

## Relationship between Parental Narcissism and Children's Mental Vulnerability: Mediation Role of Rearing Style

**Francesco Dentale\***

*Università degli studi di Roma La Sapienza, Italia*

**Valeria Verrastro**

*Università degli studi di Cassino e del Lazio Meridionale, Italia*

**Irene Petruccelli**

*Università Kore di Enna, Italia*

**Pierluigi Diotaiuti**

*Università degli studi di Cassino e del Lazio Meridionale, Italia*

**Filippo Petruccelli**

*Università Kore di Enna, Italia*

**Luigi Cappelli**

*Università degli studi di Roma Tor Vergata, Italia*

**Pietro San Martini**

*Università degli studi di Roma La Sapienza, Italia*

### ABSTRACT

The hypothesis that parental narcissism is related to depression and anxiety of the young adult children and that this relationship is mediated by the parental rearing style as reported by the offspring was investigated. Subjects were 409 young adults (264 females), aged 22.85 ( $SD= 2.00$ ) and their parents. Parental narcissism was measured with the Narcissistic Personality Inventory (NPI); the rearing style, as remembered by the offspring, was measured with the Parental Bonding Instrument (PBI) that includes Parkers's scales of care and overprotection and Gilbert's scales of put-down/shaming and favouritism; depression and anxiety were assessed with the Beck Depression Inventory (BDI) and the State-Trait Anxiety Inventory (STAI) respectively. Two total mediation models (one for fathers and one for mothers), including parental NPI as a predictor, PBI scales as mediators and children's scores on BDI and STAI as criteria, showed adequate goodness of fit indices. The sums of indirect effects of both paternal and maternal narcissism on children's depression and anxiety, via all rearing style dimensions, were significant. These results suggest that parental narcissism is related to children's depression and anxiety and that this relationships is mediated by the rearing style as recalled by the offspring.

*Key words:* parental narcissism, rearing style, children's depression, anxiety.

### *Novelty and Significance*

*What is already known about the topic?*

- Pathological traits in the parents may affect mental vulnerability of the children.
- Affectionless control rearing style may induce depression and anxiety in the children.

*What this paper adds?*

- Investigates theoretically and empirically the relationships among parental narcissism, affectionless control rearing style and mental vulnerability of the young adult children.
- The hypothesis that parental narcissism is related to children's depression and anxiety, and that these relations are mediated by the rearing style retrospectively reported by the offspring was tested.

The assessment of the parenting skills in custody domain frequently includes a parental psychopathological evaluation (Ackerman & Ackerman, 1996; Bagby, Nicholson,

\* Correspondence concerning this article: Francesco Dentale, Dipartimento di Psicologia, Università degli studi di Roma La Sapienza, Via dei Marsi 78, 00185 Rome, Italia. E-mail: francesco.dentale@libero.it

Buis, Radovanic, & Fidler, 1999; Lempel, 1999), based on the assumption that pathological personality traits of the parents may influence the quality of their rearing behaviors and as a consequence of the children's mental health. As evidence of this theoretical mediation model connecting parental pathological traits (PPT) with their children's mental health via the quality of rearing behaviours, many studies (see Laulik, Chou, Browne, & Allamb, 2013 for a systematic review) showed that PPT are correlated with the quality of parent-child interactions and rearing practices such as inconsistent parental discipline, low parental affection, assistance and encouragement, insensitive or intrusive interactions with the children, harsh or disoriented parental behavior. In particular, of eleven studies selected and examined by the authors, nine confirmed the positive correlation between parental Personality Disorders (PD) traits and impaired rearing behaviors even when the effects were controlled for relevant confounding factors. Moreover, importantly, several studies showed that PD traits in the parents were found to be related to specific psychiatric conditions in the children (see Dutton, Denny-Keys, & Sells, 2011 for a review). For instance Calvo, Lazaro, Castro, Morer, & Toro (2007) showed that in parents of children with Obsessive Compulsive Disorder there were higher scores on PD traits if compared with control parents, and similarly Nordahl, Ingul, Nordvik, & Wells (2007) found a significant relationship between PD traits in the mothers (i.e. interpersonal difficulties with a self-centered style) and Generalized Anxiety Disorder and Oppositional Defiant Disorder prevalence in the children.

Referring to specific PDs, Laulik *et al.* (2013) found that parental cluster B disorders and in particular Borderline Personality traits exerted a negative effect on parenting in eight of the studies examined. Surprisingly, in spite of the clinical and legal interest toward the effect of parental narcissism on rearing behaviours and children's mental health (e.g. Rappoport, 2005; Brown, 2008), only few empirical studies were conducted to investigate these hypotheses systematically.

The scientific concept of narcissism has been variously defined by different relevant authors in a psychodynamic theoretical framework (Freud, 1914; Kohut, 1971; Kernberg, 1975). They have clarified the main characteristics of narcissistic personality as well as its relations to normal and abnormal personality development.

According to Freud, some individuals develop an ego characterized as a sexual loaded object, acquiring in this manner a narcissistic personality with a natural tendency to be dominant and to influence the others. Successively, in order to improve their theoretical models for the treatment of borderline personality disorders, Kernberg (1975) and Kohut (1971) proposed, as main characteristics of narcissism, not only sense of superiority, grandiosity, self-absorption, exhibitionism, arrogance and feelings of entitlement but also fragile self-esteem and emotional instability. Importantly, on a theoretical point of view narcissistic personality characteristics are generally considered as relatively stable over time (e.g. Kernberg, 1975) and, recently, some longitudinal studies (Samuel *et al.*, 2011; Vater *et al.*, 2014) found moderate to high levels of test-retest correlations across a temporal interval of two years, confirming the stability hypothesized.

More recently, a large discussion has developed in the literature (see Pincus & Lukowitsky, 2010 for a review) aimed at clarifying the nature of normal and pathological narcissism. The former has been generally characterized by a series of defensive

strategies, that permit to enhance one's self-image and self-esteem. As such strategies are largely used by healthy individuals, it did not seem appropriate to consider them as abnormal aspects of personality. Differently, pathological narcissism has been viewed as composed of two complementary aspects, grandiosity -as reflected for instance in exaggerated self-esteem and exhibitionism-, and vulnerability, characterized by fragile self-esteem and emotional instability. Interestingly, Miller and Campbell (2008) showed that personality profiles of normal and pathological narcissistic individuals, although differing in extraversion and neuroticism (i.e. high extraversion and low neuroticism in the formers vs. low extraversion and high neuroticism in the latters), shared an antagonistic interpersonal style that included (1) a strong need for power and control of the others and (2) a certain lack of empathy toward other people.

Regarding parental narcissistic traits, several clinicians, on the basis of their clinical experience (Fraiberg, 1980; Espasa, 2004), have suggested that narcissistic parents are likely to present a tendency to deny the needs of their children and to use them as "props" for their own self-esteem, thus assigning them a complementary role. For instance, Espasa (2004) argued that insufficiently elaborated narcissistic needs may be recalled and renewed when individuals become parents, bringing their children to adapt themselves to this projective parental scenario. If these projective identifications are severe and inflexible, parents may become unable to empathize with the real needs of their children, and this may result in distressing familiar conditions that prepare the ground for the development of different forms of psychopathology in the offspring. For instance, recently Rappoport (2005), in order to illustrate the accommodation strategies of narcissistic parents' children, introduces the term "co-narcissism". The author focused on narcissistic parents with a very low self-esteem, interpersonally rigid, easily offended, self-absorbed, blaming, not empathic with others and who attempt to control others' views of them for defensive purposes. Co-narcissistic children, attempting to preserve their relationship with parents, tend to please them, defer their points of view and would be often depressed or anxious as they may easily considered selfish if they act assertively. Interestingly as reported by Horne (1998), parental narcissism was found to be negatively correlated with self-esteem of the offspring, suggesting that, as hypothesized by Rappoport (2005), children of narcissistic parents tend to please the parents' needs in order to avoid relational conflicts and preserve the attachment relationship.

Parental narcissism may be seen therefore as a factor that may undermine the quality of the rearing style. More specifically, the rearing style of narcissistic people seems to be in line with the dysfunctional pattern of *affectionless control* (e.g., Parker, 1979), characterized by excessive control (overprotection) and lack of empathy (low care).

In the attachment theory framework (e.g., Bowlby, 1977), it is generally argued that parents, not able to be a secure base for their children, induce the development of an insecure attachment, making them more prone to psychopathology. In order to investigate the relationship between parental rearing style and psychopathological vulnerability of the children, several instruments have been developed based on the memories of the offspring, such as the *Children's Reports of Parental Behavior Inventory* (CRPBI; Schaefer, 1965), the *Egna Minnen Beträffande Unde Uppfostran* ("My growth memories"; EMBU, Perris, Jacobson, Lindstrom, Van Knorring, & Perris, 1980), and

the *Parental Bonding Instrument* (PBI; Parker, Tupling, & Brown, 1979; Parker, 1989; Cappelli, & San Martini, 2004, for the Italian version). Importantly some reviews (e.g. Brewin, Andrews, & Gotlib, 1993) showed that the scales based on retrospective reports of parental behavior generally revealed an adequate level of reliability and validity. Moreover, the use of these questionnaires appear to be more simple in respect to other methods (e.g. interview) that implies a training for the judges and/or the assessment of their agreement.

According to Parker (1979), the rearing pattern of *affectionless control*, defined in terms of *low care* and *overprotection*, is a factor of psychopathological risk for the offspring. In order to measure this style, he devised the PBI (Parker, Tupling, & Brown, 1979; Parker, 1979), that evaluates the parental rearing style as recalled by the children. This instrument has been widely used in studies that have generally confirmed Parker's claim of a psychopathological potential of *affectionless control*, particularly with reference to the risk of depression and anxiety in the children (e.g. Safford, Alloy, & Pieracci, 2007; Gladstone & Parker, 2005). More recently Gilbert, Allan, and Goss (1996) broadened the pattern of *affectionless control*, including in the assessment of the parental style the tendency to debase and humiliate the child (*putdown-shaming*) and the tendency to favour brothers or sisters to the detriment of the subject (*favouritism*). The former tendency may be ascribed to an antagonistic interpersonal style that, as already mentioned, typically characterizes both normal and pathological narcissism. The cognitive salience of antagonistic scenarios may explain also the tendency to favour the one or the other of the children, bringing the parents to transfer their narcissistic/competitive interpersonal scripts onto the children and to ignore their natural need for approval.

This study explores the relations between parental narcissism, affectionless control style (as retrospectively reported by the offspring) and the psychological vulnerability of the young adult children. Specifically, our expectations are that, in a non clinical sample, parental narcissism is related to children's depression and anxiety, and that this relations are mediated by the rearing style retrospectively reported by the offspring (Parker, Tupling, & Brown, 1979; Parker, 1979; Gilbert, Allan, & Goss, 1996).

## METHOD

### *Participants and Procedure*

Six hundred young adults were administered with the paternal and maternal forms of the PBI, along with the BDI and the STAI. They were also invited to ask their parents to fill in the NPI if they agreed to do so. Both biological parents of 409 respondents (264 females and 145 males; aged 22.85,  $SD= 2.00$ ) agreed to participate. Only one adult child for each family was involved as participant. The mean age of mothers was 50.37 ( $SD= 5.14$ ) and that of fathers was 54.10 ( $SD= 5.56$ ). Mothers were prevalently housewives (28.6%), workers (13.9%), clerks (9.3%) and teachers (5.4%) while fathers were prevalently workers (21.3%), clerks (14.2%), retired persons (8.1%) and entrepreneurs (4.6%).

### Measures

- *Narcissistic Personality Inventory* (NPI; Raskin & Terry, 1988; Montebarocci, 2002 for the Italian version). The NPI is generally conceived as a measure of normal (Pincus & Lukowitsky, 2010; Miller & Campbell, 2008), but for some aspects also of pathological narcissism (Ackerman, Witt, Donnellan, Trzesniewski, Robins, & Kashy, 2011). It is composed of 40 items consisting of two opposite statements (e.g., "I think I am a special person" vs. "I am no better or worse than most people"). Participants are forced to choose the alternative that best matches with him/her. The Italian version showed a Cronbach's alpha of .83. In accordance with the studies mentioned above on the temporal coherence of narcissistic personality characteristics (Samuel *et al.*, 2011; Vater *et al.* 2014), NPI scores showed a high level of test-retest correlation over time (Del Rosario & White, 2005), suggesting that also parents involved in the present research may show a similar stability, especially in adult age.
- *State-Trait Anxiety Inventory Y Form* (STAI, Y Form; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983; Pedrabissi & Santinello, 1989 for Italian version). Anxiety was assessed with the trait scale of the STAI-Y form, an inventory containing 20 items that assess symptoms of anxiety on a 4-point Likert scale (1= almost never, 4= almost always). The Italian version presented alphas >.85 in both adult and adolescent samples.
- *Parental Bonding Instrument* enlarged version (PBI; Parker, Tupling, & Brown, 1979; Parker, 1979; Gilbert, Allan, & Goss, 1996; Cappelli & San Martini, 2004 for Italian version). The parental rearing style was measured by an enlarged version of the PBI, containing, the original scales of care and overprotection, and also Gilbert's scales (Gilbert *et al.*, 1996) of putdown/shaming and favouritism. For each item the respondent was requested, with a 5 point-likert scale, to assess the parental behaviour during the his/her first sixteen years of life. Two forms are available for each scale, one for fathers and the other for mothers. All these scales, in the Italian version, showed good internal consistencies, with alphas ranging from .87 to .93.

### Data analyses

To test the mediating model hypothesized, two path analyses (one for the fathers and one for the mothers) were conducted, with parental narcissism as a predictor, PBI scales as mediators, and depression and anxiety as criteria, using *M-plus* statistical package (Muthén & Muthén, 2007). A preliminary evaluation of partial mediation models did not show any significant improvement in terms of fit indices with respect to the total mediation model. Moreover, the direct effects estimated between parental narcissism and children's vulnerability criteria (i.e. depression and anxiety scores) were not significant. As a consequence these models were discarded following the scientific criterion of parsimony and only total mediation models were considered. For the path coefficients a maximum likelihood estimation method was used and 95% bias-corrected confidence intervals were calculated for all effects with a bootstrap procedure (Preacher & Hayes, 2008).

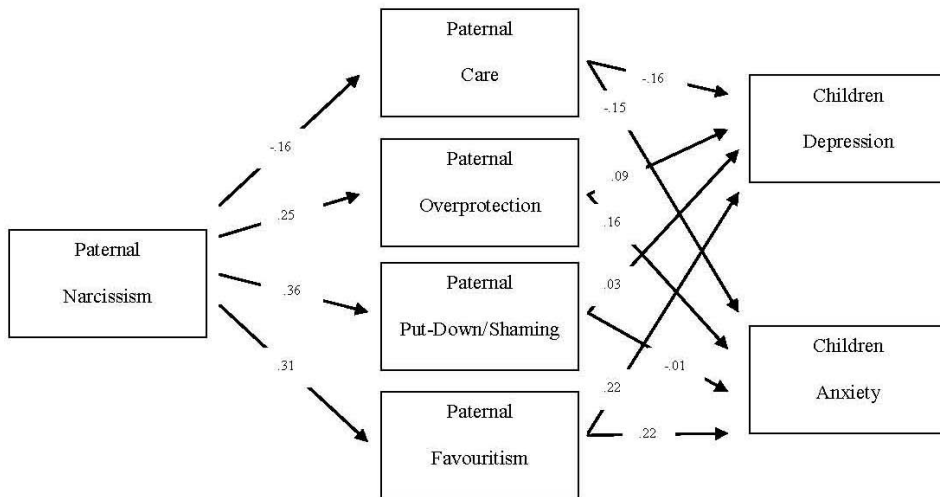
## RESULTS

Kurtosis and asymmetry parameters showed values close to zero and thus compatible with an approximately normal distribution. As expected both paternal and maternal narcissism were negatively correlated with care and positively with all other parental rearing scales (as evaluated by the children), with correlations ranging from small to medium in terms of Cohen's standards (see Table 1). Moreover, they showed small but significant positive correlations with the scores of depression and anxiety of the children. PBI scales were all highly inter-correlated, and as expected, moderately correlated with depression and anxiety of the children in the expected direction. Overall, this pattern of correlations appears to be consistent with the mediation model hypothesized (Figures 1 and 2).

*Table 1.* Correlations below the main diagonal are among paternal scales and those above the main diagonal are among maternal scales.

	Narcissism	Care	Overprotection	PD-S	Favouritism	Depression	Anxiety
Narcissism	--	-.29	.30	.35	.20	.17	.15
Care	-.16	--	-.52	-.64	-.48	-.30	-.28
Overprotection	.25	-.44	--	.54	.48	.32	.31
PD-S	.35	-.56	.50	--	.57	.38	.34
Favouritism	.31	-.49	.40	.71	--	.42	.36
Depression	.17	-.32	.27	.32	.36	--	.58
Anxiety	.15	-.32	.31	.31	.35	.58	--

*Notes:* All correlations are significant at the .01 level (2-tailed); PD-S= putdown/shaming



*Figure 1.* Path diagram of the mediating model hypothesized that illustrates all direct effects estimated among paternal narcissism, paternal rearing dimensions and children depression and anxiety.

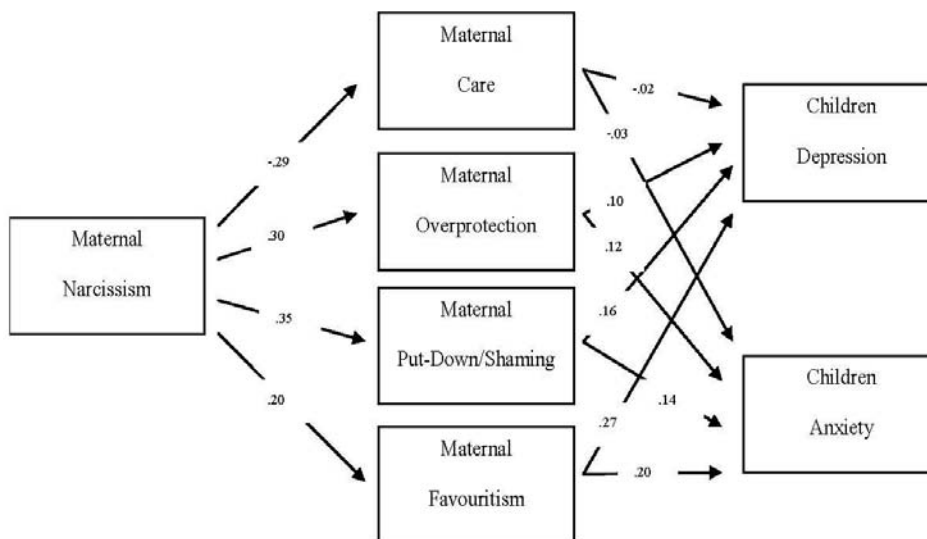


Figure 2. Path diagram of the mediating model hypothesized that illustrates all direct effects estimated among maternal narcissism, maternal rearing dimensions and children depression and anxiety.

As illustrated in Figure 1, a total mediation model including paternal narcissism as predictor, paternal PBI scales as mediators and children's depression and anxiety as criteria was tested. As stated before, partial mediation models were preliminarily evaluated and discarded, as no improvements in terms of fit indices was found with respect to the total mediation model and no significant direct effects emerged between paternal narcissism and children's depression and anxiety.

The model showed an excellent fit, with a non-significant chi-square [ $\chi^2$  (2 df) = .97,  $p = .61$ ] and adequate levels for other relevant fit indices ( $CFI = 1$ ;  $TLI = 1.012$ ;  $RMSEA = .00$ ,  $CI = .00-.08$ ;  $SRMR = .01$ ), suggesting that the rearing style fully mediated the effect of paternal narcissism on the scores of depression and anxiety. Overall, the model accounted for 16% of depression and for 17% of anxiety variance. All individual direct effects (see Figure 1), between paternal narcissism and PBI as well as between PBI and depression and anxiety, were significant (or close to significant) and in the expected direction, except for *putdown/shaming* that did not show direct effects on depression and anxiety.

The total indirect effect of paternal narcissism (via all PBI scales) was significant both on depression (standardized sum of indirect effects = .13,  $p < .001$ ;  $CI = .06-.20$ ) and on anxiety (standardized sum of indirect effects = .13,  $p < .001$ ;  $CI = .06-.20$ ). With the exception of the indirect effect via *putdown/shaming* that did not contribute uniquely to the mediation model, individual indirect effects of paternal narcissism were all significant (or close to significant) for both children's depression and anxiety, with standardized values ranging from .02 to .07.

A similar total mediation model was tested for the maternal scales (see Figure 2) as, also in this case, a preliminary analysis of partial mediation models did not show any

improvement in terms of fit indices and no significant direct effects emerged between paternal narcissism and children's depression and anxiety.

Again the total mediation model revealed an excellent fit, with a non-significant chi-square [ $\chi^2$  (2 df) = .40,  $p = .82$ ] and adequate levels of the other relevant fit indices ( $CFI = 1$ ;  $TLI = 1.019$ ;  $RMSEA = .00$ ,  $CI = .00-.06$ ;  $SRMR = .01$ ). Overall the model accounted for 21% of depression and for 17% of anxiety variance. All individual direct effects (see Figure 2), between maternal narcissism and PBI as well as between PBI and depression and anxiety, were significant (or close to significant) and in the expected direction, except for care that did not show any direct effects on both depression and anxiety. The total indirect effect of maternal narcissism (via rearing scales) was significant both on depression (standardized sum of indirect effects = .14,  $p < .001$ ;  $CI = .07-.22$ ) and on anxiety (standardized sum of indirect effects = .13,  $p < .001$ ;  $CI = .06-.21$ ). Individual indirect effects of maternal narcissism were all significant (or close to significant) for both depression and anxiety, ranging from .03 to .05 (standardized values), except for the indirect effect via the care scale that did not offer any unique indirect contribution to the model.

## DISCUSSION

As illustrated in the results section, total mediation models, including parental narcissism as predictor, PBI scales as mediators and children's depression and anxiety as criteria, showed a good fit both for fathers and for mothers, while partial mediation models were discarded based on preliminary analyses that did not show any improvement in the fit indices for them and any significant direct effect between parental narcissism and children vulnerability criteria (i.e., depression and anxiety). Both paternal and maternal narcissism are significantly correlated with parental rearing dimensions as well as with depression and anxiety of the young adult children in the expected direction. At the same time, PBI scales and children's depression and anxiety were significantly correlated with the expected pattern. Importantly, paternal and maternal path analyses showed that the effect of parental narcissism was mediated by the parental rearing style with significant sum an indirect effects both on depression and anxiety. These results are compatible with a generally assumed mediation model, mentioned in the introduction (Laulik, Chou, Browne, & Allamb, 2013 for a review), that posits parental pathological traits, quality of parenting behaviours and children's mental health indices as predictors, mediators and criteria respectively.

A relevant limitation of the present study is the use of retrospective measures of the parental rearing style as reported by the young adult children. More specifically, an important review of the literature (Brewin, Andrews, & Gotlib, 1993) reported that the assessment of parental behaviour with retrospective reports has been questioned for some different reasons, such as the low reliability and validity of autobiographical memories, the presence of memory impairment associated with psychopathology, and the presence of specific mood-congruent memory biases associated with psychopathology. However, based on a critical discussion of these limitations, Brewin *et al.* (1993) concluded that retrospective measures of parental rearing are more reliable compared to what is generally



thought and suggested to reconsider their utility and validity, even though (they added) other studies should be carried out to further examine and overcome them.

Another important limitation is that the study assumes that individual differences on parental narcissism are relatively invariant over time. In particular, individual differences of parental narcissism when the child was a young adult are assumed to be similar to those present earlier when the child was younger than sixteen. As we mentioned in the introduction (Samuel *et al.*, 2011; Vater *et al.*, 2014), many authors have hypothesized, and shown empirically, that narcissistic personality characteristics are substantially consistent over time. Furthermore, test-retest correlation of NPI scores has been shown to be high across an interval of two years (Del Rosario & White, 2005) in the adult life. These results may suggest the presence of a similar invariance also in the parents involved in our research, even if the cross-sectional nature of the data does not permit to assess how the measure is stable over time in this case.

Another consequence of the cross-sectional nature of our design is that it does not allow to draw methodologically correct causal inferences, but only to show a compatibility of the data with the mediation model assumed.

Furthermore, Maxwell and Cole (2007) have shown that parameters estimations in cross-sectional designs may differ substantially from the values of a classical three-steps longitudinal model (Maxwell & Cole, 2007) that is considered as a gold standard for the study of mediation. However, Maxwell & Cole conclusions concerned a condition where predictors, mediators and criteria are all changing over time whereas, in the present research, at least the mediators (i.e., adults' retrospective reports of parental rearing style) are not expected to vary across adult age temporal intervals (e.g., 20, 25, 30 years) in their true variance, but only for the just mentioned lack of reliability and validity of the autobiographical memory due to mood-congruent effects or to other mnemonic impairments (Brewin, Andrews, & Gotlib, 1993). A way to carry out the aims of the present study designing a multi-steps longitudinal model, is assessing the rearing style across temporal intervals within the first 16 years of life (e.g., 10, 13, 16 years) until the young adulthood (e.g., 19 years), a proposal that may be realized in future studies but only with substantial modifications of the PBI or with other kind of rearing measures.

A final limitation is that parental psychopathology was not assessed and, therefore, the direct and indirect effects emerged, may be due to other mental health dimensions not controlled for.

This study may be extended in the future to further clarify the differential effect of normal and pathological narcissism on the vulnerability of the offspring. On the one hand, by including in the assessment of the parents also measures of the pathological facet of narcissism, on the other hand, by including in the research also parents with a psychiatric diagnosis of narcissistic personality disorder.

A further evidence in favour of the pathogenic effect of parental narcissism via the associated rearing style could also come from investigations comparing the narcissistic features and rearing styles of parents of normal vs. those of clinical children, i.e. parents of normal sons and daughters vs. parents of psychiatric sons and daughters.

## REFERENCES

- Ackerman, MJ & Ackerman MC (1996). Child custody evaluation practices: A 1996 survey of psychologists. *Family Law Quarterly*, *30*, 565-586.
- Ackerman, RA, Witt EA, Donnellan MB, Trzesniewski KH, Robins RW, & Kashy DA (2011). What does the narcissistic personality inventory really measure? *Assessment*, *18*, 67-87.
- Bagby RM, Nicholson RA, Buis T, Radovanic H, & Fidler BJ (1999). Defensive responding on the MMPI-2 in family custody and access evaluations. *Psychological Assessment*, *11*, 24-28.
- Beck AT & Steer RA (1993). *Beck Depression Inventory Manual*. San Antonio: Harcourt.
- Brewin CR, Andrews B, & Gotlib IH (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin*, *113*, 82-98.
- Brown NW (2008). *Children of the Self-Absorbed: A Grown Ups Guide to Getting Over Narcissistic Parents*. Oakland, CA: New Harbinger Publications.
- Calvo R, Lazaro L, Castro J, Morer A, & Toro J (2007). Parental psychology in child and adolescent obsessive-compulsive disorder. *Social Psychiatry and Psychiatric Epidemiology*, *42*, 647-655.
- Cappelli L & San Martini P (2004). Stile di accudimento genitoriale misurato dal Parental Bonding Instrument e depressione in un campione non clinico. *Rassegna di Psicologia*, *3*, 31-57.
- Cohen J (1988). *Statistical Power Analysis for the Behavioral Sciences* (Rev. Ed.). Hillsdale, NJ: Erlbaum.
- Crandell LE, Patrick MPH, & Hobson RP (2003). 'Still-face' interactions between mothers with borderline personality disorder and their 2-month-old infants. *British Journal of Psychiatry*, *183*, 239-247.
- Del Rosario, P. M., & White, R. M. (2005). The Narcissistic Personality Inventory: test-retest stability and internal consistency. *Personality and Individual Differences*, *39*, 1075-1081.
- Dutton DG, Denny-Keys MK, & Sells JR (2011). Parental personality disorder and its effects on children: A review of current literature. *Journal Of Child Custody*, *8*, 268-283.
- Espasa FP (2004). Parent-infant psychotherapy, the transition to parenthood and parental narcissism: Implications for treatment. *Journal of Child Psychotherapy*, *30*, 155-171.
- Famularo R, Kinscherff R, & Fenton T (1992). Psychiatric diagnoses of abusive mothers. A preliminary report. *Journal of Nervous and Mental Disease*, *180*, 658-661.
- Fraiberg S (1980). *Clinical Studies in Infant Mental Health. The First Year of Life*. New York: Basic Books.
- Freud S (1914). *On narcissism: An introduction*. SE 14: 67-102.
- Gilbert P, Allan S, & Goss K (1996). Parental representations, shame, interpersonal problems and vulnerability to psychopathology. *Clinical Psychology and Psychotherapy*, *3*, 23-34.
- Gladstone GL & Parker GB (2005). The role of parenting in the development of psychopathology: An overview of research using the Parental Bonding Instrument. In: JL Hudson & LM Rapee (Eds.), *Psychopathology and the Family* (pp. 21-33). New York: Elsevier Sciences.
- Horne S (1998). *The role of parental narcissism and depression in predicting adolescent empathy, narcissism, self-esteem, pleasing others, and peer conflict*. Doctoral dissertation, University of Georgia.
- Kernberg O (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- Kohut H (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York: International Universities Press.
- Lempel AK (1999). Use of the Millon Clinical Multiaxial Inventory-111 in evaluating child custody litigants. *American Journal of Forensic Psychology*, *17*, 19-31.
- Laulik S, Chou S, Browne KD, & Allam J (2013). The link between personality disorder and parenting behaviours: A systematic review. *Aggression and Violent Behavior*, *18*, 644-655.
- Maxwell SE, & Cole DA (2007). Bias in cross-sectional analyses of longitudinal mediation. *Psychological Methods*, *12*, 23-44.
- Miller JD & Campbell WK (2008). Comparing clinical and social-personality conceptualizations of

- narcissism. *Journal of Personality*, 76, 449-476.
- Montebarocci O, Codispoti M, Baldaro B, & Rossi N (2002). La validazione italiana di uno strumento di misura del narcisismo: il Narcissistic Personality Inventory. *Ricerche di Psicologia*, 2, 7-30.
- Muthén LK & Muthén BO (2007). *Mplus User's Guide (5th ed.)*. Los Angeles: Muthén & Muthén.
- Nordahl H, Ingul J, Nordvik H, & Wells A (2007). Does maternal psychopathology discriminate between children with DSM-IV generalized anxiety disorder or oppositional defiant disorder? The predictive validity of maternal axis I and axis II psychopathology. *European Child & Adolescent Psychiatry*, 16, 87-95.
- Parker G (1979). Parental characteristics in relation to depressive disorders. *British Journal of Psychiatry*, 134, 138-147.
- Parker G, Tupling H, & Brown LB (1979). A Parental Bonding Instrument. *British Journal of Medical Psychology*, 52, 1-10.
- Pedrabissi L & Santinello M (1989). *Inventario per l'ansia di stato e di tratto, forma Y*. Firenze: Organizzazioni Speciali.
- Perris C, Jacobsson H, Lindstrom H, von Rnorrning L, & Perris H (1980). Development of a new inventory for assessing memories of parental rearing behaviour. *Acta Psychiatrica Scandinavica*, 61, 265-274.
- Pincus AL & Lukowitsky MR (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology*, 6, 421-446.
- Preacher KJ & Hayes AF (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879-891.
- Rappoport A (2005). Co-Narcissism: How We Adapt to Narcissis. *The Therapist*, 1, 1-8.
- Raskin R & Terry H (1988) A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, 5, 890-902.
- Safford SM, Alloy LB, & Pieracci A (2007). A comparison of two measures of parental behavior. *Journal of Child and Family Studies*, 16, 375-384.
- Samuel DB, Hopwood CJ, Ansell, EB, Morey LC, Sanislow CA, Yen S, Shea MT, Markowitz JC, Skodol AE, & Grilo CM (2011). Comparing the temporal stability of self-report and interview assessed personality disorder. *Journal of Abnormal Psychology*, 120, 670-680.
- Scilligo P (1983). Caratteristiche psicometriche del questionario di depressione di Beck. *Psicologia Clinica*, 3, 397-408.
- Schaefer ES (1965). Children's reports of parental behavior: An inventory. *Child Development*, 36, 413-424.
- Spielberger CD (1983). *Manual for State-Trait Anxiety Inventory (Form Y)*. Palo Alto, CA: Consulting Psychologists Press.
- Vater A, Ritter K, Strunz S, Ronningstam EF, Renneberg B, & Roepke S (2014). Stability of Narcissistic Personality Disorder: Tracking Categorical and Dimensional Rating Systems Over a Two-Year Period. *Personality Disorders: Theory, Research, and Treatment*, 5, 305-13.

Received, March 26, 2015

Final Acceptance, July 17, 2015