Narcissistic Parenting and its Effects on Parenting Styles and Child Development

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Abstract

Narcissism development in children has been a widely studied subject; however, little research has examined parental narcissism. There have been two specific studies that have researched narcissism in parents. Within these studies it was found that parental and child bonds are not ideal, which usually results in parents having low senses of well-being and satisfaction with their bond (Hart, 2017; Horton, 2021). For each of our studies, we explored how aspects of an individual’s growth and development are linked with parental narcissism. In Study 1, we investigated the link between both grandiose and vulnerable parental narcissism and the mental well-being and self-esteem of our participants. In this study, we found that vulnerable narcissism was linked to lower rates of self-esteem and well-being, while grandiose narcissism was not correlated with either. In Study 2, we examined the parenting styles of the narcissistic parent, where we discovered that both subtypes were linked to maladaptive parenting styles known as rejection and overprotection. In our final study, we analyzed the attachment styles of the adult child and found that both parental narcissism subtypes were linked to avoidant and anxious attachment. Our studies identified the negative effects that both subtypes have on the development of the adult child, which ultimately suggested that vulnerable narcissism is the more substandard subtype.

Keywords: Parental narcissism, Vulnerable narcissism, Child development, Attachment styles, Parenting styles
**Introduction**

A moderate amount of research has been dedicated to studying the differing dimensions of narcissism in family settings, more specifically, in child and parental relationships. Some articles have delved deep into parenting styles and the types of parenting that can affect the development of narcissism in children. For example, a few have found that stricter parenting, such as authoritarian parenting, can contribute to the development of grandiose and vulnerable narcissism (Cater et al., 2011). Others have found that parents who are over-involved and show an excessive amount of warmth, such as those who are “helicopter parents”, can also contribute to the development of these forms (Green et al., 2020; Winner & Nicholson, 2016). However, little research has looked at parental narcissism. Two studies have shown that narcissistic parent and child bonds are usually not the best, and generally parents have low senses of well-being and satisfaction with their child and parent bond (Hart, 2017; Horton, 2021). The current research aims to provide additional useful data pertaining to narcissistic parenting and child development.

**Trait Narcissism**

There are a multitude of different types of narcissism ranging from personality traits to personality disorders, but there are two major subtypes of narcissistic traits that have been studied and seen most in individuals known as vulnerable and grandiose narcissism. In our three studies, we are studying narcissism at the trait level. Narcissism is a specified set of personality traits that usually consist of an inflated sense of self, lack of empathy, and manipulative personality. Although each dimension of grandiose and vulnerable narcissism has similar characteristics of antagonistic behaviors, both have distinct differences and motivation for their behaviors that vary from person to person (Miller et al., 2011).
Grandiose narcissism is the more well-represented form of narcissism, where individuals display an inflated sense of self and exaggerated portrayal of their own importance. Grandiose narcissists’ behaviors are usually driven by their want for self-enhancement and is significantly related to positive self-esteem and independent self-construal (Miller et al., 2011; Rohmann et al., 2011). Grandiose narcissists display more extraversion and are more likely to have a dominant grandiosity to their personality and sense of self (Miller et al., 2011). High levels of aggression are also linked to this form of narcissism (Miller et al., 2011). Due to their need for acceptance, grandiose narcissists are more vulnerable to setbacks, which can usually make them more defensive in nature and cause negative reactivity to such setbacks as well as criticism (Besser & Priel, 2010; Miller et al., 2011). Their counterparts, vulnerable narcissists, also share this desire to be socially accepted, but they are less grandiose in their approach to this.

Vulnerable narcissism is a direct opposite of grandiose narcissism despite their shared antagonistic behaviors and need for social inclusion. Vulnerable narcissists are usually much more reserved with presenting not only themselves, but their narcissistic behaviors. Vulnerable narcissists are self-absorbed and defensive; however, they are also more prone to being socially insecure and self-conscious (Jauk, et al., 2017). These narcissists often reflect insecure grandiosity and defensiveness due to their own feelings of incompetence, inadequacy, and hypersensitivity, often being described as having “introversive self-absorbedness” due to this (Jauk et al., 2017; Miller et al., 2011; Miller et al., 2018). Vulnerable narcissism is also characterized by greater internalizing symptoms and psychological distress (Miller et al., 2018). Knowing about both vulnerable and grandiose narcissism can provide adequate data as to what these subtypes are like in a family setting.
Parenting Styles, Parent Personality, and Attachment

Parenting styles are an important determining aspect of childhood development. For example, parenting styles that are deemed “inadequate”, such as permissive and authoritarian parenting, can produce children that are more prone to self-centered behaviors and have a lower sense of well-being, as discussed at length by Baumrind (1971). Authoritarian parents are usually less warm to their children and are more controlling of, demanding of, and detached from their children. This parenting style usually causes children to become withdrawn and discontent, which can even cause negative aspects of personality development such as requiring more attention for validation and difficulty maintaining close relationships. Permissive parenting is a parenting style in contrast to authoritarian parents. These parents usually display an overabundant amount of warmth to their child and do not have much control over or demand much from their child. Such parenting can be problematic as this can produce children who are more self-centered, or less explorative and self-reliant.

Authoritative parenting is known as an “optimal” parenting style. This style involves a parent that is demanding and controlling, but also warm and receptive to feelings (Baumrind, 1971). The authoritative parenting style is linked to better academic excellence and emotional regulation in children due to an authoritative parent’s emotional supportiveness and high standards (Darling & Steinberg, 1993). To add to this, children as young as pre-school age were seen to be more explorative, self-reliant, and self-controlled due to an authoritative parent being present in their life (Baumrind, 1971).

The authoritative parenting style seems to be one of the “better” parenting styles as seen through a range of research regarding the abundant positive attributions it has on child development. It can be reasonable then to state that parental warmth and harshness can be
positively as well as negatively associated with child personality development (Schofield et al., 2012). Although the amount of warmth and care matters with parenting, the primary center of “good parenting” is based on the parent’s own personality (Prinzie et. al., 2009).

As a result of parents being the primary person in a child’s life, their personalities shape their own child’s personality and overall development. Parents’ personality and well-being are important determinants to the development and well-being of a child and can determine the outcome of how the child will handle stress and difficult situations (Belsky, 1984). A parent’s Big Five personality traits are crucial characteristics to consider when looking at parental personality and child development. Results from previous studies have shown that extraversion, conscientiousness, openness, and agreeableness are all linked to positive parenting styles indicating high warmth and positive outcomes in their child’s personality (Achtergarde et al., 2015). However, parents high in neuroticism, mothers more specifically, were seen as less supportive and more power-assertive, which resulted in children with more behavioral problems and negative personal outcomes (Achtergarde et al., 2015).

Attachment theory is another important aspect pertaining to child development, as it provides an understanding of how early attachments and relationships in childhood can later affect the development of the brain and other attachments in later years (Reis et al., 2021). Attachment theory was first created and studied by John Bowlby; his theory is described as the ideology that people are born with some idea of how to behave within relationships, and such ideas begin to flourish throughout the individual’s life with help from the individual’s environment and parental figures (Bretherton, 1992). His theory emphasizes a child’s environment and how their parent-child bond in early childhood can ultimately have consequences in relationships later in their lives if separation occurs (Sable, 2007).
Currently, there are four known styles of attachment. The three most common styles are avoidant, anxious, and secure attachment. The fourth attachment style, which we did not include in our studies, is known as disorganized or fearful-avoidant attachment. As described by Bowlby and other researchers (Bretherton, 1992; Miller et al., 2011), an individual with an avoidant attachment style is less likely to depend on a person or romantic partner and is more likely to struggle to develop healthy and close relationships and overemphasize independence and emotional communication. With an anxious attachment style, an individual is usually more codependent upon people, especially their romantic partner, and lives in constant fear and anxiety that people will leave them or will not reciprocate the same love as them. As for a secure attachment style, this is the more desirable attachment style an individual can have. People with this style are able to establish close relationships with individuals without completely depending on them and are able to share their thoughts and feelings easily with others.

Narcissism in Family Settings

It is important to know about family narcissism to aid people in understanding what narcissism is and allowing individuals to avoid the growth of negative aspects of this trait. Many studies have examined narcissistic development in children, particularly examining the influence of over-parenting and over-involvement. Not only this, but previous research found that parenting styles play an important role in determining child narcissism (Green et al., 2020). Even though this may be the case, each parenting style and the type of narcissism produced by it still varies.

Research regarding grandiose narcissism in children has mixed results on the type of parenting involved. Some researchers report that over-indulgent parenting can result in the development of grandiose narcissism, while others report that strict parenting is linked to
grandiose narcissistic development. Those high in grandiose narcissism have reported that in their childhood, they recalled having stricter parents and also recalled having a higher fear of parental rejection or separation (Cater et al., 2011). Such parenting can cause children to have low self-esteem, yet in adulthood, such feelings of inadequacy may develop into a more “grandiose façade” as said by Cater and colleagues (2011). To add to this, further research has suggested that psychological control from the parent and more “cold” parenting also suggests high grandiosity in children (Green et al., 2020; Horton & Tritch, 2013). To contradict such findings, children with more benevolent childhoods, meaning those that had a privileged lifestyle and less restrictive parents, are also more likely to have grandiose narcissistic traits in comparison to those who had malevolent childhoods, meaning those that were less privileged (Starbird & Story, 2020).

Research regarding the development of vulnerable narcissism is similarly mixed in regard to the type of parenting involved. Similar to grandiose narcissistic development, both over-indulgent and strict parenting types are seen with this narcissism as well. Vulnerable narcissistic individuals have reported having experienced numerous adverse and negative events within their childhood such as parental abuse and maltreatment (Miller et al., 2018). Such reports could contribute to the attachment difficulties they attest to having as well as their suspicions towards others (Miller et al., 2018). Furthermore, it was also seen in one study that vulnerable narcissism was significantly positively correlated with parents who were inconsistent with discipline and had poor monitoring and supervision skills (Mechanic & Barry, 2014). Contradictory to this, one study found that vulnerable narcissism was seen in young adult children that have more over-indulgent parents, also known as “helicopter parents” (Winner & Nicholson, 2018). To add to
this, it was found that parenting styles with more “warmth” had caused more vulnerable narcissistic trait development as well (Green et al., 2020).

It is also important to research narcissism and attachment styles, as both can negatively impact each other. Having narcissistic traits can negatively impact how individuals form relationships with others, ultimately impacting their attachment and how they establish certain relationships (Reis et al., 2021). Certain studies have found a correlation between anxious and avoidant attachment styles linked with higher rates of vulnerable narcissism (Cramer, 2019; Dickinson and Pincus, 2003; Fossati, et al., 2014). Despite these results, others have found that there is no correlation between vulnerable narcissism and avoidant attachment and emphasizes that there is a greater correlation between vulnerable narcissism and anxious attachment than any other attachment styles (Rohmann et al., 2012). Grandiose narcissism and attachment styles have also shown contradicting results. Some studies suggest that grandiose narcissism and avoidant attachment have positive relation to each other (Cramer, 2019; Dickinson & Pincus, 2003; Fossati, et al., 2014), while others have found that there is a negative correlation (Rohmann et al., 2012), and yet another found there is no correlation at all (Miller et al., 2011). Thus, the research on this topic is mixed.

Despite the relative wealth of research examining how narcissism develops, little research regarding parental narcissism and the effects it has on child development has been conducted. It is important to know about parental narcissism to improve parenting and parenting styles. Having information about non-optimal parenting styles and parental narcissism may allow for successful parenting and contribute to positive child development.

Hart (2017) has provided useful data towards narcissistic parenting specifically towards parenting styles and narcissism. Grandiose narcissism in parents was associated with low scores
on the Caregiving and Empathy questionnaire, further showing that those with this narcissism lack empathy. The study discovered that parents who displayed more maladaptive grandiose narcissistic traits were more likely to use non-optimal parenting styles (i.e., authoritarian or permissive) in comparison to those who did not display maladaptive narcissistic traits. This supports the ideology that narcissism has an impact on parenting styles, and that narcissistic parents can negatively impact children and their perception of healthy empathetic relationships.

Horton (2021) is another prominent figure in this field of narcissistic study, providing a look at narcissistic parenting through the eyes of the narcissist themselves. His study assessed the overall well-being experienced by parents due to parenthood to discover how grandiose narcissism affects parental and child relationships. Grandiose narcissism was negatively associated with subjective well-being, meaning parents with higher grandiose narcissism scores had little satisfaction with their parental and child bond resulting in a lower well-being score. Horton’s study provides further evidence regarding the negative effects that narcissistic parents can have on their child’s development, but more research is still needed in this area.

**The Current Research**

This research focused on parental narcissism and how it affects the child in three differentiating ways. We wanted to focus on both subtypes of narcissism to expand knowledge and research on vulnerable narcissism due to the little research on this subtype, while also contributing to the little research on parental narcissism as a whole. In all three studies we recruited adults as participants and asked them to recall their childhood experiences and report on their parents’ narcissism.

In Study 1, we focused on parental narcissism and how it affects the adult child’s well-being and self-esteem. Mental health is an important part of development, and parents play a
large role in a child’s mental health, both with what they say to the child and how they parent. In Study 2, we focused more on the narcissistic parent’s parenting style, by asking participants to reflect on their chosen parent’s behavior towards them in their adolescent years. Studying parenting styles is important as it gives us a broader understanding of how narcissistic parents parent and explains how they act towards their children and in a household setting. In Study 3, we focused on attachment styles that the adult child may have with their chosen narcissistic parent. Defining attachment styles of children of narcissistic parents provides a larger knowledge about how these children are able to develop, maintain, and act in other relationships they may have later in life. These three studies provide more knowledge about how detrimental narcissistic parenting can be and analyzed how it affected the adult child through the utilization of a variety of psychological measures.

**Study 1**

Our first study aimed to broaden research on family setting narcissism by contributing useful data about parent narcissism, as assessed by adult children. We also tested the efficacy of a self-developed prototype description of both grandiose and vulnerable narcissism. We predicted that (H1a) higher vulnerable narcissism in parents (as rated by the adult child) would be correlated with lower self-esteem in the adult child, and (H1b) higher grandiose narcissism in parents (as rated by the adult child) would be correlated with higher self-esteem in the adult child. We also predicted that both higher vulnerable narcissism and higher grandiose narcissism in parents (as rated by the adult child) would be correlated with lower well-being in the adult child (H2). Finally, we predicted that parental Narcissistic Personality Inventory-16 (NPI-16) scores would be correlated with the grandiose narcissism prototype rating and that parental Hypersensitive Narcissism Scale (HSNS) scores would be correlated with the vulnerable
narcissism prototype rating, all as rated by the adult child (H3). With this data, we hoped to provide useful information about parental narcissism through the eyes of the adult child in order to learn more about narcissism and how it may correlate with others’ self-esteem and well-being. This study was pre-registered on the Open Science Framework (OSF link: [https://osf.io/4k89n])

Method

Participants

We recruited 253 participants, consisting of 149 (56.7%) women, 97 (36.9%) men, 1 (.4%) transgender woman, 1 (.4%) transgender man, 4 (1.5%) non-binary individuals, and 1 (.4%) agender individual. This sample size was chosen due to previous research suggesting that correlations stabilize at approximately $N = 250$ (Schonbrodt & Perugini, 2013). Participants were aged 18+, with a range of 18 being the minimum age and 80 being the maximum ($M = 36.09, SD = 14.31$). A total of 196 (77%) were White/Caucasian, 19 (7.5%) were Black/African American, 13 (5.1%) were Hispanic/Latino, 12 (4.7%) were Asian/Asian American, and none identified as predominantly American Indian/Native American. There were 5 individuals (2%) identifying as multiracial and two individuals (.8%) had stated their ethnic background was not listed, with one responding they identified as “Aboriginal” and one preferring not to say.

Procedure and Materials

Participants were recruited through Prolific and redirected to Qualtrics to take the survey. Participants did not have any requirements of gender, schooling, or ethnicity with only age (18 or older) being a limitation. First, participants were asked to enter in their Prolific ID number. Next, participants were asked to fill out questions pertaining to their well-being and self-esteem. After

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1 This study was funded by a BSU Adrian Tinsley Program Summer Grant.
this, participants were instructed to choose one parental figure to answer a series of questionnaires about. They were asked to enter in the nickname of that chosen parental figure (i.e., Mom, Dad, Papa, Nana) in a textbox; we used the piped text feature on Qualtrics to automatically insert that nickname throughout the remainder of the survey to ensure the participant did not forget who they chose. Participants completed several measures of parental narcissism as well as a question asking about their relationship with this parent. Participants also completed two additional questions pertaining to their therapy attendance and knowledge of familial mental illness for additional analysis. Finally, participants were asked what they believed was being measured in the survey as well as other closing statements and questions.

**Warwick-Edinburgh Mental Well-Being Scale--Rasch-Derived Short Form.** Participants filled out the Warwick-Edinburgh Mental Well-Being Scale--Rasch-Derived Short Form (Houghton et al., 2017) to measure overall well-being. The participants were given a series of 10 statements stating how they were feeling and rated on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). For example, one of the statements read: “I have been feeling optimistic about the future.” We summed all ten items to create a total well-being score ($\alpha = .92$).

**Rosenberg Self-Esteem Scale.** The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to measure self-esteem of participants. The RSES consists of 10 statements rated on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). An example of two of the statements include “I feel that I have a number of good qualities” and “I certainly feel useless at times” (reverse-scored). We summed all ten items to create a total self-esteem score ($\alpha = .94$).

**Narcissistic Personality Inventory 16.** Next, participants filled out an adapted version of the Narcissistic Personality Inventory 16 (NPI-16; Ames et al., 2006) to measure grandiose narcissism in the participant’s chosen parent. The NPI-16 contains 16 paired statements that
consist of a more narcissistic option and a less narcissistic option. We adapted the scale by changing each item from self-report to other report, using piped text to automatically put the name of the parent the participant chose to answer about into each question. For example, two of the statements in one question would read “(piped text) really likes to be the center of attention” or “It makes (piped text) uncomfortable to be the center of attention”, and participants then chose which statement best fit their parent. We summed the number of more narcissistic options that participants chose to create a total score of parent grandiose narcissism (α = .88).

**Hypersensitive Narcissism Scale.** Participants filled out an adapted version of the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997) to measure vulnerable narcissism in the chosen parent. The HSNS consists of 10 items that are rated on a scale of strongly disagree (1) to strongly agree (5). Similar to the NPI-16, we adapted the HSNS from self-report to other-report and used piped text to fill in each question to ensure the participant would not forget who they were answering for. An example of one statement read “My (piped text) can become entirely absorbed in thinking about their personal affairs, their health, their cares, or their relations to others”, and participants would choose which option on the Likert scale made the most logical sense to their own thoughts. We summed all ten items to create a total score of parent vulnerable narcissism (α = .86).

**Prototypes.** After the NPI-16 and HSNS, two prototypes for grandiose and vulnerable narcissism were provided to the participants. The prototypes included the following statements for grandiose and vulnerable narcissism: “A) Grandiose narcissism: Self-centered and entitled. Characterized by extraversion, dominance, and attention-seeking. Pursue power in order to receive a better status and praise. Act selfishly and can be dishonest. B) Vulnerable narcissism: Self-centered, but believe they are not getting what they deserve. Usually are quiet and reserved.
They have a strong sense of entitlement but are easily threatened. Act selfishly and can be dishonest.” Participants then rated the extent to which they agreed that their chosen parent fit each prototype by responding to two questions: “My (piped text) is a vulnerable narcissist” ($M = 2.00$, $SD = 1.31$) and “My (piped text) is a grandiose narcissist” ($M = 1.64$, $SD = 1.16$). Each statement was rated on a Likert scale of 1 (strongly disagree) to 5 (strongly agree). Piped text was again utilized to ensure participants would remember who they were answering for.

**Results**

Analysis of the data involved the use of Pearson’s bivariate correlation tests for each hypothesis. SPSS was utilized for data analysis. Prior to analysis, sum scores were created for each tested variable. Participants with missing data were excluded from the specific variable's correlation analysis. There were no participants excluded for lack of seriousness while taking the survey, as no participants selected 1 (not seriously at all) on the seriousness scale.

**Hypothesis I**

We predicted that (a) vulnerable narcissism in parents (as rated by the adult child) would be negatively associated with self-esteem in the adult child, and (b) grandiose narcissism in parents (as rated by the adult child) would be positively associated with self-esteem in the adult child. Partially supporting Hypothesis 1a, vulnerable narcissism in parents (as rated by the adult child) was negatively correlated with self-esteem in the adult child ($r = -.28$, $p < .001$). Hypothesis 1b was not supported as parental grandiose narcissism and adult child self-esteem were not significantly correlated ($r = .02$, $p = .75$).

**Hypothesis II**

The second hypothesis that was tested was the prediction that both vulnerable narcissism and grandiose narcissism in parents (as rated by the adult child) would be negatively associated
with well-being in the adult child. Partially supporting this hypothesis, we found that vulnerable narcissism in parents (rated by the adult child) was significant and negatively correlated with the adult child’s well-being \((r = -0.24, p < 0.001)\). However, grandiose narcissism in parents (rated by the adult child) was not significantly correlated with their well-being scores \((r = -0.04, p = 0.55)\).

**Hypothesis III**

For the final hypothesis, we predicted that NPI-16 scores would be correlated with the grandiose narcissism (GN) prototype rating and that HSNS scores would be correlated with the vulnerable narcissism (VN) prototype rating. Supporting our hypothesis, NPI-16 scores were significantly positively correlated with the GN prototype rating \((r = 0.69, p < 0.001)\) and HSNS scores were significantly positively correlated with the VN prototype rating \((r = 0.50, p < 0.001)\). However, HSNS scores additionally significantly positively correlated with the GN prototype rating \((r = 0.44, p < 0.001)\), and NPI-16 scores were positively correlated with the VN prototype rating \((r = 0.47, p < 0.001)\).

Though not pre-registered, we ran Hotelling’s tests to check the relative strength of these correlations. Results showed no difference in correlation strength between the HSNS and the GN prototype vs. the VN prototype \((t(249) = -1.04, p = 0.30)\) contrary to Hypothesis 3. Interestingly, NPI scores were more strongly correlated with the GN prototype than with the VN prototype \((t(248) = 4.40, p < 0.001)\).

**Exploratory Analyses**

For further analysis, we also tested whether there was a difference in parental grandiose narcissism or vulnerable narcissism depending on whether or not the participant had answered in the survey that they attended therapy, or if they had a family history of mental illness. For significant ANOVA tests, we conducted post hoc comparisons using the Tukey HSD test to
measure significant links between each narcissism, therapy attendance, and mental illness knowledge.

First, we tested whether parental vulnerable narcissism or grandiose narcissism were related to the participants’ knowledge of a history of mental illness within their family. Out of our total participants, 129 responded that they do have knowledge of family mental illness, 83 responded that they do not, and 39 responded that they were unsure. Only one participant responded with “I do not feel comfortable answering”, so their data was excluded from these analyses. There was a significant link between parental vulnerable narcissism and participants having knowledge of mental illness ($F(2, 248) = 8.60, p < .001$). Post hoc tests showed that people who have knowledge of family mental illness rated their parent as higher in vulnerable narcissism ($M = 29.53, SD = 7.93$) compared to people who do not ($M = 24.92, SD = 7.70$); there were no other significant differences. For parental grandiose narcissism, there was no significant link ($F(2, 247) = .51, p = .60$). Due to there being no significant effect, no post hoc tests were utilized for this measure. Thus, knowledge of family mental illness does not seem to be related to parental grandiose narcissism as rated by the adult child.

We also tested whether there was a link between both parental vulnerable narcissism and grandiose narcissism with whether or not the participant attended therapy. Out of our total participants, 33 responded that they were currently seeing a therapist, 103 responded that they were not currently seeing a therapist but had in the past, 113 responded that they had never seen a therapist, and 3 responded with “I do not feel comfortable answering”. There was a significant link between vulnerable narcissism and the attendance of therapy ($F(3, 248) = 3.60, p = .01$). Post hoc testing found that people who were currently seeing a therapist reported higher vulnerable narcissism in their parent ($M = 31.24, SD = 7.50$) compared to people who did not
attend therapy ($M = 26.20, SD = 8.30$). For parental grandiose narcissism, there was again no significant link ($F(3, 247) = .36, p = .78$). Thus, therapy attendance does not seem to be related to parental grandiose narcissism as rated by the adult child.

Lastly, we also examined the correlation between both types of narcissism and how they rated their relationship with their parent. We found that overall, 14 participants rated that they did not have a good relationship with their parent, 31 rated they had a slightly good relationship, 56 rated it as moderately good, 82 rated it as very good, and 70 rated it as extremely good. There was a significant link between higher parental vulnerable narcissism and lower relationship ratings ($r = -.52, p < .001$). There was also a significant link between grandiose narcissism and worse relationship rating ($r = -.41, p < .001$). We ran Hotelling’s tests to check the relative strength of these correlations. Through our analysis, we found that those who rated their parent as higher in vulnerable narcissism had a significantly worse relationship compared to those who rated their parent as higher in grandiose narcissism ($t(248) = 2.03, p = .04$).

**Discussion**

Our results showed that vulnerable narcissism is linked to a more negative sense of self in the adult child, as opposed to grandiose narcissism, which did not seem to negatively affect the adult child’s self-esteem or well-being. In our next study, we wanted to gain a better understanding of the type of parenting style that narcissists are prone to using. We expected to find that both types of narcissism are linked to adverse parenting styles, as this may be an indication of why some participants experienced lower self-esteem and well-being.

**Study 2**

Similar to Study 1, Study 2 examined narcissistic parent and child bonds. This study primarily focused on finding correlations between the differing parenting styles and the two
subtypes of parental narcissism. The EMBU-A (Gerlsma et al., 1991) was utilized to measure three types of parenting styles known as rejection, emotional warmth, and overprotection. This test was utilized as it one of the few tests that focuses on adolescence instead of early childhood, which due to our population of participants, would be easier for them to remember. We predicted that (H1a) vulnerable narcissism in parents (as rated by the adult child) would be correlated with overprotection as a parenting style and (H1b) grandiose narcissism in parents (as rated by the adult child) would be correlated with rejection as a parenting style. We also predicted that both vulnerable narcissism and grandiose narcissism in parents (as rated by the adult child) would be negatively correlated with emotional warmth as a parenting style (H2). This study was pre-registered on the Open Science Framework (OSF link: [https://osf.io/2365m])².

Method

Participants

We recruited 251 participants, consisting of 144 (57.4%) women, 101 (40.2%) men, 1 (.4%) transgender man, 4 (1.6%) non-binary individuals, and 1 (.4%) agender individual. We again based this sample size off of research suggesting that correlations stabilize at approximately $N = 250$ (Schonbrodt & Perugini, 2013). Participants were aged 18+, with a range of 18 being the minimum age and 75 being the maximum ($M = 35.96, SD = 11.36$). A total of 177 (70.5%) were White/Caucasian, 23 (9.2%) identified as multiracial, 18 (7.2%) were Black/African American, 17 (6.8%) were Asian/Asian American, 11 (4.4%) were Hispanic/Latino, and 2 (.8%) identified as American Indian/Native American. Originally, we had 252 participants, but we deleted one participant due to this individual answering “not at all

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² This study was funded by a BSU Undergraduate Research Semester Grant.
seriously” on our question asking how seriously they had taken the survey, according to our pre-registered exclusion criteria.

**Procedure and Materials**

Similar to Study 1, participants were recruited through Prolific and redirected to Qualtrics to take the survey. First, participants were asked to enter in their Prolific ID number. As in Study 1, participants were instructed to choose one parental figure to answer a series of questionnaires about; the nickname they entered was inserted into all following questions using the piped text feature on Qualtrics. First, participants were given the EMBU-A (Egna Minnen Beträffande Uppfostran-Adolescent Version, Gerlsma, et al., 1991) to fill out, in which they were asked to recall experiences they had with their parent from their adolescence. Then, as in Study 1, participants completed the NPI-16 (α = .89) and the HSNS (α = .88) from the perspective of their chosen parent, as well as a question asking about their relationship with this parent on a scale of 1 (not good at all) to 5 (extremely good). In addition, participants completed two additional questions pertaining to their therapy attendance and knowledge of familial mental illness for additional analysis. Finally, participants were asked what they believed was being measured in the survey as well as other closing statements and questions.

**Egna Minnen Beträffande Uppfostran-Adolescent Version.** The EMBU-A (Gerlsma, et al., 1991) is an 81-item scale divided up into subscales that define four parenting styles. In this study, we did not include the subscale Factor IV: Favoring Subject, due to potential limitations in participants not having siblings. In the subscale Factor I: Rejection two questions pertaining to siblings were changed in this study to instead say “family members” so as to be inclusive of those who may not have siblings. All questions were converted into past tense, as participants were recalling experiences from their adolescent years. An example question from the first
subscale titled *Factor I: Rejection* asked “Do you think that (piped text) wanted you to be different?” ($\alpha = .94$). An example of a question from subscale *Factor II: Emotional Warmth* asked “Did (piped text) show that they loved you?” ($\alpha = .95$). For the third subscale titled *Factor III: Overprotection*, one question asked, “Did your (piped text) interfere in everything you did?” ($\alpha = .82$). For each subscale, the participant chose on a Likert scale ranging from 1 (*no, never*) to 4 (*yes, nearly always*) how much each statement related to their parent’s behavior during their adolescent years based on their recollection.

**Results**

Similar to Study 1, analysis of the data involved the use of Pearson’s bivariate correlation tests for each hypothesis. SPSS was utilized for data analysis, and prior to analysis, sum scores were computed for each tested variable. Participants with missing data were excluded from the specific variable’s correlation analysis.

**Hypothesis I**

We predicted that (a) vulnerable narcissism in parents (as rated by the adult child) would be correlated with overprotection as a parenting style and (b) grandiose narcissism in parents (as rated by the adult child) would be correlated with rejection as a parenting style. Supporting this hypothesis, we found that vulnerable narcissism in parents (as rated by the adult child) was positively correlated with overprotection as a parenting style ($r = .30$, $p < .001$), and grandiose narcissism (as rated by the adult child) was positively correlated with rejection as a parenting style ($r = .54$, $p < .001$). However, we also found that grandiose narcissism in parents (as rated by the adult child) was also positively correlated with overprotection ($r = .26$, $p < .001$). Vulnerable narcissism in parents (as rated by the adult child) was also found to be positively correlated with parental rejection ($r = .69$, $p < .001$). We ran Hotelling’s tests to check the
relative strength of these correlations. We found that the HSNS was more strongly linked with rejection than the NPI-16 ($t(248) = -0.72, p = .47$) and found that the NPI-16 was more strongly linked with overprotection than the HSNS ($t(248) = -3.67, p < .001$), contrary to our hypothesis.

**Hypothesis II**

Hypothesis 2 predicted that both vulnerable narcissism and grandiose narcissism in parents (as rated by the adult child) would be associated with lower emotional warmth as a parenting style. Supporting this hypothesis, we found that emotional warmth was negatively correlated with vulnerable narcissism in parents ($r = -.64, p < .001$) and was negatively correlated with grandiose narcissism in parents ($r = -.47, p < .001$).

**Exploratory Analyses**

Replicating Study 1, we tested whether there were any significant differences between the two subtypes of narcissism in parents and if the participant had attended therapy. We also examined whether or not the participant had any knowledge of familial mental illness and the two subtypes of narcissism. We conducted a series of ANOVAs with Tukey HSD post hoc tests to answer these questions.

To begin, we tested whether parental vulnerable narcissism or grandiose narcissism were related to the participants’ knowledge of mental illness(es) within their family. Out of our 251 participants, 105 responded that they do have knowledge of family mental illness, 100 responded that they do not, 35 responded that they were unsure, and 11 responded that they would not like to answer. There was a significant link between parental vulnerable narcissism and participants having knowledge of mental illness ($F(3, 247) = 8.34, p < .001$). Post hoc tests showed that people who did not have any knowledge of familial mental illness rated their parent as lower in vulnerable narcissism ($M = 24.17, SD = 7.72$) compared to people who did have knowledge of
family mental illness ($M = 29.56, SD = 8.68$) and compared to those who were unsure of any familial mental illness ($M = 29.57, SD = 8.38$). In addition, we found that there was a significant link between parental grandiose narcissism and participants’ knowledge of familial mental illness ($F(3, 247) = 5.06, p < .001$). Post hoc tests showed that people who do not have knowledge of familial mental illness rated their parent as lower in grandiose narcissism ($M = 4.86, SD = 3.39$) compared to those who did not feel comfortable answering ($M = 9.45, SD = 4.61$). This finding did not replicate Study 1 findings, as in Study 1 we found that there was no significant effect between grandiose narcissism and knowledge of familial mental illness.

In addition to this test, we tested whether there was a link between both variants of parental narcissism and the participant’s attendance of therapy. Similar to Study 1, we found that most participants had never seen a therapist. Through our survey, we found that 23 responded that they were currently seeing a therapist, 99 responded that they were not currently seeing a therapist but had in the past, 125 responded that they had never seen a therapist, and 4 responded with “I do not feel comfortable answering”. Unlike Study 1, we did not find a significant link between vulnerable narcissism and therapy attendance ($F(2, 247) = 2.16, p = .09$). However, in Study 2, we did find a significant link between therapy attendance and parental grandiose narcissism ($F(3, 247) = 3.92, p = .009$). Through post hoc testing, we found that participants who were currently attending therapy reported higher parental grandiose narcissism ($M = 9.00, SD = 5.25$) in comparison to those that stated they are not currently seeing a therapist but have in the past ($M = 5.59, SD = 4.61$) as well as in comparison to those who answered they have never seen a therapist ($M = 5.65, SD = 4.33$).

Lastly, we also examined the correlation between both types of parental narcissism and how the participant rated their relationship with their parent. We found that 21 participants rated
that they did not have a good relationship with their parent, 28 rated they had a slightly good relationship, 46 rated it as moderately good, 74 rated it as very good, and 82 rated it as extremely good. There was a significant link between higher parental vulnerable narcissism and participants rating their relationship as not good at all ($r = -.64, p < .001$). There was also a significant link between grandiose narcissism and worse relationship rating ($r = -.55, p < .001$).

We ran Hotelling’s tests to check the relative strength of these correlations. Replicating Study 1, we found that those who rated their parent as higher in vulnerable narcissism had a significantly worse relationship compared to those who rated their parent as higher in grandiose narcissism ($t(248) = 2.10, p = .04$).

**Discussion**

Our results showed that vulnerable and grandiose narcissism are both linked to more negative parenting styles—known as overprotection and rejection—used by the narcissistic parent. In our third study, we wanted to explore the attachment styles that may develop in the adult children of narcissistic parents. We expected to find that both types of narcissism are linked to adverse attachment styles, as this may be an indication of the negative effects that parenting styles had on the adult child and narcissistic parent’s bond.

**Study 3**

As with both previous studies, this study focused on child and parental bonds, more specifically, pertaining to the attachment style of the adult child. This study primarily focused on finding correlations between the differing attachment styles and the two subtypes of narcissism. We predict that (H1a) vulnerable narcissism in parents (as rated by the adult child) would be correlated with anxious attachment style in the adult child and (H1b) grandiose narcissism in parents (as rated by the adult child) would be correlated with avoidant attachment style in the
adult child. For our second hypothesis (H2), we predict that both vulnerable narcissism and
grandiose narcissism in parents (as rated by the adult child) would be negatively correlated with
secure attachment in the adult child. This study was pre-registered on the Open Science
Framework (OSF link: [https://osf.io/f3sbq])³.

Method

Participants

We recruited 252 participants, consisting of 115 (45.6%) women, 126 (50%) men, 8
(3.2%) transgender men, and 3 (1.2%) non-binary individuals. Similarly, to our previous two
studies, we based this sample size off research suggesting that correlations stabilize at
approximately $N = 250$ (Schonbrodt & Perugini, 2013). Participants were aged 18+, with a range
of 18 being the minimum age and 74 being the maximum ($M = 39.53$, $SD = 13.74$). A total of
183 (72.6%) were White/Caucasian, 20 (8%) identified as multiracial, 15 (6%) were
Black/African American, 19 (7.5%) were Asian/Asian American, 13 (5.2%) were
Hispanic/Latino, 1 (.4%) individual identified as American Indian/Native American, and 1 (.4%) individual had chosen the option that their ethnic background was not present and input that they were “European American”. No participants selected “not seriously at all” within our seriousness scale, therefore no participants were deleted.

Procedure and Materials

As with our previous studies, participants were recruited through Prolific and redirected
to Qualtrics to take the survey. First, participants entered in their Prolific ID number. Similarly,
to Study 1 and 2, participants were instructed to choose one parental figure to answer a series of
questionnaires about; the nickname they entered was inserted into the HSNS and NPI-16

³ This study was funded by a BSU Undergraduate Research Semester Grant.
questionnaires using the piped text feature on Qualtrics. First, participants were given the Experiences in Close Relationships-Relationship Structures Questionnaire (ECR-RS; Fraley et al., 2011) to fill out, in which they were asked to indicate how they experience relationships to measure anxiety and avoidance attachment styles. After this measure, participants were asked to fill out the Original Attachment Three-Category Measure (OATCM; Hazan & Shaver, 1987) also pertaining to how they feel about their relationships. In addition to the previously stated attachment styles, this measure determined if an individual had a secure attachment style. Then, participants completed the NPI-16 (α = .89) and the HSNS (α = .87) from the perspective of their chosen parent, questions about their therapy attendance and family mental illness knowledge, as well as a question asking about their relationship with this parent on a scale of 1 (not good at all) to 5 (extremely good). Finally, participants were asked what they believed was being measured in the survey as well as other closing statements and questions.

**Experiences in Close Relationships-Relationship Structures (ECR-RS).** The ECR-RS (Fraley et al., 2011) is a 9-item measure used to assess an adult individual’s attachments in relationships. The ECR-RS is designed to test attachment in specifying close relationships such as those pertaining to partners, friends, or parents. This questionnaire tests for both anxious attachment and avoidant attachment in the adult child. A question pertaining to anxious attachment reads “I often worry that (piped text) doesn't really care for me.” For avoidant attachment, one question reads “I don't feel comfortable opening up to (piped text).” Participants then chose on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) how much each statement related to them and their perceptions of their relationships. We created sum scores for both avoidant attachment (α = .94) and anxious attachment (α = .90).
Original Attachment Three-Category Measure (OATCM). The OATCM (Hazan & Shaver, 1987) is a three-item questionnaire utilized to determine adult attachment style. The measure consists of three specific statements labeled A-C, each pertaining to the three original attachment styles known as Anxiety, Avoidant/Ambivalent, and Secure. The statement for the Avoidant/Ambivalent attachment style (A) reads “I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being”. The second statement which represents the Secure attachment style (B) states “I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me”. The final statement which represents the Anxiety attachment style (C) states “I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away”. Participants are then able to choose which statement most describes them by clicking on the best fitting statement.

Results

As with both previous studies, analysis of the data involved the use of Pearson’s bivariate correlation tests for each hypothesis. SPSS was utilized for data analysis, and prior to analysis, sum scores were computed for each tested variable. Participants with missing data were excluded from the specific variable's correlation analysis.

Hypothesis I

We predicted that (a) vulnerable narcissism in parents (as rated by the adult child) would be correlated with anxious attachment style in the adult child and (b) grandiose narcissism in
parents (as rated by the adult child) would be correlated with avoidant attachment style in the adult child. We utilized the ECR-RS to test this hypothesis as this scale tests for avoidant and anxious attachment using a continuous scale. Supporting this hypothesis, we found that vulnerable narcissism in parents (as rated by the adult child) was positively correlated with anxious attachment style \((r = .59, p < .001)\), although grandiose narcissism (as rated by the adult child) was also positively correlated with anxious attachment style \((r = .50, p < .001)\). We found that grandiose narcissism in parents (as rated by the adult child) was positively correlated with avoidant attachment \((r = .56, p < .001)\), although vulnerable narcissism in parents (as rated by the adult child) was also found to be positively correlated with avoidant attachment \((r = .61, p < .001)\). We ran Hotelling’s tests to check the relative strength of these correlations. We found that the HSNS and the NPI-16 were both equally linked to avoidant attachment \((t(249) = 1.26, p = .21)\) and the HSNS had a marginally significantly stronger correlation with anxious attachment than the NPI-16 \((t(249) = 1.94, p = .054)\), partially supporting our hypothesis.

**Hypothesis II**

For our second hypothesis, we predicted that both vulnerable narcissism and grandiose narcissism in parents (as rated by the adult child) would be negatively correlated with secure attachment in the adult child. To test this hypothesis, we utilized the OATCM, as this discretely measured scale tests for secure attachment.

An ANOVA showed that there was a significant link between parental grandiose narcissism and attachment styles \((F(2, 247) = 7.00, p < .001)\). Post hoc tests showed that participants with secure attachment rated their parent significantly lower in grandiose narcissism \((M = 5.12, SD = 4.40)\) compared to participants with anxious attachment \((M = 8.25, SD = 5.71)\) and marginally lower compared to participants with avoidant attachment \((M = 6.54, SD = 4.47)\).
For vulnerable narcissism there was also a significant link \( F(2, 249) = 13.70, p < .001 \), with post hoc testing showing that participants with secure attachment rated their parent significantly lower in vulnerable narcissism \( M = 24.60, SD = 8.52 \) compared to participants with anxious attachment \( M = 32.13, SD = 8.13 \) and participants with avoidant attachment \( M = 28.70, SD = 8.32 \).

**Exploratory Analyses**

Similar to the previous two studies, we tested whether there were any significant differences between the two subtypes of narcissism in parents and whether or not the participant had attended therapy. We also examined whether or not the participant had any knowledge of familial mental illness was related to the two subtypes of narcissism. We conducted a series of ANOVAs with Tukey HSD post hoc tests to answer these questions.

To begin, we tested whether parental vulnerable narcissism or grandiose narcissism were related to whether the participant had any knowledge of previous mental illness(es) within their family. Out of our 252 participants, 113 responded that they do have knowledge of family mental illness, 94 responded that they do not, 37 responded that they were unsure, and 8 responded that they did not feel comfortable answering. We found that there was a significant link between parental vulnerable narcissism and participants having knowledge of mental illness \( F(3, 248) = 5.84, p < .001 \). Post hoc tests showed that people who did not have any knowledge of familial mental illness rated their parent as lower in vulnerable narcissism \( M = 24.64, SD = 8.20 \) compared to people who did have knowledge of family mental illness \( M = 29.26, SD = 8.80 \). Similar to Study 1, we found that found that there was no significant link between grandiose narcissism and knowledge of familial mental illness.
In addition to this test, we tested whether there was a link between both subtypes of parental narcissism and the participant’s attendance of therapy. Through our survey, we found that 38 participants responded that they were currently seeing a therapist, 106 responded that they were not currently seeing a therapist but had in the past, 106 responded that they had never seen a therapist, and 2 responded with “I do not feel comfortable answering”. Similar to Study 1 and unlike Study 2, we found a significant link between vulnerable narcissism and the attendance of therapy (\(F(3, 248) = 3.57, p = .02\)). Participants who had rated their parent as higher in vulnerable narcissism were more likely to currently be seeing a therapist (\(M = 30.84, SD = 8.45\)), compared to those who have never seen a therapist (\(M = 25.82, SD = 8.32\)). Unlike Study 2, our results for grandiose narcissism and therapy attendance reflected similar findings as in Study 1, in that we did not find any significant differences between therapy attendance and parental grandiose narcissism.

As tested within our two previous studies, we examined the correlation between both types of narcissism and how the participant rated their relationship with their parent. We found that 32 participants rated that they did not have a good relationship with their parent, 31 rated they had a slightly good relationship, 47 rated it as moderately good, 67 rated it as very good, and 75 rated it as extremely good. We found a significant link between higher parental vulnerable narcissism and participants rating their relationship as worse (\(r = -.67, p < .001\)). There was also a significant link between grandiose narcissism and worse relationship rating (\(r = -.56, p < .001\)). We ran Hotelling’s tests to check the relative strength of these correlations.

Again replicating Study 1 and Study 2, we found that those who rated their parent as higher in vulnerable narcissism had a significantly worse relationship compared to those who rated their parent as higher in grandiose narcissism (\(t(247) = 2.58, p = .01\)).
Discussion

In Study 3, our results showed that vulnerable and grandiose narcissism are both linked to negative attachment styles in the adult child. These attachment styles are known as anxious attachment and avoidant attachment, both of which correlated with vulnerable and grandiose narcissism. We were able to conclude that vulnerable narcissism was linked to therapy attendance and knowledge of familial mental illness, but grandiose narcissism was not.

General Discussion

Although both types of parental narcissism in each study were linked with negative effects in the adult child, it appeared that vulnerable narcissism was the subtype that most affected the adult child. Across our three studies, we found that vulnerable narcissism was linked with adverse effects of low well-being, low self-esteem, adverse parenting styles, and attachment styles. Grandiose narcissism was linked with adverse parenting styles and adverse attachment styles but did not have any link to self-esteem or well-being as predicted. See Table 1 for an overview of the correlational results for all three studies.

In Study 1, we hypothesized that both subtypes as rated by the adult child would be linked to low self-esteem and well-being in the adult child. To our surprise, we found that only vulnerable narcissism was linked to lower well-being and self-esteem while grandiose narcissism was not. This finding is notable as there is currently little to no research pertaining to these two aspects of development of a child of a narcissistic parent, and it provides informative research pertaining to vulnerable narcissism. Although grandiose narcissism in parents can be detrimental (as seen in Study 2 and 3), vulnerable narcissism seems to be more strongly linked to the child’s negative perception of themselves as well as their negative ways of thinking and developing
relationships. This suggests that vulnerable narcissistic parents are slightly more harmful to their child’s development in comparison to grandiose narcissistic parents.

Consistent across each study, the adult child’s rating of their parent’s vulnerable narcissism and the adult child’s knowledge of familial mental illness were linked, though grandiose narcissism had inconsistent results pertaining to mental illness knowledge. This may mean that those with vulnerable narcissistic parents are more exposed to mental illness knowledge and are more educated on the implications that mental illness can have on themselves and their family. We did not ask participants to explain which family members they have knowledge of mental illness regarding, so it may be possible that this question was answered only about their chosen parent or other members of their family (i.e., participants may have been thinking of their parent’s narcissism when answering this question).

Therapy attendance between both subtypes was inconsistent. In Study 1 and 3, we found that higher vulnerable narcissism in the parent as rated by the adult child was associated with higher therapy attendance rates among participants, while Study 2 showed the opposite result. Although we found similar results in two of our three studies, correlation is not causation; in other words, we do not know based on these results whether parental vulnerable narcissism is causally linked with the adult child’s therapy attendance. Grandiose narcissism had shown inconsistent results as well, but these results were contradicting to our vulnerable narcissism results. In both Study 1 and 3, we found that therapy attendance and grandiose narcissism were not linked. Such a finding suggests that grandiose narcissistic parents do not negatively impact the adult child’s mental health as negatively as those with vulnerable narcissistic parents do. This finding is also consistent with our results in our self-esteem and well-being findings in Study 1, which showed that parental grandiose narcissism was not linked with the adult child’s self-
esteem or well-being. These findings allowed us to discover that vulnerable narcissism is the more detrimental and damaging subtype of narcissism. This is further supported by the relationship finding that was consistent across all three studies, showing that participants who rated their parent higher in vulnerable narcissism reported a significantly worse relationship with that parent, even when compared to parents with grandiose narcissism. From here, further research should therefore focus on why parental vulnerable narcissism is more detrimental than grandiose narcissism in a child and parent bond. In addition, future research should analyze the negative impact that it can have not only on the adult child, but perhaps even the narcissistic parent themselves.

Limitations and Future Directions

Although our studies contributed useful data towards research on parental narcissism, our studies did have some limitations. One limitation was the length of one of the narcissism scales; the NPI-16 is the condensed version of the NPI-40 (Ames et al., 2006). The NPI-16 does not fully capture all aspects that the NPI-40 does pertaining to grandiose narcissism, as the NPI-16 only briefly covers certain aspects of grandiosity in an individual. For example, the NPI-40 focuses on assertiveness, leadership, vanity, and envy while the NPI-16 focuses on broader aspects of narcissism such as inflated sense of self and attention seeking (Ames, et al., 2006). The NPI-16 does show validity as seen in previous research; however, many researchers suggest only using the condensed version of the NPI-40 when time constraints exist. Future research should test whether our findings replicate with the full NPI-40.

Another limitation occurs in Study 2 where we asked the participants to recall certain aspects of their adolescent years in order to answer questions on the EMBU-A. Such a recollection may not have been accurate, as some of our participants were elderly. Due to this,
the participants could have easily forgotten or may have not fully remembered how their adolescent years were. To add to this, having participants self-report on how their parents acted to measure parental narcissism could also have similar limitations. However, future research can address this by testing the actual narcissistic parent instead of having the adult child report about their parent to clearly define which parenting style is most seen in narcissistic parents.

Testing for attachment styles the narcissistic parent may have with their child can provide a clearer definition of the type of attachment style most seen in a narcissistic parent. Focusing on this specific bond and how attachment styles are affected by narcissism can provide more insight on how narcissists maintain relationships and how they are also affected by attachment styles. Future research can also focus on whether participants who rated their parents higher in vulnerable narcissism also think that their parent has a mental illness, or perhaps a grandparent who raised the vulnerable narcissist does. This would provide some information pertaining to correlation between mental illness and narcissism; for example, perhaps there is a generational gap between narcissistic parenting and mental health, or generational trauma may cause more narcissistic traits and mental health problems throughout the years. Future research should continue examining this question.

Conclusions

This research aimed to answer the question pertaining to how parental narcissism affects the development of children. Through our research, we are able to conclude that parental narcissism, particularly parental vulnerable narcissism, negatively affects the child’s development. Parental narcissism can negatively affect a person’s well-being, self-esteem, and how they create and manage relationships. With such knowledge, it is crucial for individuals to understand how parenting can impact a child and potentially cause negative impacts in their adult
life. Vulnerable narcissism is not known among many due to the narcissist’s lack of grandiosity and high self-esteem; however, it can be seen that the narcissist’s lack of well-being and self-esteem reflects back onto individuals they form relationships with. Our studies suggest that this lack of stable sense of self is problematic for the adult children of these individuals. This research has only scratched the surface of future studies pertaining to vulnerable narcissism. The data we have collected indicates that more detailed research is needed as it may provide useful knowledge to mental health practitioners in order to aid clients who may have experienced such parenting.
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Note. VN: Vulnerable Narcissism. GN: Grandiose Narcissism. *p < .05; **p < .001.