias by labeling people by their diagnosis, The American Psychological Association (APA) recommends the use of adjectives to serve as descriptors. People who have been diagnosed with schizophrenia, for example, should not be defined by their diagnosis; they are individuals with schizophrenia. One could even describe them as presenting traits of schizophrenia. According to the APA Publication Manual (2010) formatting for scientific and scholarly writing, authors should always put the person first, and the diagnosis second. Mr. Smith is not a schizophrenic; Mr. Smith presents symptoms of schizophrenia. There are several
reasons for this distinction, namely to prevent clinicians from treating disorders and not people. Labels created biases, and biases change how people treat others. Not only are diagnostic labels stereotyping, but they can almost create an identity for a client that defines how they see themselves and the world. A label of bipolar can create behaviors that the patient may choose to incorporate into their personality for the purposes of self-identification. Lastly, and most importantly, using a diagnosis for identification can imply that behavior or mental illness is permanent and unchangeable, both in the eyes of clinicians and their clients. These diagnostic labels can follow people for years, through various institutions (Scribner, 2010). What if the initial diagnosis was incorrect?

While acknowledging the APA’s position, hopefully a reader of this literature review will sense the author’s great respect for human dignity and individuality. Using the terms: NPD, narcissistic parents, adult children of narcissists or codependents in no way implies otherwise.

**Adler’s View of Narcissism**

To understand NPD, it is important to see it in terms of the goals of behavior as well as origination, and the impact of the disorder on others. All behavior is goal-oriented, and when a person’s objective is understood, a logical sequence of thoughts and actions can be more easily predicted (Ansbacher & Ansbacher, 1956). Determining the behavior’s goal also helps to understand a person’s individual, subjective view of the world (Carlson, et al., 2006). Is the goal to move in a positive direction or is it to escape past traumas? This is particularly useful in understanding the dynamics of NPD where enmeshment is so prevalent. For example, could the goal of a covertly narcissistic parent be to avoid feeling abandoned, or perhaps prevent them from feeling unlovable?

Maniacci (2007) points out that Alfred Adler differed from Freud in his views of narcissism quite drastically. Freud’s position was that narcissism was a normal phase of
development; the relationship between mother and baby was parasitic with the child taking and the caretaker giving. Adler strongly disagreed. He believed that the relationship between mother and baby was symbiotic, that their relationship was social and that they worked together. NPD was not primal, it was not about returning to infancy; it was an attempt to exclude others. Adler felt that it was never normal.

This viewpoint is drastically different than the views stated in most of the publications currently available on the topic NPD. Sedikides et al., (2004) write that there is no evidence to support the notion that poor psychological health is linked to people who score high self-reported assessments for NPD, whom they term as “high” or “normal” narcissists. In fact, the authors point out that high, or normal narcissists report relatively good psychological health despite the fact that narcissism is “inversely related to agreeableness, empathy, gratitude, affiliation, and need for intimacy” (p. 400). The authors further argue that normal narcissists are not psychologically unhealthy due to the fact that they experience less anxiety and depression (Holahan & Spence, 1980), a higher positive affect, a lower negative affect, and higher life views satisfaction (Saragovi et al., 2002). Sedikides et al., (2004) also assert that there is no clear evidence to support the fact that community is positively associated with psychological health (Saragovi et al., 2002). This theory is in direct conflict with Adler’s belief that community and belonging are essential for the overall mental health of all people (Carlson, et al., 2004). While it may be true that narcissists report good psychological health due to high self-esteem (Sedekies, et al., 2004), is this truly healthy, or another example of the insidious dysfunction of NPD?

Adler wrote about useful and useless social striving in terms of adaption being crucial for the survival of human beings; that the bonds formed with each other is the key to the well-being of each individual (Carlson, et al., 2004). Families are communities. Does the “me” attitude of the narcissist contribute positively to empathic bonds necessary for the betterment of the group?
From a holistic, systems approach consistent with Adlerian therapy, the idea that one person’s self-reported happiness at the expense of the other family members is contradictory. Adler (Ansbacher & Ansbacher, 1956) believed that individualistic, self-centered striving not only put each member at risk, but failed to contribute to the well-being of the group. If the group did not survive, no single individual did either (Carlson, et al., 2004).

The DSM-5 (APA, 2013) list of criteria for NPD includes: a grandiose sense of self-importance, preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love, a belief that they are superior (and expect to be recognized as such), require excessive admiration, and preoccupied with how others perceive them, etc. Where exactly is a healthy point on the scale of NPD? Sperry (2003) writes that PDs span a continuum from healthy to pathological, with personality style on one end, and personality disorder on the other. Each disorder has three levels of functioning: optimal, adequate, and disordered. According to Sperry (2003) personality style reflects the ability for an individual to be self-directed, cooperative, and self-transcendent, while a personality disorder would reflect a negative response to the same three character factors. PDs are defined by Sperry (2003) as persistent behavior patterns that are rigid, inflexible, and maladaptive. According to this dimensional approach, a narcissist on the optimal level would be energetic and self-assured without expecting special treatment; on the adequate level confident, yet emotionally vulnerable, and favor special treatment or privilege; and on the disordered level manifest a grandiose sense of self-importance and demand special treatment (Sperry, 2003). While this dimensional approach may be preferable to categorizing PDs as either pathological or normal, it does not address the probability that behavior is not static. Can an individual respond one day at the normal end of a personality disorder and disordered the next? How are these levels assessed? Furthermore, how does the subtype of covert narcissism fit into a dimensional approach to NPD? Millon and Davis (1996) discuss how
difficult it is to diagnose NPD because success and achievement are considered admirable in contemporary culture. How does cultural bias enter the discussion of “normal” narcissistic behavior? Should healthy self-confidence and self-esteem be defined as normal or adequate narcissism? Even on a scale, narcissism, by definition, is self-focused and self-absorbed. Perhaps the question should be: “What is the goal of the behavior?”

Maniaci (2007) writes that, from an Adlerian perspective, people with NPD are rigid and inflexible who need to be superior and have what Adler described as a superiority complex. He goes on to say that most individuals may want to be superior, but they do not have to be, they have flexibility and social interest. Those with NPD see the world in terms of being above them or below them: if they are not superior, they feel inferior; therefore, their goal is to be better than because to be less than is to be nothing. Narcissists have an aura of self-confidence and arrogance unless their confidence is shaken or they feel criticized, then they can respond with absolute rage (Sperry, 2013). No one is perfect, and no situation is perfect, but challenges and disappointments are particularly troubling for narcissists. Normal, everyday obstacles threaten their self-image (Pincus, et al., 2009), and what can be more challenging than raising a family? Pincus et al. (2009) explain that narcissists have significant problems with self-regulation and adaptive abilities that could help them cope with disappointments and threats to their self-image. Covertly narcissistic parents can be helpful and supportive, but secretly they harbor resentment and contempt for those they are helping, and experience their helpfulness as a reflection of their own goodness and superiority (Pincus, et al., 2009).

**Overt/Covert Narcissism**

The DSM-5 (APA, 2013) describes an individual with NPD as having: a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy,
beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate with achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
7. Lacks empathy; is unwilling to recognize or identify with the feelings and needs of others.
8. Shows arrogant, haughty behaviors or attitudes. (pp.669-670)

This would be the criteria for diagnosing a grandiose or overt narcissist. Dickenson and Pincus (2003) explain that the difference between overt and covert narcissists, and the importance of making the distinction in dealing with their family members, is that there is no conflict in overt narcissists between who they are and what they appear to be. They are grandiose and they act grandiose, they feel entitled and they act entitled, they feel special and they act like they feel special. Overt narcissists are more likely to achieve their grandiose goals through self-promotion, aggression, intimidation, anger, charm, and confidence. Whether these achievements are real or not is another question, but in the mind of overt narcissists, they are. If they do fail to
achieve their goals of superiority, they are not to blame, others are. They are oblivious and unconcerned about the impact their behavior has on others. Dickenson and Pincus (2003) go on to say that covert narcissists, on the other hand, do experience tremendous conflict around their feelings of entitlement. They are grandiose, but they appear modest, they feel entitled but they appear humble, they feel special but they appear ordinary. It is not that they are intentionally trying to cover up their true selves by putting on a persona of modesty; it is more that they lack the drive or ability overt narcissists possess that would make their fantasies of greatness a reality.

In Dostoevsky’s Crime and Punishment, the main character, Raskolnikov, asks himself at one point: “Am I Napoleon or a louse?” Breger (1982) writes that he is conflicted between his rage and guilt, and the longing to be dependent—to be taken care of “with a sense of helplessness so powerful that it prefigures death” (p. 7). Raskolnikov sees his rage as justified, his plot to kill the pawnbroker as noble, and himself as not ordinary, but extraordinary. The pawnbroker deserves to die because she is a “louse,” he declares, and sees his plot to kill her as a method to bring him from feeling helplessness to feeling powerful. He is avenging the wrongs perpetrated on the weak—he will be a hero (Breger, 1982). Adler (1935; 2005) writes that Dostoevsky’s Raskolnikov committed his crime to be like Napoleon, and when he did not achieve that feeling, he saw himself as a louse. Of course, he was neither, but that was the metaphoric reality Raskolnikov set up for himself to justify his goal. Is this the conflict that covert narcissists feel? The desire to be a hero coupled with a longing to be dependent? The contempt for the ordinary with the fantasy of being extraordinary?

Covert narcissists constantly feel disappointed that they cannot achieve the level of success and admiration they so richly deserve. This frustration causes them a great deal of pain, which causes them to lash out in anger, then feel immense shame and depression (Dickenson & Pincus, 2003). It is precisely that cycle of behavior that differentiates overt from covert
narcissists; and also differentiates the identification, diagnosis and treatment for their adult children.

**Covertly Narcissistic Parents**

Most of the research available on PDs focuses on individual characteristics rather than on family systems (Durbin & Wilson, 2012), and NPD is no exception. Regardless, there is enough information available on the features of covert narcissism that conclusions can be drawn about the dysfunctional parenting skills that would be considered a result of NPD, and the likelihood of codependent behaviors developing in their children.

The Narcissistic Personality Disorder Scale (NPDS; Ashby, Duke & Lee, 1979) and the Narcissism Hypersensitivity Scale (HSNS; Cheek & Hendin, 1997) are two of the assessments commonly used to indicate covert narcissism. Wink (1991) states that the NPDS indicates diminished self-esteem and depression (Watson, Taylor, & Morris, 1987), inadequacy, unhappiness, worry, shyness (Cheek & Wink, 1980); lack of empathy (Watson, et. al., 1987), unsatisfactory love relationships (as cited in Solomon, 1982), and exploitativeness/entitlement (Emmons, 1987 & Watson, et. al., 1987). High scores on the HSNS also indicate self-centeredness, lack of self-confidence, concern with appearance, and extreme sensitivity to hurt (as cited in Graham, 1987); and an absence of zest for work, introversion, anxiety, hostility, defensiveness, self-dramatizing, and aggressiveness (Wink, 1991). The spouse ratings on the Adjective Check List (ACL; Gough & Heilbrun, 1983) for covert narcissists report them to be much like overt narcissists: bossy, intolerant, cruel, argumentative, opportunistic, rebellious, conceited, arrogant, demanding, temperamental, and loud. However, there were additional traits reported by spouses on the ACL about their partners that were more consistent with covert narcissism such as: anxiety, bitterness, tension, dissatisfaction, immaturity, and moodiness (Wink, 1991). Both overt and covert narcissists have characteristics of meanness, with overt
narcissists being more proactive and covert narcissists being more reactive (Sadeh, et al., 2011). In summary, researchers have found that covert narcissists appear to be defensive, hypersensitive, anxious, and socially reticent with personal relationships that were marked by self-indulgence, conceit, arrogance, and an insistence on having their own way. These findings suggest that the difficulties associated with covert narcissism are also associated with psychological problems and difficulties in effective functioning (Wink, 1991).

**Attachment styles of covert narcissists.** Smolewska & Dion, (2005) state that covert narcissists display anxious attachment in their intimate relationships, and that avoidance may be used as a defense strategy in order to protect themselves from rejection. Thus, by avoiding relationships, covert narcissists are able to hide their attachment-related distress and protect a fragile self-concept (Pistole, 1995). Anxious attachment individuals feel unworthy of affection and tend to avoid the uncertainty and unpredictability (along with corresponding negative emotions and anxiety) of relationships because they have trouble dealing with the uncertainty that is inevitable with intimacy.

Some covert narcissists are motivated by the constant search for unconditional love that was absent for them as children, but have great difficulty giving their children that same unconditional love. The parent-child relationship is reversed. In the narcissistic family, the needs of the parents are the priority and the responsibility of meeting those needs rests on the children (Pressman & Pressman, 1994). What are the needs of narcissistic parents? To never have their self-image threatened, to always appear perfect, and to surround themselves with proof that they are superior (Peck, 1983). Sperry (2009) explains that narcissists have a self-view that vacillates between positive and negative and have a fearful-dismissing style of attachment. They feel entitled to be loved, they feel special. When this self-view is not reflected in their intimate relationships, say for instance when their children misbehave and parents feel the transgression
reflects upon them negatively, they might respond with anger or hostility as a way to “dismiss” their own anxiety (Sperry, 2009).

**Parental personality disorders.** It is easy to forget, among the complicated layers of overt and covert narcissism, that they are both considered narcissism, and narcissism is a personality disorder. The DSM-5 (APA, 2013) states that PDs are characterized by an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and lead to distress or impairment” (p. 645). It is interesting to note that disturbed interpersonal relationships are seen not merely as a byproduct of PD symptomology, but are instead considered one of their fundamental features (Durbin & Wilson, 2011). As mentioned, the majority of research in this area has been focused on the individual rather than on family systems or parenting. Recent studies, however, have found that PDs have been linked to impaired interpersonal functioning, and parents with PDs demonstrate more negative parenting. For parents who reported more narcissistic symptoms, it was discovered that they made more of an attempt to influence their children (as opposed to the less responsive approach taken by parents with other PD symptoms). Perhaps this higher level of responsiveness is due to issues having to do with power and an expectation for compliance (Durbin & Wilson, 2011). The study by Durbin and Wilson (2011) substantiates the theory that NPD parents are not neglectful or unresponsive to their children, but raises more questions about how they respond and why—what is the goal? Is it for the sake of their children’s well-being or is it to feed their own narcissistic desires? Miller (1983) expresses this confusing contradiction in a narcissistic family:

Narcissistic cathexis [sic] of her child by the mother does not exclude emotional devotion. On the contrary, she loves the child, as her self-object, excessively, though not in the manner that he needs, and always on the condition that he presents his “false self.”
This is no obstacle to the development of intellectual abilities, but it is one to the unfolding of an authentic emotional life. (p. 14)

**Adult Children of Covert Narcissists**

Pressman and Pressman (1994) report that, in healthy families, parents meet the needs of the children; in the narcissistic family however, children must meet the needs of the narcissistic parent in order to feel loved and secure. Over time, these children begin to detach from their feelings because they have learned that to share them is unsafe. In narcissistic families when children begin to be more assertive and demand more from emotionally (around age two), their parents, who are unable to meet these needs, may become resentful and feel threatened by them (Pressman & Pressman, 1994). Adult children of narcissists have difficulties with trust—they do not trust others and they do not trust themselves. Because they were mirrors for their parents, they may have no sense of self; they have no idea what they want, think, or feel. What they do know, however, is what others want, think, and feel. The ability to pick up on the emotions of others is a learned behavior developed in childhood as a way to survive and cater to the needs of narcissistic caregivers. This is not always a bad thing. These adaptive skills, interestingly enough, lead many adult children of covert narcissists to become psychotherapists (Jones, et al., 2008; Miller, 1983). The ability to be attuned to the interest and needs of the client, the one-sided nature of therapeutic work, sensitivity, and empathy are all qualities that create a positive therapeutic relationship. Using coping skills from childhood in this capacity is what Adler would call socially useful (Carlson, et al., 2009). However, these wonderful empathic and almost psychic abilities can remain so outer-focused as a way to meet the needs of others in order to be cared for, that they can become dysfunctional codependent coping skills in adulthood (Pressman & Pressman, 1994).
**Codependency.** Because parents with NPD lack empathy for the feelings and needs of others, how do children learn to have empathy and care for themselves? Children learn to become acutely aware of their parents’ emotional temperatures, but their own needs are never acknowledged, responded to or even recognized. What does get children recognized (i.e., loved) is achievement, compliance, and an ability to meet the needs of others. This ability to please becomes a source of children’s self-esteem, but as adults can cause them to develop characteristics and behaviors of codependency (Pressman & Pressman, 1994). Payson (2002) describes this process as a deep wounding that causes children to empathize with others in a way that they never learned to empathize with themselves. The adult pattern of seeking their self-esteem through caring for others is established in early childhood because it helps them feel in control; it is an attempt to gain a sense of purpose, to feel worthwhile and needed (Lindley, Giordano, & Hammer, 1999).

The characteristics shared between ACOA and adult children of narcissists are remarkably similar. A list is currently available on the ACOA website called a “laundry list” of fourteen codependency traits. Among the behaviors listed that would also pertain to adult children of narcissists are: a fear of authority figures, approval seeking, a victim mentality, an over concern for others, a fear of abandonment, feeling overly responsible, an inability to express feelings; rescuers, low self-esteem; and being reactors rather than actors (Adult Children of Alcoholics World Service Organization, n.d.).

Pressman and Pressman (1994) highlight common traits of adult children of covert narcissists that also correspond with the items listed in the “laundry list” of ACOA. Three of the issues they state contribute predominantly to codependency are: lack of trust, unclear boundaries, and a profound lack of entitlement. Adult children of covert narcissists have trouble trusting themselves and others. In narcissistic families, the rules are constantly changing because there is
no consistency from one day to the next in terms of what will please the parents. Again, it is all about what the parent might need to feel superior, so children never know how to act or what to do that will please them (or to avoid hostility). There are also unclear boundaries in covertly narcissistic families. Children do not know that they can say no or that they can have healthy boundaries around what they will and will not do for others. In covertly narcissistic families there are boundaries, but they can change from one day to the next, and children are expected to be physically and emotionally accessible to anyone at any time. Pressman and Pressman (1994) also theorize that perhaps children in narcissistic families are not taught to set boundaries because they might set them with their parents. Consequently, as adults, they put the needs of others above their own and rarely express what they want, how they feel, or what they need. They are quite literally unaware that they have needs apart from what others want from them. Finally, in covertly narcissistic family systems children are not entitled to have, express, or experience feelings or thoughts that do not reflect a positive image onto their parents. They learn to hide their true feelings, to lie, and invent creative ways to avoid criticism and angry outbursts. These coping skills that served them well as children can manifest in their adult lives as a fear of authority, an inability to assert themselves or deal directly with conflict. They learn, very adeptly, to avoid confrontation with those they perceive as having power over them.

**Methodology**

Based on the information about narcissistic family systems and the effects on children through adulthood, the lack of empirical or popular literature, and the propensity of misdiagnosis for adult children of narcissistic parents, there is an obvious need for more education and support materials that provide therapists, as well as individuals, with tools that can serve as an aid to begin the healing process. A workbook designed specifically for adult children of covert
narcissists focusing on identification, acceptance, self-awareness, and movement forward would provide a cohesive structure necessary to facilitate such an endeavor.

**Outline for Workbook**

The workbook proposed is a program based on the twelve stages of Classical Adlerian Therapy (Stein, 1997) divided into three sections: the past, the present, and the future. The outline is as follows:

I. The Past:
   A. Identifying and understanding the covert narcissistic parent.
   B. Understanding family dynamics
      1. Assessment of Early Childhood base on NPI-16
   C. Understanding and awareness of their childhood.
   D. Developing empathy for themselves as children.

II. The Present:
   A. Understanding relationship dynamics of codependency
      1. Assessment based on Laundry List for ACON
      2. List of traits from Pressmen & Pressman (1994)
   B. Identifying and understanding of themselves as separate individuals.
      1. Enneagram
      2. Strengths and Weaknesses (non-judgmental self-acceptance)

III. The Future:
   A. Change
      1. The Life Pie exercise.
   B. Asking for what you need.
1. Confrontation styles

C. Dreams and Desires

1. The Perfect Day Exercise (to determine values)

2. Values List

D. Support/Community

1. Support for desired changes

2. Social Interest and Community Involvement

Conclusion

Alfred Adler believed in a holistic approach to diagnosis and treatment. He never treated symptoms, but assessed his clients in terms of their individual lifestyle. In treating adult children of covert narcissists, it is important to briefly look into the etiology of their codependent behaviors, to help them to become aware of the patterns that currently affect their lives, and to facilitate a reframing of their thoughts and self-image. Finally, it is essential to use this newly discovered knowledge and develop a plan to move forward in life. It is not enough to simply understand narcissistic parents, or even how narcissistic systems work—the focus of healing work must be on the adult child. Although there is some research and information available, there has to be more in terms of helping therapists to become more aware of covert narcissistic family systems, as well as given tools to help individuals that may have survived this complicated family dynamic. A workbook specifically designed to help adult children of covert narcissists is a beginning. It is not meant to be a comprehensive tool to address all aspects related to issues adult children may be dealing with, but it is a starting point.
References


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