

HOW TO RECOGNISE AND MANAGE PATOLOGICAL NARCISSISM IN CHILDHOOD?

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Abstract. *This paper represents an attempt to answer some questions that concern pathological narcissism in childhood. Specifically, which are some of the possible causes of pathological narcissism, where are the limits of normal and pathological narcissism, what are the manifestations of its pathological form in childhood and also eventual strategies for its management. Theorists and clinicians in this area agree that the narcissism represent the normal phase in child development. On the other hand, pathological form of narcissism also has its origins in the earliest period of one's life (even as early as 7 or 8 years of life) and it can be rooted in broad spectre of dysfunctional interactions with parents. Pathological narcissism can be reflected through the idea that child is really superior to others and beyond criticism and failure, grandiose view of himself/herself, through excessive demands that parents cannot meet. One of typical manifestation is inability to sustain efforts at school or during the activities involving learning new skills. Beside parents, teachers can and must be involved in the processes of identification and application of interventions oriented toward correction of problematic behaviour.*

Key words: *narcissism, pathological manifestations, parental and teacher involvement, management strategies*

1. INTRODUCTION

Although the extreme form of narcissism in adults is well known as Narcissistic Personality Disorder (NPD), it is a personality trait in which people in general population differ from one another (Brummelman et al., 2015). Amongst other, this trait is manifested through believes that person deserve special treatment and feel superior to others (Morf & Rhodewalt, 2001). Consequently, possible feelings of humiliation might make them lash out aggressively (Bushman & Baumeister, 1998), or even violently (Verlinden, Hersen, &

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Thomas, 2000). Although clinicians very reluctantly diagnose someone with the narcissistic personality disorder unless it is an adult person, clinical psychologists and personality psychologists still agree that narcissism typically occurs before the adulthood (e.g. American Psychiatric Association, 1994; Bardenstein, 2009; Barry, Frick & Killian, 2003; Thomaes, Bushman, de Castro & Stegge, 2009; Thomaes, Brummelman, Reijntjes, & Bushman 2013).

One of the main questions set in this paper is *could diagnose of NPD be recognized in the childhood*. Where are the limits of normal behavioural, emotional and social functioning and for what developmental manifestations could one say that they are the expressions of pathological narcissism? When do traits and styles of responding become diagnosed as pathology? In the end, what could possibly be done in the cases of recognized pathology?

Shiner and Tackett (2014) explain that there is a great difference in children's emerging personalities. They vary in their typical emotional expressions, self-control and capability to form relationships with others, including capacity for empathy and aggression. These typical personality patterns for some youth could cause them difficulties in life, but although problems bear negative consequences, they do not have to reach clinical significance. On the other hand, in certain cases they might become severe enough to be diagnosed with a personality disorder. Both the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association [APA], 1994, cited in Shiner & Tackett, 2014) and DSM-V (APA, 2013, cited in Shiner & Tackett, 2014) define personality disorders based on the criteria that include problematic cognition, affectivity, interpersonal functioning, and impulse control – all personality differences that may vary in children and become disturbed well before adulthood. Both Manuals offer some directives that are specific to diagnosing PDs in children and adolescents under the age of 18. But, Shiner & Tackett (2014) add yet another thing about this diagnose – DSM-V cautions clinicians to be careful in an attempt to diagnose children and adolescents with a personality disorder. Exceptions are *those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent, and unlikely to be limited to a particular developmental stage or another mental disorder* (APA, 2013, cited in Shiner & Tackett, 2014, p. 852).

Freeman & Rigby, (2003) similarly stress that behavioural characteristics used to define these disorders in adults must be distinguished from characteristics that are part of normal and predictable developmental patterns for children.

According to Thomaes, Stegge, Bushman, Olthof, & Denissen (2008), although thus far empirical data on the developmental roots of narcissism have been lacking, the one thing that is known is that the grandiose self-views that characterize narcissism, are part of normative self-development. That is, until the certain age children are typically unable to differentiate their actual self-views from their ideal self-views.

Thomaes et al. (2009) emphasize that the insight into the normative development of the self can lead to significant knowledge about the development of narcissistic tendencies. Particularly, the authors state that if people are truly universally motivated by the need to maintain and increase their self-esteem, then the period of life when self-esteem is created, which is considered to be crucial feature of narcissism, could be the key to understanding the phenomenon of over-motivation for its maintenance and increase.

Since the 1990's, there has been a growing interest in the research and the number of studies on the development of conduct disorders in children that also include the concept of narcissism (Frick, 1998; Moffit, 1993; Patterson, DeBaryshe & Ramsey, 1989, as cited in Barry, Frick, & Killian, 2003). Special attention is paid to self-esteem, which is an essential

determinant of narcissistic traits. Namely, low self-esteem is associated with aggressive behaviour, and the results show that there is the tendency for children with low self-esteem to socialize more often with problematic peers (McCarthy & Hoge, 1984), while adolescents with low self-esteem often have positive opinion about deviant behaviour (Brendgen, Vitaro, & Bukowski, 1998). On the other hand, grandiose, high self-esteem, typical for the narcissistic personality structure, causes the need of these individuals to always be the best and preserve that position at all costs, reacting to the slightest threat, which can only be understood as such (Raskin, Novacek, & Hogan, 1991).

According to Harter (1999), two things related to the normative development of self-esteem and motivation can help in understanding the development of narcissism. Firstly, if there is an excessive tendency to preserve self-esteem, it is unlikely that the symptoms of narcissism could be observed before eight years of age. It is hard to imagine that children can be over-invested in preserving self-esteem before they form a conscious, general self-assessment. Besides that, many of the narcissistic personality strategies that serve to gain self-esteem take place within the social domain and require children to be able to internalize the visions that others have about them – a skill that is not acquired before the age of eight. The normative development of many narcissistic traits, such as increased self-awareness and concern for gaining interpersonal approval occur only in later childhood.

Thomaes et al. (2008) also point out that ages 7–12 is a key developmental phase during which individual differences in narcissism first emerge. When children are about 7 or 8 years old, there is the developmental shift in the ability to think of oneself, as well as the development of abstract thinking which enables children to form self-esteem (Harter, 1999). They have typically outgrown the unrealistically positive, inflated self-views that are normative for younger children (Harter, 2015). So, although most children of this age have a relatively positive opinion of themselves, there can already be seen certain individual differences in self-esteem (Harter, 1999). From the age of eight to adolescence, children become extremely motivated to create and maintain a positive image of themselves and to avoid images of themselves that are undesirable (Harter, 1999). In this period, they start to develop self-views in which both positive and negative attributes coexist. Children's self-views become more realistic because during this period they start to base their views on social comparisons (Harter, 1999).

Thus, based on the knowledge about normative development of self-view, Thomaes et al., (2009) conclude that the pathological form of narcissism does not emerge prior to the age of eight and will often emerge after some disruption to the normative development of the self during the childhood or immediately after late childhood.

Shiner and Tackett (2014) warn that if clinician's hesitance to diagnose PDs may also lead them to overlook the presence of personality pathology in their young patients. (Shiner & Tackett, 2014). In that context Freeman & Rigby (2003) say *It is generally agreed that personality pathology originates in childhood and adolescence. We believe that it makes sense to diagnose the problems at the earliest possible opportunity, not only for the sake of the individual, but also for the families. Early detection and intervention may limit pervasiveness and chronicity* (p. 442). *Early identification and intervention can, ideally, be mounted for maximizing the value of therapy by addressing behaviours before they have become more powerfully and frequently reinforced and habituated. It would be far better, we think, to address the identified early borderline personality disorder with a 12-year-old child than when the same individual seeks therapy as a 25-year-old adult* (p. 438).

Important role in the process of assessment, diagnosing and even treatment is the role of teachers. They can *provide excellent information regarding the child's responses pertaining to academic functioning, communication style, and relationship with other children, as well as his or her reaction to and relationship with the adults at school* (Freeman & Rigby, 2003, p. 451).

2. DEVELOPMENTAL FACTORS OF PATHOLOGICAL NARCISSISM

It has been noted long ago that narcissism can be rooted in dysfunctional interactions with parents, so it could be said that this state has its origins in the earliest period of one's life (e.g. Abrams, 1993; Bleiberg, 1984; Bardenstein, 2009; Kohut, 2001; Thomaes et al., 2008)

Social learning theory holds that children are likely to grow up to be narcissistic when their parents overvalue them (Trzesniewski, Donnellan, & Robins, 2008). From this perspective, Milon and Everly (1985, as cited in Horton, Bleau, & Drwecki, 2006) explain that overindulgence and too much permissiveness lead to the development of narcissism because such parenting tells the child that he/she is superior and deserves a special treatment regardless of the effort, behaviours or actions. Feelings of grandeur and merit, characteristic of narcissistic self, are learned, and even bolstered, based on parents' behaviour and actions. Some parents overvalue their children, making the child think he/she is more special and that image cannot be sustained in the real world. Consequently, children might internalize the belief that they are special individuals who are entitled to privileges (Brummelman, et al., 2015).

In their research, Brummelman and associates (2015) confirmed the theory of social learning regarding the origin and emergence of narcissism. Their study included 565 children, aged between 7 and 12 and their parents and it turned out that the overvaluation of children, and seeing the child as special and privileged compared to other children, benefits the development of narcissistic traits.

In contrast, psychoanalytic theory holds that children are likely to grow up to be narcissistic when their parents lack warmth toward them (Kernberg, 1975; Kohut, 1971 as cited in Brummelman, et al., 2015). In such an upbringing, children might place themselves on a pedestal to try to obtain from others the approval they did not receive from their parents.

Karen Horney (Horney, 1939, as cited in Livingstone, 1995) believes that the cause of narcissism lies in the lack of love by those who should care about the child. This could be either too authoritarian or too lenient and overindulging parenting style. She believes that if parents do not love their child as he/she is, as a consequence, the child will develop an imaginary, exaggerated version of him/herself, which will cause a constant need for attention and admiration.

Based on her clinical experience, Paulina Kernberg (Kernberg, 1989, as cited in Bardenstein, 2009) identifies certain preconditions related to parenting that increase the risk of narcissistic pathology. These are above all: a child of narcissistic parents, an adopted child, a child of successful parents (especially if the child lacks similar abilities), a child who is overindulged, a rich child or a child of divorced parents.

Narcissistic parents can overly idealize their child and isolate him from disappointment or criticism. A child can easily develop the idea that he/she is really superior to others and beyond criticism and failure. One parental couple, convinced that their five-year-old son was a genius,

withdrew their child from school because the teacher did not praise and reward him, and they believed that everyone in that school was mediocre and incompetent. They saw the school's concern about the aggressive behaviour of their child as irrelevant and claimed that he could not adapt to the school because he was bored. When they received a report after a test saying that their child is of average intelligence, they complained to the head of the psychiatric hospital about the incompetence of the assessors.

Children who are adopted must face an initial rejection and question why their biological parents have not kept them, and may be more prone to the development of this type of pathology. Adoptive parents can try to compensate for these feelings by emphasizing that the adopted children are more special than biological children, because they were chosen to be the part of the family, and especially if the biological children are part of the family too.

One of the children Kernberg worked with stated that if he had not been adopted by his current parents, he would have been adopted by some others because he knows that there are so many parents who would want to adopt him. Moreover, since such parents could not have children of their own, they would be overindulgent and thus try to compensate for their feelings of being wronged.

Children of wealthy parents or those who are overly indulged can be raised in an environment where possessing control over others is accepted and encouraged. Rich parents could try to protect the child from disappointment and meet his or her wishes. These children can expect to always have the best and at the same time adopt an attitude that diminishes the more ordinary styles of living. The author's son told her a story from camping where a boy complained that the tiles in the bathroom were not made of marble and that he would not come back to the camp again.

Children of successful parents can create expectations that naturally they should be likewise talented without investing effort. Fulfilling these expectations is especially difficult if the child does not have proper abilities or has some difficulty to achieve such success. Narcissistic pathology serves as a compensation for the sense of inadequacy that is too painful to be recognized. When he was not admitted to the school basketball club, the son of a well-known basketball player responded with fierce rage and insults directed at the trainers.

Children of divorced parents are particularly susceptible to the development of this disorder. Each parent may try to inveigle a child to his or her side in different ways. Some children may develop an exaggerated feeling of self-worth, importance, and may begin to depreciate the parent who does not provide instant gratification.

3. MANIFESTATIONS OF PATHOLOGICAL NARCISSISM IN CHILDREN

Paulina Kernberg with her allies (Kernberg, Weiner, & Bardenstein, 2000, as cited in Bardenstein, 2009) was the first to introduce the criteria for the narcissistic personality disorder and applied them on children and added some more descriptive characteristics. She (Kernberg, 1989, as cited in Guilé, 1996) believes that normal infantile narcissism is expressed through (for the age appropriate) fantasies, demands and relationships. As the end result, a healthy equilibrium between the inner need to maintain self-esteem and genuine consideration towards others is created. In contrast, pathological narcissism in children and adolescents is reflected in excessive demands that parents cannot meet, in the constant depreciation of what is received, and, despite the transient idealization of others (as long as they serve the narcissistic needs), they are later disrespected. Therefore, pathological narcissism differs from the development of normal narcissism, and its development can be traced through childhood and adolescence.

A child with this disorder has a grandiose view of himself, which is proven by the difficulty to tolerate anything that does not bring immediate success. Failure and inability to sustain efforts at school or during the activities involving learning new skills is a common trait of these children. Inflated sense of self impedes with the development of normal moral sense (or super ego), since any recognition of one's own faults or failures to meet expectations is unbearable. These children cannot experience guilt or concern about the consequences their behaviour can have on other people. A ten-year-old patient, asked about his act which caused his team mate to have a concussion, responded *Well, it just happened that he was in the wrong place at the wrong time and was hit by the ball in the head when I kicked the ball*. A narcissistic child justifies personal imperfections, irresponsible behaviour or defeats, by blaming others, evading the answers, or lying without hesitation (Kernberg, 1989, as cited in Bardenstein, 2009).

Kernberg and associates (Kernberg, Weiner, & Bardenstein, 2000, as cited in Bardenstein, 2009) further distinguish between the normal narcissism and the pathological traits of narcissistic personality disorder in children. The normal need of children for admiration by others is satisfied with the appropriate care and attention given to them in accordance with their age. Child is able to express gratitude and to give back what others gave him. Such children sincerely appreciate and love people who are important to them. Normal children have fantasies about being powerful, famous and extremely successful. They imagine themselves as presidents, famous actors or athletes, or even superheroes with super powers. However, what separates such desires from pathological narcissism is the awareness that desire is a tendency and that others also have the ability to be special. A child with a pathological form of narcissism is convinced that he/she is endowed with unique and special abilities and becomes envious if someone else succeeds in something. An adopted four-year-old girl was furious when her twin sisters were born and demanded all the attention. When her friend from the class was rewarded for his drawing, this girl grabbed the drawing and tore it apart. Children with this disorder have a constant need for admiration and they want to be constantly said that they are very special.

The needs of normal children are realistic and can be met. They express honest affective attachment to family and friends and have confidence in significant adults in their lives. Their self-esteem, empathy and consideration for others distinguish them from narcissistic children. Well-adapted children are able to accept themselves with all their flaws and can be resilient when faced with a disappointment or failure. Moreover, if they experience any threat to self-worth, they do not show signs of stagnation or regression – they do not become furious or disappointed (Harter, 1999).

Kernberg (Kernberg, 1989, as cited in Bardenstein, 2009) noticed that the feeling of merit, which comes from their sense of superiority, leads to the exploitation of others. An 11-year-old patient said she wanted to *grow up and be rich and have slaves*. Contrary to a normal child, a narcissistic child feels that he/she deserves what he/she received, without having to be grateful or to reciprocate in some way. The constant need to feed the fragile sense of self and to save oneself from external attacks results in extreme distrust of others and rage when provoked or criticized. These children often crave for material goods and quickly get satiated and depreciate what has already been given to them. On her mother's birthday, a nine-year-old girl demanded that she is given a gift and attention. Same as adults with a narcissistic personality disorder, these children express intense envy, belittle others, lack empathy, and are unable to express gratitude or care for others. A 13-year-old patient said that a person apologizes to keep a good image of himself and so that others

would not think that he enjoys hurting people. A 14-year-old boy tried to write an apology letter to his mother for his bad behaviour, but quickly switched to the request that she luxuriously redecorates his room.

The following studies should also be mentioned in this context. Some research results (Barry, Frick, & Killian, 2003; Kerig & Stellwagen, 2010; Reijntjes, Vermande, Thomaes, Goossens, Olthof, Aleva, & Van der Meulen, 2016) indicate the existence of a link between narcissism, or more precisely, certain aspects of narcissism and maladaptive behaviour in children. The observed link is not negligible and is confirmed by the observation by Brummelman et al. (2015) of the increase in narcissism among young people in the Western European countries, which directly leads to the rise of social problems, such as violence and aggression.

Kernberg (Kernberg, 1989, as cited in Bardenstein, 2009) summarizes the context in which narcissistic pathology in children becomes evident. Relations with peers are endangered due to the lack of empathy, the need to exploit belittle and manipulate others. Friendships are considered superficial. A young patient boasted that he had 1,000 friends, but he could not name at least one who knew him well or who he could trust. These children often give orders or force their friends to do things. Their arrogance obstructs them from behaving according to the wishes of their friends or from respecting the rules of the game that everyone has agreed to. School achievement also suffers because narcissistic children do not enjoy the learning experiences. Achievement should cause admiration, rather than acquiring knowledge for its intrinsic value. If there are no praises and acknowledgments, the child becomes bored very quickly. Despite the innate intelligence of some narcissistic children, they lose motivation to learn new subjects or skills, and thus get poor grades. Kernberg also observes their inability to maintain eye contact which serves as defence mechanism against potential critical interrogation, while at the same time allows them to exclude themselves from unwanted requests or expectations by others. They are so arrogant that they do not allow anyone to tell them what to do, and their capacity to learn based on feedback is reduced. Additional pathology is also visible when these children play. At first, they are bored, they are unhappy with the toys or they do not like the game.

4. POSSIBLE STRATEGIES FOR DEALING WITH NARCISSISM IN CLASSROOM

Opinions and beliefs about child provided by parents and teachers are very important part of the assessment and eventual later treatment, explain Freeman and Rigby (2003). For example, authors speak of *evil child* (p. 450) hypothesis where the adult sees the child's general behavior and specific reactions as the result genetic (*This is a bad child or something is just wrong with him*). Further, parents or teachers may assume that the child is purposely causing trouble or making life difficult for others. Possible factor may concern power distributions in the classroom or home and demands imposed by parents or school expectations. The next task for the clinician involved is to determine whether the teacher's opinion is the result of him lacking knowledge regarding normal development and developmental expectations. Amongst other, it should be explored are there classroom stressors that create an environment which could provoke the behaviour in question? (Freeman & Rigby, 2003)

In a study aimed at validating the Child Narcissism Scale (Thomaes et al., 2008), Thomaes and associates (Thomaes et al., 2008) report that self-examination of children with

a high level of narcissism is unstable and dependent on the external gratification and recognition, as opposed to self-confident children (with healthy self-esteem) who self-examined themselves positively and independently of external influences. All these data are significant, more precisely; their practical implications are reflected in clear guidelines for parents, at least regarding what should not be done when raising children.

However, the question arises as to whether it is possible to carry out some actions in schools, which would aim at remedying certain aspects of behaviour that are manifestations of pathological narcissism, given the fact that children spend almost a third of their day in school. Experiences that students acquire in school differ from experiences they obtain in family environment which affects the development and maturation of the child's personality (Vuksanović, 2016). In this regard, teachers have the most important role in this endeavour. In relation to this, Vuksanović (2016, p. 332) says *Therefore, the teacher should help students to improve problem-solving skills related to the social environment, to increase their motivation for pro-social behaviour and discourage negative behaviour.*

In her research, the above-mentioned author finds that behaviour disorders are present in our elementary schools. These students occasionally attend classes and are quite indifferent when it comes to coming to school. They are hostile; other children rarely accept them, regardless of their desire to be in the company of other children. The most frequent educational problems in these children are the tendency to quarrel, cruelty towards other children, disobedience, lack of cooperation, the rejection of authority. With regards to behaviour disorders, Vuksanović (Vuksanović, 2016, p. 335, 336) lists general remarks as tools and advice for teachers who deal with such children. Some of them, which are directly related to the activities of teachers are: *individualize the lesson and adapt it to the potential of the child; assign the child with important tasks – assign them to maintain discipline in the classroom or during the break, or to pay attention to how other children are behaving, etc. establish a system of rewards and punishment – praise the child for all good work, but also punish him for misbehaviour (bans, additional lessons, etc.).*

Since there is insufficient research that deals with narcissistic tendencies in children, and especially with their manifestations, and how such children should be treated in schools, there is no clear advice for teachers regarding the specific measures to be taken in the classroom. However, it is definitely possible to replicate some practical guidelines from those studies and areas that more fundamentally dealt with this problem. One of such areas is leadership and leadership skills, more precisely the experts in this field offer instructions on what managers can do if they have a person with a narcissistic personality disorder in their team. Some of the advices are: Create a strong sense of team cohesion - team cohesion will have a corrective effect, that is, peer pressure encourages the acceptance of the group's norms by a narcissist. Another advice is to use the feedback from team members. For narcissists, the feedback they get from peers is seen as a lesser threat than the feedback they get from one person or a leader (Kets de Vries, 2017). It seems that these pieces of advice could also be applied in the classroom, and also the findings from Vuksanović's (2016) research on the need for children with behaviour disorders to be in the company of other children, increase the possibility of implementing these guidelines by teachers in the classroom.

It is clear that classroom management is significant for several reasons, and some of them are as follows: focusing on preventive rather than reactive procedures establishes a positive classroom environment in which the teacher focuses on students who appropriately behave (Lewis & Sugai, 1999). Rules and routines are powerful preventative components to

classroom organization and management plans because they establish a behavioural context for the classroom that includes what is expected, what will be reinforced, and what will be retaught if inappropriate behaviour occurs (Colvin, Kameenui, & Sugai, 1993). This prevents problem behaviour by giving students specific, appropriate behaviours to engage in. Monitoring student behaviour allows the teacher to acknowledge students who are engaging in appropriate behaviour and prevent misbehaviour from escalating (Colvin et al., 1993). Rewarding desirable behaviour sets the standard for appropriate behaviour and creates a positive environment for learning (Kuhlenschmidt & Layne, 1999).

Since the link between pathological narcissism and aggressive behaviour in students was established, it is necessary to identify the actions teachers should take in order to reduce aggressive behaviour. Namely, there are strategies that provide classroom environment that can reduce aggressive behaviours. Some of these strategies are: respecting routines, encouraging and demonstrating interest - the teacher shows he/she is interested in students' behaviour and involves students in the activities they are interested in, positive feedback - the importance of earned praise (Myles & Simpson, 1994, Jackson, Jackson, & Monroe, 1983). Some other strategies to deal with aggressive behaviour are: never ignore aggressive behaviour, but do not argue with an aggressive child; help the aggressive child take control of his/her behaviour (different types of agreements with the child); assign him some tasks and provide praise if he acts in the right way; try to make child to take ownership for his inappropriate behaviour. Suggest how such conflicts can be handled in the future (Watson, 2017).

With the introduction of inclusion, teachers are more and more often faced with situations that are the consequence of the problematic behaviour of students, which only enhances the educational and upbringing aspect of their profession and the necessity for more systematic and more fundamental dealing with strategies that could possibly have a corrective effect on such behaviour. In that sense, in addition to pedagogical intuition, teachers need specific guidelines, instructions and education, which would help them feel more comfortable in their role which is now determined by the new circumstances and which would allow them to be more confident when making decisions. Anyhow, it is clear that in addition to general guidelines and professional advice, it is necessary to be flexible, have an idiographic approach and retain motivation to help the student, not only in terms of knowledge sharing, but also in terms of creating and shaping responsible and mature generations. To conclude, maybe it would be good to quote the authors who dealt with the subject dealing with difficult behaviour: *You cannot make students feel a particular emotion, but you can reassure students or attend to their emotional needs. You may not be successful in changing student behaviour, but you can change yourself, your behaviour, your feelings, and your expectations of coping with uncivil behaviour. You can try to alter the environment or at least take action to prevent the problem from occurring again. You can remind everyone of the rules. You can change tasks or your syllabus. Sometimes you can redirect or rechannel student behaviour or distract student attention. Most important you can support desirable behaviour and help students in distress feel more worthwhile* (Kuhlenschmidt & Layne, 1999, p. 56).

5. CONCLUSION

Although it seems that this type of pathology in childhood has not been given enough importance, still some of the factors that can influence its development have been identified. Some of the main factors are: overindulgence and overpraise of the child by parents, parents who see their children as tool to build their own self-esteem, excessive admiration that is inconsistent with realistic feedback, unpredictability and unreliability of parents' actions, serious emotional abuse, reward for outstanding appearance or talent as seen by adults, mimicking of the manipulative behaviour of parents. Only a handful of authors dealt with the way how narcissistic traits and disorders are manifested in childhood. As it can be seen, the manifestations of pathological narcissism can be endangering, both for the child and for the people in his surroundings. If they are not recognized and treated in time, these manifestations can become even more extreme in the adulthood. If adults, especially parents and teachers do not recognise and accept that there is a problem, the interventions must be aimed at both the child and parents. Considering the possible problems and consequences that these manifestations can cause, they must be studied more thoroughly.

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KAKO PREPOZNATI I NA KOJI SE NAČIN BAVITI PATOLOŠKIM NARCIZMOM U DETINJSTVU?

Ovaj rad predstavlja pokušaj da se dođe do odgovora na neka pitanja koja se odnose na patološki narcizam u detinjstvu. Preciznije, koji su neki od mogućih uzroka patološkog narcizma, gdje su granice normalnog i patološkog narcizma, koje su manifestacije njegove patološke forme u detinjstvu, kao i eventualne strategije za bavljenje ovim poremećajem. Teoretičari i kliničari iz ove oblasti slažu se u tome da narcizam predstavlja normalnu fazu u dečjem razvoju. Sa druge strane, patološka forma narcizma, takođe ima svoje poreklo u najranijem periodu života individue (već oko 7 ili 8 godine možemo uočiti njegova ispoljavanja), a njeni se uzroci mogu pronaći u širokom spektru disfunkcionalnih interakcija sa roditeljima. Patološki narcizam može se ispoljiti kroz ideje deteta da je zaista superiorno u odnosu na druge i da se nalazi iznad kritika i neuspeha, kroz grandiozno viđenje sebe, kroz preterane zahteve koje roditelji ne mogu ispuniti. Jedna od tipičnih manifestacija je nesposobnost da se uloži i duže vreme održi napor u školi, posebno prilikom učenja novih veština. Pored roditelja, učitelji mogu i moraju biti uključeni u process identifikacije i primene intervencija koje imaju za cilj korekciju problematičnog ponašanja.

Ključne reči: *narcizam, patološka ispoljavanja, uključenost roditelja i učitelja, strategije upravljanja*