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***“SHE DOES NOT CONTROL ME ANYMORE BUT I CAN HEAR
HER VOICE SOMETIMES” - A PHENOMENOGRAPHIC RESEARCH
ON THE RESILIENCE PERCEPTIONS OF CHILDREN WHO HAVE
SURVIVED FROM UPBRINGING BY A NARCISSISTIC PARENT***

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Abstract:

This study researched how to survive and lead a healthy life after exposing to a narcissistic parent's upbringing. The especial focus was to analyze survival and coping in the light of resilience. This was a phenomenographic research in which adults (N=13) who had lived their childhood with a narcissist parent wrote about their experiences and perceptions of survival. The following research question was set for this study: How do the perceptions of adults, who have survived from narcissistic upbringing, evince resilience? The analysis showed that resilience appeared in five categories according to the research participants' perspectives. The categories were academic, functional, emotional, social, and physical resilience which all had specific sub-categories. An illustration about resilience in children of narcissistic parents is introduced as conclusion.

Keywords: resilience, narcissism, narcissistic parent, phenomenography, coping

1. Introduction

Narcissistic people's personal lives and their ways of treating their family members have showed to lead to multiple difficulties in everyday lives and dissatisfaction (Keller et al., 2014; Määttä, Uusiautti, & Määttä, 2012; Wurst, 2017). Narcissistic people affect not only their spouses (Zeigler-Hill & Trombly, 2018) but also their children. Upbringing provided by a narcissistic parent can cause permanent damage. This is an interesting research target because childhood is the most important phase of life regarding social, psychological, and emotional growth. Recovery from negative memories and events

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faced at home is not easy, but some are able to find coping strategies also in childhood and become stable adults and find their place in society. The objective of this research is to describe experiences of people who have survived from their childhood with a narcissistic parent. This is less studied phenomenon and therefore, it is important to learn from these adults how children in narcissistic homes can be protected and helped to recover.

The essence and definition of narcissism have increased interest across clinical theory, social psychology, personality psychology, and psychiatric diagnosis. Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) defines the characteristics of a narcissistic personality disorder (NPD) and pathological narcissism quite widely. During the past 35 years Cain, Pincus, and Ansel (2008) have analyzed the definitions of narcissism and noted that over 50 distinct labels describing variability in the expression of pathological narcissism have been identified. There are several scales and inventories to measure narcissism, such as Narcissistic Personality Inventory (NPI) (Paulhus & Williams, 2002). Individuals with high NPI scores are manipulative, self-enhancing, prone to aggression, and exhibiting a dominant interpersonal style (Cain, Pincus, & Ansel, 2008). Later, this inventory has been revised to help identifying "healthy" and "unhealthy" forms of narcissism (e.g., Horton, Bleau, & Drwecki, 2006).

Narcissistic people's behaviors may appear desirable to others when narcissism includes extraversion, high achievement orientation, and success, self-assuredness, independence and flamboyance (Back et al., 2013; Baumeister, Campbell, Krueger, & Vohs, 2003; Hirschi & Jaensch, 2015). However, the list of negative behavioral traits is longer: narcissistic people have overly positive self-views and they disregard other people's feelings and concerns while manipulating them to benefit themselves (Campbell, Foster, & Finkel, 2002; Sedikides et al., 2002), which conduct problems (Barry, Frick, & Killian, 2003) generally and violence in particular, especially when confronted with unfavorable feedback (Bushman & Baumeister, 1998).

2. Theoretical review

2.1 Research on narcissistic upbringing

Research on narcissistic upbringing has focused on, for example, upbringing experiences (Horton & Tritch, 2014; Määttä & Uusiautti, 2018) and family dynamics (Cusack, 2017; Shaw, 2010). In addition, the connection between upbringing methods and the emergence of narcissism has been studied (Horton, Bleau, & Drwecki, 2006; Summers & Summers, 2006). One interesting research target has been to find out whether narcissism is hereditary (Carlson & Gjerde, 2001; Claudio, 2018; Coolidge, Thede, & Jang, 2001). However, there is no consensus over whether parents cause narcissism by their upbringing or what kind of role upbringing has in the development of narcissism in the

first place (Claudio, 2018; Horton & Tritch, 2014; Huxley & Bizumic, 2017). For example, over-parenting can be a parenting style that can cause narcissism (Winner, 2019).

In this research, the focus is on the survival of children who has lived with a narcissistic parent. Research has showed that these children get multiple negative consequences that follow them in adulthood as well (Berg-Nielson & Wichstrom, 2012). Our earlier study suggested that life with a narcissistic mother can skew childhood and damage separation-individualization development as childhood can become denied, isolated, or incompetent (Määttä & Uusiautti, 2018). Furthermore, the ability to build human relationships can become limited (Dutton, Denny-Keys, & Sells, 2011).

The narcissistic parenting style uses the child to fulfill the parent's unsatisfied needs for admiration, praise, recognition, and achievement, leading the child continuously search for approval from the parents or important others. The child never develops his or her own standards of success. According to Cramer (2011), the combination of coldness, high expectations and excessive demands on the child without being responsive to the child's needs, leaves the child feeling incompetent, either because the child is not allowed to develop its own skills, or because without assistance and guidance the child is left vulnerable to accidents and traumas. Parenting styles that do not provide responsiveness and support for the child's development, cognitive and physical, create the sense of inadequacy to the child and a model of the self that he/she is not worth any support (Cramer, 2011).

2.2 Coping and resilience

Coping and resilience are concepts that can be associated with various difficulties and adversities in life as well as with successes and other daily events. They can refer to survival as staying alive or coping with stress (Antonovsky, 1987; Lazarus & Folkman, 1984) depending on the viewpoint taken (e.g., behavioral, medical, or social science perspectives). Coping and resilience are sometimes treated as synonyms. The study of resilience traces its roots back about 50 years, and resilience studies were reserved for high-risk populations with a particular focus on those youth demonstrating resilience or the ability to overcome the emotional, developmental, economic, and environmental challenges they faced growing up (Goldstein & Brocks, 2013). Resilience has been described a human-being's ability to "*bend but not break*" and, on the other hand, to "*bounce back*" after adversities (e.g., Fredrickson, 2001). Resilience is not a permanent feature but a process that changes and has a different meaning in different contexts (e.g., Everall, Altrows, & Paulson, 2006).

Resilience can be defined as the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development (Masten, 2011). Studies of risk and resilience in diverse populations of children exposed to significant adversities, including war, terrorism, and disaster, indicate a very common set of factors associated with better neurobiological and psychosocial outcomes, often termed promotive factors (predictors of better outcomes under high- as well as low-risk

conditions) and protective factors (especially important under high-risk conditions) (Luthar, Cicchetti, & Becker, 2000; Masten, 2011). These widely reported promotive and protective factors, such as self-control and problem-solving skills, close relationships with competent caregivers, or good schools and safe neighborhoods, suggest that adaptive capacity for resilience in the context of significant threats to adaptation and development depends to a large extent on fundamental human adaptive systems embedded in individuals, relationships, families, friends, communities, and cultures (Masten & Narayan, 2012).

Coping and resilience require various individual resources and problem-solving capacities. Resilience has also been characterized as a positive outcome, the criteria for which commonly include positive self-concepts and self-esteem, and positive development despite exposure to risk. Resilience and survival in general have been studied within the scientific research of positive psychology (Määttä & Uusiautti, 2012; Uusiautti & Määttä, 2013). Thus, they refer to positive development, and while definitions of resilience vary, according to Masten and Powell (2003), resilience refers to "*patterns of positive adaptation in the context of significant risk or adversity*" (p. 4).

Childhood in a narcissistic home means traumatic childhood because upbringing by a narcissistic parent threatens normal development. Recovery and having a normal adulthood necessitate certain type of resilience (Luthar et al., 2000). What kinds of dimensions does resilience have in these life circumstances?

3. Method

The purpose of this research was to describe adults' perceptions of how they survived from their childhood with a narcissistic parent. The following research question was set for this research: How do the perceptions of adults, who have survived from narcissistic upbringing, evince resilience?

The data were obtained through contacting the peer-support coordinator at the Finnish association called *Narsistien uhrien tuki ry* [Association for the Victims of Narcissists]. The coordinator forwarded the request to participate in this research members of the association who had lived their childhood with a narcissist parent. The written narratives were collected in February-March 2018. The research participants were explained the purpose of the research and given a few questions to help them write their descriptions. The questions were, for example, how it was like to live in a home with a mother or father being narcissistic and what kinds of practices or methods narcissistic parents had. The purpose was to obtain the research participants' own perceptions of their coping and find out what they considered the most important challenges and phases of survival.

Altogether 13 letters were received. Everyone did not tell their age, but quite many were already retired. Those who gave their age were 32-69 years old (mean 52 years). The data appeared rich and versatile. The whole data were about 80 pages. The ways of

description were personal, detailed, and touching. Many research participants had found it important to describe their experiences carefully and to help other children of narcissists. What was special about the data was that all participants happened to be women who wrote about their childhood under the upbringing of narcissistic mothers. This was not planned when collecting the data. Mothers were old (some over 90 years old) or already dead. All research participants had taken therapy when adults and learned that their mothers suffered from narcissism.

The phenomenographic approach was chosen in this research as the purpose was to study how the phenomenon of surviving from upbringing by a narcissistic parent appears in the experiences and perceptions of adult children of narcissists (Tight, 2016). The approach is useful when the research interest is focused on the spectrum of perspectives (Åkerlind, 2012). The purpose is to deepen understanding about coping with narcissism. The research leans on adult women's memories of their childhood experiences and damaged relationship with their mothers and especially of strategies they have experienced as helping their survival. Indeed, phenomenography describes the experiential level showed in human perceptions and the variation in perceptions (Yates, Patridge, & Bruce, 2012). This perspective has also been called the second-level research on a phenomenon (Marton & Pong, 2005).

In this research, the analyzing process consisted of four phases. In the first phase, the data was carefully transcribed. This gave an outline of the answers and at the same time, the most significant expressions emerged from the data. The second phase included the grouping and comparison of these expressions into meaning units. In the third phase, the analysis focused on creating sub-categories by meaning units, whereas the descriptive categories and their definitions were constructed in the fourth phase. The data were finally arranged within carefully defined categories with subcategories (e.g., Bowden & Green, 2005).

4. Findings

The perceptions of survival could be categorized into four main categories that illustrate resilience: (1) academic; (2) functional; (3) emotional/affective; (4) social; and (5) physical resilience. All these had sub-categories and meaning units as described in the following chapters.

4.1 Academic resilience

Academic resilience appeared as three sub-categories: (1) awareness of narcissism; (2) awareness of personal problems caused by a parent's narcissism; and (3) problem-solving skills. The research participants reported that they had acquired information about narcissism and thus became able to evaluate their mother's illness. Increased knowledge about narcissism helped them also become aware of their personal problems caused by the upbringing by their mothers. In addition to awareness, academic resilience was

manifested as problem-solving skills the research participants had been able to recognize and use. They possessed such cognitive abilities that helped them combine and analyze their perceptions from various viewpoints to understand their own situation.

4.1.1 Awareness of narcissism

The category of *awareness of narcissism* included familiarization with narcissism and ability evaluate the parent's illness. Familiarization with narcissism helped the research participants understand the narcissism diagnosis. According to their perceptions, this knowledge could be a relief because it provided them with an explicit way of analyzing their traumatic childhood experiences.

"After finding the illness called narcissism, I have been able to be stronger in front of my mother." (10)

"Only about at the age of 40, I realized that my mother is a narcissist. It was a huge relief to get a name to this sickness." (9)

Some research participants remembered that they conjectured their mother's illness already when they were children. They realized something was wrong but for some it was also difficult to reminisce their childhood:

"Apparently, childhood was so oppressive that I do not have any mental pictures, memories of it." (7)

However, awareness of narcissism helped the participants to evaluate their parent's illness. They could recognize features of narcissism in their mother's behavior and for example re-evaluate their own expectations of seeing a change in mother:

"Because the narcissists are not aware of their illness, they are unable to change. Their messages are not worth replying because nothing good has ever followed from it. They never admit they are wrong. Hope for them being able to change should be forgotten in order to be able to continue with your own life." (13)

4.1.2 Awareness of personal problems caused a parent's narcissism

This category included awareness of emotional difficulties, self-consciousness, and illnesses. First of all, the research participants had perceived that accepting themselves as they were was difficult because of their narcissistic mothers. Sometimes finding an emotional balance felt overwhelming. Yet, many research participants had perceived that the ability trust in themselves and gain self-confidence was at the core of survival.

"You deal with a narcissist quite differently than with normal people. You always have to be alert with them because they are unpredictable. In order to survive, you have to shrink yourself when near a narcissist." (13)

"At the moment, I feel better than in years. I do not hate my mother but I am sad that I have/will not be able to have an equal conversation with her. My daughter [age 28] shares the same sadness and experiences that she does not really have a grandmother but a person who, depending on a situation, can even hurt her grandchild." (12)

Although all research participants had been able to organize their lives somehow, some of them still had doubts of their coping, their own abilities, or chances of achieving happiness. Their perceptions show that survival has been hard and plenty of pain and sorrow was included in the process.

"I can never become unbroken. Nor can I ever be happy." (10)

"I have learned all narcissistic behaviors but I have a heart that says that this is not how to behave. I had to re-assess my worldview." (2)

Many research participants had perceived that they suffered from being overly self-conscious. They had found it difficult to create and maintain social relationships because of the feelings of inferiority and shame caused in their childhood.

"As you cannot trust in people, your social skills become narrow. You follow and observe people for a long time before approaching. Spontaneous approaches remain scarce. You dare not to express your feelings and you do not have sufficient connection with your emotions or yourself when a child or even as an adult. You learn how to hide your creativity and strength because they are being nullified, even envied at home." (8)

A significant step toward survival could be an occasion when you meet a friendly person. These kinds of encounters could provide one with strength to perceive oneself in a different light. Being able to see other people potentially friendly was described as an important insight. Still, being able to trust in others took much longer.

"I had my first flight alone to my granny's when I was five. The flight attendant took care of me and after that I wanted to become one. I visited other relatives too during summers. I was ashamed to be nuisance to others because I was such a horrible child. But for a change, I could live normal life." (11)

"I have later heard from others who had been worried about me that how I could have survived because 'that person' [mother] was always torturing me, and they had considered contacting social services for my custody. They never did but regretted that." (12)

Many research participants had also suffered from various illnesses that they perceived being connected with their upbringing experiences. They had physical illnesses, substance abuse, and suicide attempts. Recovery had not been easy but their descriptions showed strength to surpass these dark experiences.

"I was taken to a hospital when I was complaining about stomach and articular pain. - I felt being under everyone's feet and guilty of existing. I thought everyone would be better if I did not exist. I thought about suicide first time when I was nine. I just did not know how to do it." (11)

"I see that my continuous illnesses as a result of being in a constant stress state since childhood, and my physics has responded by being sick." (7)

"I was an alcoholic. I tried suicide when I was 27. I did not receive any help then even if I asked. I do not know how I could carry on with my life; I do not know how I stand up from the mud."

"I have found it difficult to be satisfied with my life and choices I have made. I do plenty of things at the same time and try to be perfect but I never feel like achieving results that would satisfy me." (5)

4.1.3 Problem-solving skills

Problem-solving means abilities to find ways of facing and solving adversities. The research participants had found certain problem-solving methods suitable. Although it was not always easy to understand the problem per se they could find methods to ease a problematic situation (see also Webb 2013). First method was *therapy*. All had participated in therapy and majority of the research participants had perceived that they had not survived without therapy.

"The narcissistic parent molds the child's mental images and memories as they like due to which figuring out the child's own thoughts can be hard or even impossible without psychotherapy." (5)

"I realized only until adulthood how bad I felt and started to work with it through therapies. It has been a crazy road to understand all this and re-build absolutely everything." (2)

Another problem-solving method was *to analyze one's own position and help oneself*. The research participants had perceived that they should be compassionate for themselves and realize that there is no reason to worry or try to change a situation they cannot affect. They had to put things into proportions and they also had invented ways to help themselves with creativity or self-help skills (see also Werner and Smith 2005).

"It has been important to give mercy to myself because, many times, I have remained silent and given up. - - I have had minimal resources because narcissists are very powerful, take your energy, and are negative persons." (1)

"My mother was away from home for months and my stepfather drank. So bad things happened at home that I lived at my schoolmate's home for times. At school, I would lie that my parents could not come to meetings and I would fabricate signatures in papers. No one was at home or okay." (11)

4.2 Functional resilience

One core dimension of resilience appeared to be action and doing. The research participants had perceived that various activities helped them survive, which are here called functional resilience. This category was divided into three sub-categories: (1) isolation; (2) protection of one's own children; and (3) absorption to work.

4.2.1 Isolation

Isolation as a form of functional resilience could happen through geographical isolation or isolating the mother from one's life. Moving geographically to another place and far away from the narcissistic mother helped getting free from the chains of childhood.

"The actual change toward better life started to happen when I moved away from my home place, to over 900 km away to study." (5)

"I have not visited by birth place almost ten years which has helped me to create a healthy self-image and self-esteem." (4)

One obstacle to survival was to avoid interaction with the mother. Even if the distance was long, the narcissists could harm their children if keeping contact. Therefore, the isolation could also mean isolating the mother from one's life.

"I visited the psychotherapist about ten times and the therapist said that I have to break with my mother totally. I guess it would have been sensible but I could not do it. I became badly dependent from others." (7)

"My mother's behavior has been totally horrible at stores etcetera. I have not wanted to accompany her in public places in 40 years." (4)

"My mother is now 90 years old and now, little by little I dare to break with her totally. I am tired of being taunted, nullified, bullied. A few people have called me after this solution asking why I am so awful to my mother." (6)

Some research participants could even choose their workplaces so that they could avoid their mothers:

"I have chosen such work fields and places that have needed me working in shifts all the time. So that I could be away from home. If I tell her I am at home during the weekdays, she can call me 5 am asking for help. I went to work on sea so that I could not be reached at all. I worked at the ship for two years non-stop." (10)

Isolating may be relieving but and sometimes the only way of continuing life and healing. Still, some research participants had noticed that it was also hard and caused numerous bad feelings.

"The current situation is that I am still in contact with my mother but I am matter-of-fact and do not tell her anything about me anymore. It works somehow but I still feel bad inside. I hope that get rid off this distress when she is gone." (11)

4.2.2 Protection of one's own children

Second important element of functional resilience was protecting one's own children from their grandmother. Practically, they wanted them to avoid interaction with the grandmother. This was evident among those participants who had children, while some had purposefully decided not to get children because they did not want to pass on the disturbing upbringing experiences.

"We have two daughters and two sons. The daughters have not been in any contact with their grandmother for ten years." (6)

"I deliberately did not get any children because I wanted to be sure not to destroy anyone's childhood/life." (9)

4.2.3 Absorption to work

Dedication to work appeared also a means of survival. According to some research participants' perceptions, it meant almost retreating into work and excessive grind. Work became a way of showing one's abilities and finding self-worth. Although the following excerpts show that this type of coping can lead to burnout, it is also important to notice

that the research participants understood their own behaviors well and realized the reasons for over-performing.

"Along the years I had three burnouts that made me on my knees. - - I had become a performer." (3)

"I have achieved a lot and worked several jobs simultaneously. I am an over-performer. I continued my life by proving that I earned to exist. I tried to get my mother feedback from what I achieved but she never gave. - - Eventually, all ended up with burnout. I surely had my depression and panic disorders. I have survived from those too. Two burnouts took me to retirement due to sickness." (11)

4.3 Emotional resilience

The third main result category represents emotional resilience. According to the research participants' perceptions, their ability to recognize and regulate their emotions was important for recovery. They described their various emotional reactions through which they analyzed the difficulty and phases of survival. In practice, they were worried about their own motherhood and learned to analyze their own emotions.

4.3.1 Cherishing one's own motherhood

Based on the perceptions analyzed in the data, it was difficult to free oneself of the narcissistic mother's emotional control. The research participants had perceived that even in adulthood it was challenging. However, those who had children of their own were seemingly worried about their own emotional abilities to act as loving mothers. They were concerned of the possibility of inherited narcissism and employing narcissistic parenting strategies. Although no one reported that they suffered from narcissism, the fear of getting ill was real. According to their perceptions, they had to analyze themselves constantly and protect their emotional motherhood constantly.

"Nowadays, I perceive my mother some sort of a spider hiding at the corner of her web who is ready to suffocate me silently and unnoticeably as soon as I step on the web." (4)

"I realized that I was totally unaware of who I really am and which parts of me are just hollow continuum of my mother. I had gotten a terrible worry about what if I will create equally broken and skewed mother-daughter-relationship with my own daughter. A thought of destroying my daughter's selfhood and self-esteem and ruining her childhood breaks my heart. I am afraid of repeating my mother's mistakes." (9)

"We are on the razor-edge. Little by little I fall myself into judging others, speaking behind people's back, and negative thinking that later was adopted by my children. I did not realize how deep I was... The scars are deep although they are not open wounds anymore." (11)

4.3.2 Ability to analyze one's emotions

The marks of negativity left by the upbringing by a narcissistic mother were evident in the research participants' perceptions. They had realized how negatively they were tuned. They had perceived that for example, they interpreted other people's emotions negatively, and they had to actively work with this tendency.

"I interpret that people's emotions are usually negative... I feel that I am abnormal, different, and in some sense totally wrong." (5)

The research participants perceived that their own emotions were influenced by not receiving positive response from their mothers. Their mother was unable to show appreciation or caring, which led to deep longing for acknowledgment and positive attention. However, after becoming able to analyze their own emotional lives and reasons for why they felt like they did, they described that they had gotten over it.

"I do still notice myself looking for 'mom'; mother's love, mother's attention etc. Nowadays, I recognize that and am conscious about it. Still 20 years ago, I did not. Now she does not fool me anymore, we are not fighting anymore, which makes her perplexed." (10)

4.4 Social resilience

The fourth category of social resilience consists of perceptions that illustrate interaction with other people as a means of survival. Ability to find people who provided support and help showed the value of social resilience. Already having someone as a part of life in a positive role was relieving. Social resilience could be divided into two categories of (1) supportive relationships and (2) helping others.

4.4.1 Supportive relationships

At their best, positive relationships with others provide safety and support. This perception was evident among those who were able to share their worries with others, to analyze their disturbing childhood experiences, and to become heard. These supportive people could be teachers, grandmothers, or other relatives, who understood the situation and were willing to help.

"My first two years at school were a wonder to myself. I could do something. The teacher of my first grades was a bellwether. The teacher was friendly, sweet, and motherly; more like a substitute to my mother, a human being with a big heart." (13)

"My lifeline was that my aunt was living nearby in a farm house where I was being babysat ever since I was one month old." (6)

"I got foundation pillars for my life from my grandmother's house. These have carried me until today. Without my grandparents, I would have lost myself already a long time ago." (3)

4.4.2 Helping others

Resilience could also appear as joining in an organization or community and adopting a helper's role. For some research participants, being aware of mother's narcissism ignited a wish to help others, altruism (see also Post, 2005). Social activity like this seemed to help detaching from unpleasant memories, and get social recognition and feelings of acceptance and self-worth in return.

"It was until this winter that I found my way to the peer support group for the victims of narcissists. It is time shake off the childhood and youth dreadfulness. I do not want these things to follow me in the grave." (9)

"It has been important to move on to my own life and strengthen my own dreams. In my life, I can make solutions and changes. Also, helping other people in the same situation is rewarding. My childhood experiences help me understand others. Providing experiences of joy, justice, and caring to other victims of narcissists give me energy." (13)

4.5 Physical resilience

Many research participants had perceived that experiences that influenced their physical and bodily functions formed a part of survival. They reported that they had focused their attention to (1) physical exercise and hobbies and (2) relaxation in nature.

4.5.1 Physical exercise and hobbies

Physical exercise helped the research participants take care of their health both physically and mentally. Hobbies could become an important channel of expressing oneself and get a break from the mother's control. However, the research participants also told that their mothers tended to forbid them from having hobbies.

"Music and moving along with it have provided my frozen body with energizing moments and therapy. – - My father tried to introduce us with sportive hobbies. Mom was being lured to join but she did not usually go or would just sit in the car for the whole time. Her oppressive martyr attitude for leaving her alone at home made me stop the whole activity. This good hobby went into minus degrees." (13)

4.5.2 Relaxation in nature

Physical resilience also appeared as wondering in nature, finding peace and safety. Many research participants had perceived nature as a safe place to hide and find their own

space. They could draw breath and relax in nature and nearby woods. In Finland, children were and are allowed to go into woods alone.

"Nature and nearby woods offered me a safe place to be. I used to play in the woods often alone. I thrived smelling the woods only because nothing in there intimidated or blamed me." (13)

"I remember several lonely moments crying in the nearby woods. Or cycling a little further -- trying to find a peaceful place." (10)

"Nature provided me joy and strength when I was a child. When I felt really bad and wanted to cry, I went to forest by myself and 'charged' for a while. The nature would heal and make me whole, and would return with new strength and I could tolerate my life again." (1)

5. Conclusions

The perceptions and experiences described by the research participants do tell about survival and provide important information about how they felt their mothers and what kinds of methods they perceived helpful for themselves. The findings are similar to those by, for example, Beardslee and Podofresky (1988) who reported that children have the ability of self-understanding and they act actively outside the family. Self-understanding was divided into (1) correct evaluation of the parent's situation (that the parent is sick); (2) realistic evaluation of one's chances to act and consequences of actions; and (3) activities that show understanding about the parent's situation (Beardslee & Podofresky, 1988). In this research too, the research participants had realized that their mother was ill and that the mother's skewed interpretations were caused by their narcissism. Their understanding increased along their own development. Second, many had tried to change their mother but had eventually realized that it was impossible and that they were not to blame for their mother's problems. Third, the research participants in this research had also looked for help and support outside their homes, and they now could think and act separately from their mother's sick way of seeing and interpreting the world.

Earlier research has showed that children are easily ashamed of their parent's illness because they perceive it as part of themselves (Jähi, 2004). Children could explain the parent's illness resulting from themselves being bad and lousy children because the child rarely has enough knowledge about mental illnesses such as narcissism. This is why children may find it difficult to reveal problems to outsiders but try to hide their parent's illness. What was evident in this research, the narcissistic mothers also wanted to keep up the secret and did not allow children to share their experiences but wanted to isolate them.

Given the sly nature of narcissism, it was interesting to find out that none of the research participants considered themselves as suffering from narcissism. Instead, many of them emphasized that they consciously tried to avoid repeating their mother's behaviors. This finding is important because it implies how a child after growing into adult can recover from his or her upbringing and show active aspiration to prevent the same happen to his or her children. Although the research participants had faced a variety of difficulties in their lives, they can be considered survivors and the findings of this research give hope. Through their descriptions of their survival, we can better understand what helps children to cope if their parent is mentally ill.

Upbringing by a narcissistic parent can be traumatizing. Five broad intervention principles have been proposed for massive trauma based on the literature by Hobfoll et al. (2007): promote a sense of safety, promote calming, promote a sense of self- and collective efficacy, promote connectedness, and promote hope. These recommendations align well with the broad implications of the resilience literature in regard to protecting, supporting, or restoring the most fundamental adaptive systems believed to generate the capacity for resilience (Masten, 2011).

In this research, survival from a narcissistic home was interpreted as multi-dimensional resilience that is shaped by past experiences and their strength as well as current circumstances (see Figure 1).



Figure 1: The dimensions of resilience in adult children of narcissistic parents

Resilience as described in this research also has some similarities with research by Uusiautti and Määttä (2014) who distinguished four factors as fundamental human resources as the key components to well-being in life and the healthy development.

6. Discussion

When evaluating the reliability of this research, it is worth noticing that the research participants represent a certain kind of group of victims of narcissism: they were members of a peer group for children of narcissistic parents. Therefore, they have knowledge about the narcissistic diagnosis and all features related to it. They could identify and analyze the phenomenon probably differently than those adults who have not recognized the narcissistic nature of their upbringing. However, this made them also relevant informants in this research. Yet, it is also true that we cannot know the mothers' diagnoses for sure. What we do know, is that the research participants in this research identified themselves as victims of narcissism. They also received therapy that helped them survive and become more healthy. Whether or not the mothers were narcissists per se, the upbringing provided by them appeared quite unstable, and the data revealed important information about the resilience of these research participants. This information can be helpful for educators when confronting children and adults with similar type of home backgrounds.

In addition, the research participants were adults who were asked to think back at their childhood experiences. It is reasonable to ask how truthful these memories are (Claudio, 2018)? Their parents could not be asked to provide comparative data (Barry, Frick, & Grafeman, 2008), but perhaps siblings' or spouses' memories would have supported the findings of this data. The fact is that it is impossible to know for sure what the backgrounds of research participants were. The survival descriptions are based on their own memories and they selected what they wanted to bring up.

When it comes to validity, the fact that phenomenographic research investigates conceptions that are always contextual, and the researcher has to interpret the meaning behind the expressions the research participants use (Sin, 2010). Validity in this research was enhanced by including plenty of data excerpts to show how the meaning units and categories were found in the data and to support researchers' interpretations. Whereas generalizability and transferability of findings is more difficult to ensure: the research does not aim at generalizable findings per se but pursues showing the diversity in meanings of complex phenomena (Sin, 2010). The transferability of findings was not the main motivation of this study either, although we are intrigued to consider whether these findings could apply in other types of parents with mental illnesses and the harm they can cause with their parenting styles. However, since we did not know for sure the contexts each participant lived, the transferability of findings remained limited.

In addition, phenomenographic researchers must carefully consider objectivity and reflexivity criteria (Sin, 2010). This kind of sensitive topic comes close and in this

research, the researcher triangulation helped viewing the data and findings from various perceptions and question each researcher's own preconceptions. Knowledge of developmental phases (Severson et al. 2007), special education (Ubha & Cahill, 2014; Äärelä, Määttä, & Uusiautti, 2016a; 2016b) and mental disorders (Baker, Grant and Morlock 2008) appeared crucial for proper analyses. This is also a matter of reliability because in phenomenographic research the researcher's interpretative awareness, in other words, the researcher acknowledges and explicitly deals with his or her own preconceptions throughout the research process, is to ensure reliability (Sin, 2010).

Earlier research has provided mainly statistical information about risks investigating how likely it is that the children of narcissistic parents become narcissists as well (e.g., Cramer, 2011; Dentale et al., 2015). Therefore, the qualitatively conducted research on survival filled a gap in the research providing new viewpoints to the phenomenon.

Interestingly, resilience had two directions when considered from the perspective of approaching other people. Those who actively wanted to find strength from social relationships, could illustrate altruistic features, by helping others in similar situation (see also Post, 2005). Others tended to withdraw from relationships and found it difficult to be in interaction with other people. Their descriptions showed doubt and insecurity of others' intentions, but if it led to a healthy life, we could perceive this type of withdrawal as one form of resilience.

How to support the children and young who are living with a narcissistic parent? Berzin (2010) suggests that understanding of how vulnerabilities combine with youth resilience is still in its infancy: contextual risks, such as poverty, exposure to domestic violence, abuse and neglect, substance abuse, familial offending, exclusion from education, neighborhood distress as well as physical and mental health issues, all reduce the youngsters' capacity to achieve successful outcomes. Our research helps recognizing the important resilience factors in the lives of children living surrounded by certain risks that may affect their lives greatly also in adulthood. Resilience appeared as specific and connected dimensions, that may help identifying the complex needs of these young people and also adults with a background of a narcissistic upbringing (Garland, Hough, Landsverk, & Brown, 2001). Multidimensional understanding of resilience emphasizes the capacities and competence of young people's own ways of coping with and responding to risks and crises rather than supplanting them.

Survival is always an interactional process because it is not just about one individual but wider social network (Ungar, 2013; Ungar & Liebenberg, 2011). The inability of a narcissistic parent to feel guilty or empathy (see Fernando, 2000) makes it extremely difficult to support his or her parenting: a narcissist does not want help because he or she does not recognize or admit that there is a problem. If the other parent can replace or supplement the parent with illness or if siblings can support each other (Finzi-Dottan & Vohen, 2010) regardless of favoritism and other manipulative parenting behaviors (Milevsky, 2005), the child's chances of having a healthy life in adulthood

appear better. In this research, also relationships outside the nuclear family were perceived crucial. The role of healthy grandparents and other relatives cannot be underestimated. It was also notable that teachers and school in general provided the children of a narcissistic parent a safe place and an opportunity to build positive relationships, and to learn that not all people were bad inside (Äärelä, Määttä, & Uusiautti, 2016c).

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“SHE DOES NOT CONTROL ME ANYMORE BUT I CAN HEAR HER VOICE SOMETIMES” –
A PHENOMENOGRAPHIC RESEARCH ON THE RESILIENCE PERCEPTIONS OF CHILDREN
WHO HAVE SURVIVED FROM UPBRINGING BY A NARCISSISTIC PARENT

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