



Correspondence

Childhood narcissism: A call for interventions

The past decades have seen a global shift toward greater individualism, with cultures increasingly valuing separateness and uniqueness over connectedness and similarity (Santos et al., 2017). Such values may underlie narcissism, an everyday personality trait that exists throughout the population. Narcissistic children feel superior to others, believe they are entitled to privileges, and crave admiration (Thomaes and Brummelman, 2016). When they receive the admiration they crave, they feel on top of the world; but when they do not, they feel like sinking into the ground—a feeling that can spiral into anxiety and depression. Narcissistic children often respond to insults by lashing out aggressively against others. Unsurprisingly, then, they have trouble maintaining close relationships with others. Such pernicious consequences of narcissism have been demonstrated around the globe. Thus, narcissism has become a pressing problem, hurting children as well as society at large.

A common belief is that narcissism is a form of “inflated,” “excessive,” or “exaggerated” self-esteem. Research has dispelled this belief (Brummelman et al., 2016). Narcissism and self-esteem are correlated weakly. Children with high self-esteem feel satisfied with themselves, but do not feel superior to others (Orth and Robins, 2014). Unlike narcissistic children, they experience emotional equanimity: They feel good about themselves and their lives, even in the face of setbacks. Consequently, they are at reduced risk of anxiety and depression. When insulted, they rarely lash out against others; instead, they tend to forgive others and seek reconciliation with them. Thus, whereas narcissism represents unhealthy feelings of superiority, self-esteem represents healthy feelings of worth.

Since narcissism lies at the intersection of normal and abnormal development, our understanding of narcissism is likely to benefit from an interdisciplinary effort to understand the various ways in which narcissism contributes to mental health problems over the course of life. To date, most of our knowledge about narcissism has been obtained in community samples. Taking an important step forward, Muratori et al. (2018) investigated narcissism and self-esteem in both a community sample (i.e., typically developing children) and a clinical sample (i.e., children diagnosed with Oppositional Defiant Disorder—a disorder marked by anger, irritation, argumentativeness, defiance, and vindictiveness). The study focused on the critical phase of middle-to-late childhood, when individual differences in narcissism first emerge (Thomaes and Brummelman, 2016).

The authors made three critical contributions. First, they found that narcissism can be measured reliably as an everyday personality trait in both community and clinical samples. Second, they established that narcissism levels are elevated in clinical samples, suggesting that narcissism puts children at risk for mental health problems. Third, they showed that narcissism—unlike self-esteem—predicts conduct problems (e.g., aggression and bullying) in both community and clinical samples. Only in clinical samples, however, does narcissism predict emotional problems (e.g., anxiety and depression). One possible

interpretation is that narcissistic children are referred to treatment only when they experience subjective distress. Indeed, in the absence of subjective distress, narcissistic children may express little desire to change themselves. Collectively, these findings add to a growing body of research demonstrating that narcissism has important implications for mental health from childhood onward.

As research uncovers the fine line that runs between narcissism and self-esteem—between unhealthy feelings of superiority and healthy feelings of worth—it paves the way for interventions that cultivate healthy self-views. For the development of interventions, it is critical to understand *when* and *why* narcissism and self-esteem emerge. Research has revealed that narcissism and self-esteem (i) emerge in childhood (Thomaes and Brummelman, 2016), (ii) are partly heritable (Vernon et al., 2008), and (iii) are cultivated by unique socialization experiences (Brummelman et al., 2015b). Narcissism is cultivated by *parental overvaluation*: parents seeing their child as a unique and extraordinary individual. Overvaluing parents overestimate, overclaim, and overpraise children's qualities (Brummelman et al., 2015a), thereby cultivating the core belief that underlies narcissism: “I am superior to others.” By contrast, self-esteem is cultivated by *parental warmth*: parents expressing fondness and affection for their child, thereby cultivating the core belief that underlies self-esteem: “I am worthy.”

A crucial task will be to develop effective intervention strategies. One possibility would be to target the socialization experiences that give rise to narcissism and self-esteem. For example, parent-training programs can teach parents to provide children with warmth without overvaluing them. Such an approach would require that existing programs be refined, as they often rely on praise as a tool for boosting self-esteem. Praise may not boost self-esteem; in some cases, praise may even lower self-esteem or raise narcissism (Brummelman et al., 2017). Another possibility would be to target directly the beliefs that underlie narcissism and self-esteem. An emerging body of social-psychological research shows that nudging individuals away from the belief that they are superior to others—for example, by making them feel more connected and similar to others—may curb narcissistic thoughts and feelings, at least temporarily (Jordan et al., 2014). Of note, these intervention strategies have been developed through laboratory experiments with adults, so an exciting challenge will be to adapt them for randomized field interventions with children.

Studies such as those by Muratori et al. contribute to a deeper understanding of the nature and consequences of narcissism in children. Their findings indicate that clinicians should be mindful of narcissism in their young patients. Even if those patients are referred for other problems (e.g., conduct or emotional problems), narcissism may cause or maintain those problems. It is often believed that children “grow out” of narcissism. Narcissism indeed declines gradually after adolescence, but individual differences in narcissism are remarkably stable; narcissistic children tend to become narcissistic adults (Thomaes and Brummelman, 2016). Thus, children with elevated narcissism levels

require attention and care. It is our hope that in a few years we will have evidence-based intervention strategies to curb narcissism from a young age.

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Declarations of interest

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