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NARCISSISTIC DIMENSIONS OF THE PARENT–CHILD RELATIONSHIP IN CHILDREN WITH NEUROTIC STATES

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CONCEPTUAL FRAMEWORK FOR RESEARCH

Relevance and importance of the studied topic.. The family is the place where the child forms his personality and becomes a social actor, and the quality of the family psychological environment, especially the quality of the parent-child relationship, is a fundamental prerequisite for the harmonious development of the child's personality. Under such conditions, the narcissistic traits of the parents in turn prefigure the narcissism of the child and influence the child's personality. Specialized studies reveal that the parent's ability to adapt to the child's psychological realities depends on his or her narcissistic maturity. This is expressed in the clarity and continuity of the parent's own identity, from which derives the ability to differentiate between one's own narcissistic needs and the narcissistic needs of the child, the ability to give up one's own unfulfilled narcissistic desires in favor of respecting the child's personality [17,28,44,51].

Furthermore, it is important to note that understanding and respecting the child's personality is becoming increasingly difficult to achieve in a narcissistic age - as the contemporary age is considered to be - in which social and cultural values are very often defined in terms of performance, fierce competitiveness, exaggerated preoccupation with the self at the expense of authenticity and appropriate investment in the other. As a result of these trends, narcissistic preoccupations are found to be on the rise in modern Western societies, a phenomenon J. M. Twenge and W. K. Campbell have termed the "narcissism epidemic" [53]. In this context, researchers are increasingly asking whether there is a danger of relational transformations within the family, as a result of which the child becomes a vehicle through which the parent - consciously and unconsciously - reactualizes unfulfilled narcissistic aspirations in a manner that is totally inappropriate for the child's psychological development.

Referring to the domestic space, it is necessary to specify that in addition to the global trends in the sense of psychological paradigms, the economic and social difficulties in the Republic of Moldova exert, in their turn, a negative influence on the narcissistic dimensions of the parent's personality and implicitly on family dynamics. It is well known that precarious social and economic conditions can disrupt the functioning of the family environment and deplete the psychological resources needed to properly exercise the parental role. Therefore, the practicing psychologist in the local area is often confronted, in the context of psychological counseling, with complex psycho-social scenarios that amplify the narcissistic dimensions in the parent-child dynamic.

The development of the psychological care system in the Republic of Moldova, including the creation and expansion of the network of Community Mental Health Centers throughout the country, is an essential national strategy to improve the quality of family life and to prevent and treat mental health disorders. These centers are regulated by the *Mental Health Act No. 1402/1997*, which provides a wide range of services, from early diagnosis and psychological counseling to psychosocial rehabilitation and community support [32].

At the same time, the *National Programme on Mental Health 2023-2027* emphasizes the importance of expanding the network of SMCCs and integrating mental health services into primary health care in order to facilitate the population's access to quality specialized care. According to recent data (2022), provided by the National Agency for Public Health, the situation regarding the quality of children's mental health in the Republic of Moldova presents a worrying reality:

- 12% of all registered persons with mental disorders are under 18 years of age (9,798 children);
- The prevalence of mental disorders in children is 1,794 cases per 100,000 children, with a steady increase compared to previous years;
- The incidence of mental disorders in children is 209 cases per 100,000 children [21,39].

Thus, the development of the psychological care system in the Republic of Moldova, including the establishment of Community Mental Health Centers throughout the country, implies ensuring the fundamental conditions for improving family life. At the same time, the system of psychological assistance constantly requires theoretical, methodological and applied resources to ensure the counseling process. Having said this, it is important to specify that both the research problematic and the empirical material subject to analysis and conceptualization in our scientific approach originate in the working space of the Community Mental Health Centers in the Republic of Moldova

Framing the topic in the international, national, and local preoccupations of the research team and an inter- and transdisciplinary context, presentation of previous research results related to the research topic. From a theoretical point of view, narcissism is an essential concept within general psychology, personality psychology and social psychology, playing a central role in the theories explaining the formation of self-identity. From a phenomenological perspective, given the role of narcissism in ontogenesis and in the structuring of the human psyche, the narcissistic dimensions in the parent-child relationship has been a favorite theme for many theorists and clinicians concerned with the conditions of psychological development. The first references in this regard are directed to the founders of paradigms on the phenomenology of narcissism: S. Freud [19] introduced the concept of narcissism in psychoanalysis, delimiting the narcissistic libido and the object libido, the child being designated as the parent's privileged narcissistic object; D. Winnicott[38] described transience as a central factor in the construction of healthy narcissism, analyzing the transition from "infantile omnipotence" to contact with objective reality, but also the constitution of subjectivity; W. Bion, thanks to his concepts of "maternal reverie" and "healthy primitive identification", clarified the essence of early experiences in the mother-baby relationship, also targeting the narcissistic dimension [2]; H. Kohut elaborated a metapsychology of narcissism, in which the parent-child relationship is obviously the central link, emphasizing the role of the parent as the object of the Self [24]; S. Lebovici [26] explored the mechanisms of inter- and transgenerational communication in the narcissistic structuring of the child.

In the french-speaking world we can find the researches realized by D. Marcelli [29] dedicated to ontogenesis, fixations and regressions in the process of child development, the researches of A. Braconnier [30] and M. Vincent [37], dedicated to the forms of narcissistic suffering in children and adolescents.

In the italian school of psychoanalysis we find the research of A. Ferro, who introduces the concept of the "bipersonal field" to illustrate the permanent parent-child communication, transposed in the child-analyst communication [18]. Recent studies by the italian psychoanalyst A. Ciccone highlight the quality of the parent-child relationship in the experience of parenthood and, implicitly, the child's unconscious "obligations", which relate to narcissistic continuity and the repairing of the parental history [34].

Continuing the same theme of unconscious parent-child communication, the American school of psychoanalysis is represented by works dedicated to narcissistic aspects and the parent-child relationship by H. Kohut [24], J. Allen, A. Bateman and P. Fonagy [1], D. Stern [35,52], O. Cohen [40]. The mentioned authors consider that the permeability of the psychological boundary between the child and the caregiver is a proven fact in clinical studies, with the adult's self and object representations being projected onto the child's developing self-representations.

J. Monzano, F. P. Espasa, N. Zilkha represent the swiss school of psychoanalysis, these authors standing out for their laborious research on narcissistic aspects in the parent-child relationship, for adapting the psychoanalytic technique to the specific problems of the child and the parent, but also for developing a research methodology in this regard [28]. From a methodological point of view, our work represents a continuation and a nuancing of the research carried out by representatives of the swiss school of psychoanalysis.

Recent studies consistently highlight the negative impact of parental narcissism on children's mental health, highlighting significant correlates with affective and behavioral disorders. J. Hewitt et al. (2024) demonstrated significant associations between pathological parental narcissism, childhood depression, and anxious attachment [46], while M. Vignando and B. Bizumic (2023) showed that the presence of grandiose narcissism in fathers and vulnerable narcissism in both parents influences anxiety and depression in young adults [54]. In a similar vein, KP. Rawn et al. (2023) identified links between parental grandiose narcissism and use of negative rather than supportive parenting tactics [49]. C.M. Hart et al. (2017) confirmed this relationship, highlighting the empathy deficits and neglectful caregiving styles characteristic of narcissistic parents [45]. Italian (F. Dentale et al., 2015) and english (N. Day et al., 2020) studies convergently support these data, showing that parental narcissistic traits are relevant predictors of depressive and anxiety symptoms in children and adolescents, especially in the context of a relationship marked by criticism, lack of empathy and emotional invalidation [42,43].

In Romania, the research dedicated to childhood, narcissistic issues and parent-child relationships can be found in the projects realized within the Generatia Foundation, a psychoanalytic school that had its origin in the interest in childhood and adolescence. Several Romanian authors such as V. Șandor [36], D. Luca [27], S. Reghintovschi [50] have conducted and published research on these topics. In the academic space of the Republic of Moldova, psychoanalytic studies on issues related to childhood, narcissistic aspects in relationships and therapeutic intervention on these topics have been conducted by A. Nacu [48], Z. Bolea [3,4,5,6,7] , I. Cașcaval [8,9,10,11,12,13,14,15] , D. Dreglea[16], C. Podubnîi [7].

Despite these significant achievements to date, however, the study of narcissistic dimensions in the parent-child relationship and the exploration of how parental narcissistic dysfunctions contribute to the development and maintenance of neurotic states in children remains an under-researched topic in the local academic context.

For terminological clarity, we specify that, although the research focused exclusively on mothers, the term "parent" was used as a generic designation of the parental function. The choice of this sample reflected the realities of the local psychological practice, where, in most cases, mothers are the ones who accompany the child to the consultations at the Community Mental Health Centers. The father's involvement is often limited or absent in seeking psychological or psychiatric support. In this context, the mother often ends up fulfilling, in a compensatory manner, both maternal and paternal functions, which justifies the use of the term 'parent' in a general and functional sense.

In the context of the above, the **research problem** addressed in our paper refers, in general terms, to an increasingly evident trend in the last decade of an accentuation of narcissistic dysfunctions, under the influence of social, economic and cultural factors. In specific terms, it explores the contradiction between the recurrent observations on the presence of narcissistic manifestations among parents who access the services of Community Mental Health Centers in the Republic of Moldova and the absence of specialized studies elucidating the specificity of the relationship between parental narcissistic dimensions and neurotic states of the child.

The aim of the research is to identify and analyze the narcissistic dimensions in the mother-child relationship in children with neurotic states, as well as to develop and implement a psychological intervention program, psychoanalytic psychoanalytic orientation, in order to reduce the parental narcissistic dimensions and neurotic states in children

Research objectives: 1) To analyze the theoretical framework regarding parental narcissistic dimensions and neurotic states in children; 2) To identify and analyze narcissistic dimensions, self-esteem level and mentalizing abilities in mothers; 3) To identify and analyze the specifics of neurotic states in children; 4)

To ascertain the relationship between narcissistic dimensions, the level of self-esteem and mentalizing abilities in mothers and neurotic states in children; 5) To identify the parental narcissistic scenarios activated in the parent-child relationship; 6) To develop and implement a psychoanalytic psychological counseling program aimed at reducing narcissistic dimensions in mothers whose children show neurotic states.

General jypotheses: 1) We assume that the narcissistic dimensions and the mentalizing capacity of the mother correlate significantly with the psychoemotional state, implicitly neurotic states, and personality traits of the child. 2) We assume that the implementation of a psychoanalytic psychological counseling program will contribute to the reduction of the narcissistic dimensions of mothers and to the improvement of neurotic states of children.

The **methodology of scientific research** is based on theoretical methods: literature review and synthesis, comparative analysis, hypothetico-deductive method for analyzing the results obtained in the research. Empirical methods of data collection: RCADS 47 - Revised Children's Anxiety and Depression Scale; CPQ - Child Personality Questionnaire; PNI - Pathological Narcissism Inventory; PRFQ - Parents' Reflective Functioning Questionnaire; Rosenberg Scale; Semi-structured interview with free responses. Statistical-mathematical methods: frequency analysis, comparison of means by descriptive statistics, determination of Spearman correlation coefficients, Fisher exact test, Wilcoxon nonparametric test. Qualitative methods of data analysis: qualitative content analysis through theorizing; psychoanalytic case study.

Scientific novelty and originality. This study represents the first research in the local academic space that focused on the dimensions of parental narcissism and its effects on the psychoemotional state of the child. The originality of the research consists in: 1) Identifying and analyzing the relationship between the dimensions of parental narcissism, mentalizing capacity and neurotic states of children, being established, through quantitative and qualitative methods, how the narcissistic dimensions of the mother correlate with the psychoemotional state of children, being emphasized the role of mentalizing capacity in mediating this impact. 2) From a methodological point of view, the case study model was presented, which encompasses both quantitative and qualitative epistemic paradigms, and from a conceptual point of view, the model representing the psychoanalytic approach. 3) Elaboration of a psychoanalytically oriented psychological intervention program, focused on diminishing parental narcissistic dimensions and reducing neurotic states in children.

Theoretical value of the research. The research has made a comprehensive synthesis of the literature, including psychoanalytic literature, on parental narcissism, mentalizing ability and neurotic states of children, which has helped to clarify the complex relationships between these variables. Through a detailed analysis of existing theories on parental narcissistic behaviors and children's neurotic manifestations, the study provides new theoretical benchmarks for understanding the dynamic influence of parental narcissism on children's psychoemotional state. An important contribution of this paper is the extension of the concept of parental mentalizing by applying it to family contexts in which parental narcissistic tendencies and children's neurotic states are present.

Applied value of the research. The elaboration of a psychological intervention program for the mother-child pair, based on techniques of awareness of narcissistic projections and development of mentalizing skills, represents a significant contribution to the field of psychological counseling. The proposed program can be implemented in schools, mental health centers and individual psychotherapy offices. The applicability of the program is demonstrated by the significant results in reducing parental narcissistic aspects and improving mentalizing ability, as well as decreasing neurotic states of children.

Structure of the thesis: the work contains annotations in Romanian, Russian and English, introduction, 3 chapters, general conclusions and recommendations, bibliography of 211 titles, 14 appendices, 157 pages of basic text, 13 figures and 16 tables. The results are published in 10 scientific papers.

Keywords: narcissism, neurotic states, parenting, mother, child, mentalizing, personality factors, projection, psychoanalysis, psychological intervention.

Approval of scientific results. The research results were approved within the Department of Psychology of the Faculty of Psychology and Educational Sciences of the State University of Moldova, were presented and discussed at 6 national and international scientific forums .

THESIS CONTENT

The **Introduction** argues the topicality of the research topic, emphasizing the importance of this research in the context of the process of development of the psychological care system in the Republic of Moldova, at the same time, describing the position of the research topic in the context of international and regional interest in this issue. The research methodology is also presented in general terms and the chapters of the paper are briefly described.

In **Chapter 1**, *"Theoretical landmarks on narcissistic dimensions in the parent-child relationship and neurotic states in the child"*, psychoanalytic theories regarding the role of narcissistic dimensions in the development of personality and the psychological apparatus, as well as the relational valences of narcissism, are summarized and critically analyzed. The latter are explored through a synthesis of specialized studies on the narcissistic aspects of parenthood and the narcissistic needs of the child, with a focus on the specific dynamics of parent–child communication. Furthermore, the chapter examines the etiology and phenomenology of neurotic states in children from both traditional nosological frameworks and psychoanalytic perspectives.

Following the literature review and synthesis, the following conclusions were drawn:

1. The concept of narcissism has undergone a significant transformation, evolving from a strictly pathological perspective to a more integrative approach, in which narcissism is viewed as an essential dimension of identity formation—ranging from its healthy expressions to dysfunctional manifestations.
2. In its functional expression, narcissism reflects an individual's capacity for self-validation, the recognition of personal needs, and the maintenance of a coherent self-image. This adaptive form of narcissism fosters self-confidence, autonomy, and balanced interpersonal relationships. In contrast, pathological narcissism is generally structured in two forms: grandiose narcissism and vulnerable narcissism. Grandiose narcissism is marked by overt superiority, an excessive need for admiration, exploitative interpersonal behavior, and a reduced capacity for empathy. Vulnerable narcissism, by contrast, is characterized by heightened sensitivity to criticism, chronic feelings of shame and insecurity, social withdrawal, and a pronounced preoccupation with self-image. In both forms, narcissism operates as a rigid defense mechanism aimed at protecting a fragile, incoherent, and insufficiently integrated sense of self.
3. Narcissistic dimensions refer to psychodynamic aspects of personality that significantly shape an individual's relationship with the self and with others, reflecting the psychological processes involved in the formation of self-image, the maintenance of identity cohesion, and the regulation of self-esteem.
4. The development of healthy narcissism requires the active, empathic, and consistent presence of a parental figure who can support the child's gradual transition from dependence to autonomy. The parent enters this relationship with an already established narcissistic structure, while the child is still in the process of constructing a sense of self. The quality of this interaction depends on the parent's ability to place their own narcissistic resources in the service of the child's development.
5. Mentalizing capacity refers to the psychic function through which individuals interpret their own actions and those of others as being motivated by mental states—such as emotions, desires, intentions, and beliefs—both at conscious and unconscious levels. In the parental context, this capacity underpins essential functions such as containment, mirroring, and the validation of the child's experiences. By engaging in

these functions, the parent offers the child a secure foundation for organizing a coherent self-image, developing a secure attachment, and fostering healthy emotional regulation mechanisms.

6. The neurotic state in children represents a distinct and complex mode of psychic functioning, in which emotional dimensions and emerging personality traits significantly shape how the child perceives, processes, and integrates both internal experiences and interpersonal relationships. This psychic configuration is characterized by self-perception marked by intrapsychic conflict, a fragile self-image, and intense affective experiences such as anxiety, shame, and guilt. Simultaneously, interpersonal relationships tend to be interpreted through a defensive lens, with others often perceived as critical, intrusive, or unpredictable.
7. Operationally, the term neurotic states refers to a set of clinical manifestations, including separation anxiety, generalized anxiety, social anxiety, panic attacks, obsessive–compulsive disorder, and depression. In our research, the concept is employed in an integrative manner, combining clinical diagnostic criteria with phenomenological and psychodynamic perspectives on child mental functioning.
8. From an etiological perspective, neurotic states can be understood as the expression of two types of intrapsychic conflict: the oedipal conflict—between unconscious desires and the prohibitions of external reality—and the narcissistic conflict—between the need for fusion and the imperative of separation and individuation.

Chapter 2, "*Empirical study on narcissistic dimensions in the mother-child relationship in children with neurotic states",* begins with the presentation and argumentation of the research design, which includes both quantitative and qualitative methods. Subsequently, the results of the research are presented, analyzing the results of the quantitative approach regarding the incidence of neurotic states in children and the narcissistic dimensions of mothers, and as a result of the qualitative research approach, the narcissistic issues invoked by mothers and their representations of the mother-child relationship are analyzed.

Subchapter 2.1. ,*"Design of the psycho-diagnostic approach"* details the methodological approach of the research, which aims to investigate the relationship between maternal narcissistic dimensions and neurotic states in children. The study combines quantitative and qualitative methods in order to capture both the structural features of parental narcissism and their impact on the child's psychological development.

The **aim of** the empirical approach is to analyze in depth the relationship between the narcissistic dimensions of the mother and the neurotic states of the child. Achieving this research goal involved both a quantitative and a qualitative approach.

The objectives of the survey are the following: (1.) To develop a psycho-diagnostic strategy to identify narcissistic dimensions in the mother-child relationship and neurotic states in the child; (2.) Assessment of narcissistic dimensions, level of self-esteem and mentalizing abilities in mothers, as well as assessment of neurotic states in children; (3.) Assessment of the relationship between narcissistic dimensions in mothers and neurotic states in children; (4.) Identification and analysis of parental narcissistic dimensions projected onto the child.

In accordance with the research aims and objectives, we launch the following **general hypothesis:** we assume that the narcissistic dimensions and mentalizing capacity of the mother correlate significantly with the psychoemotional state, implicitly neurotic states, and personality traits of the child.

The general hypothesis allowed the following **specific hypotheses** to be put forward: (1) We assume the existence of pathogenic parental narcissistic dimensions in mothers of children with neurotic states; (2) We assume the existence of correlations between the narcissistic dimensions of the mother and the neurotic states of the child; (3) We assume the existence of correlations between the narcissistic dimensions of the mother and

the personality factors of the child; (4) We assume the existence of correlations between the mentalizing capacity of the mother and the presence of neurotic states in the child.

Subjects researched: The development of the research approach and its implementation took place in the period 2020-2023, within the Buiucani Community Mental Health Center, Buiucani, in the city of Chisinau. The study group consisted of 50 mothers and 50 children (21 girls and 29 boys). The participants were recruited on based on the following criteria: a) children aged between 8 and 11 years, b) presence of a diagnosis of anxiety-depressive disorder, diagnosed by a psychiatrist according to ICD-10 criteria.

To investigate the variables targeted in the ascertainment experiment, we selected a combination of methods:

- empirical data collection methods: RCADS 47 - Revised Children's Anxiety and Depression Scale; CPQ - Child Personality Questionnaire; PNI - Pathological Narcissism Inventory; PRFQ - Parents' Reflective Functioning Questionnaire; Rosenberg Scale; Semi-structured open-ended interview.

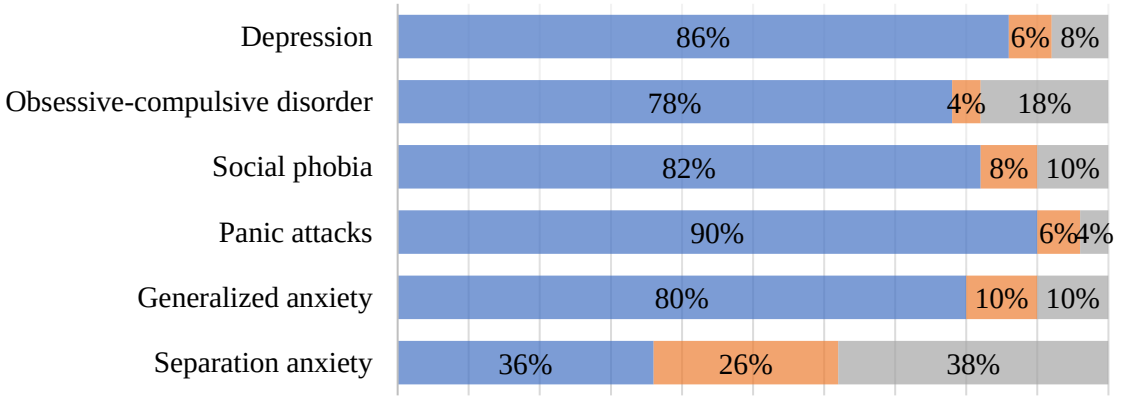
- statistical-mathematical methods: frequency analysis, comparison of means by descriptive statistics, determination of Spearman correlation coefficients, Fisher exact test.

- Qualitative methods: qualitative content analysis through theorizing.

2.2 Presenting and interpreting the results of the quantitative approach

This sub-chapter presents the quantitative analysis and interpretation of the results obtained following the application of psychometric methods on children and mothers. Initially, the results for the children were presented, followed by those of the mothers, respecting the order in which the psycho-diagnostic process was carried out.

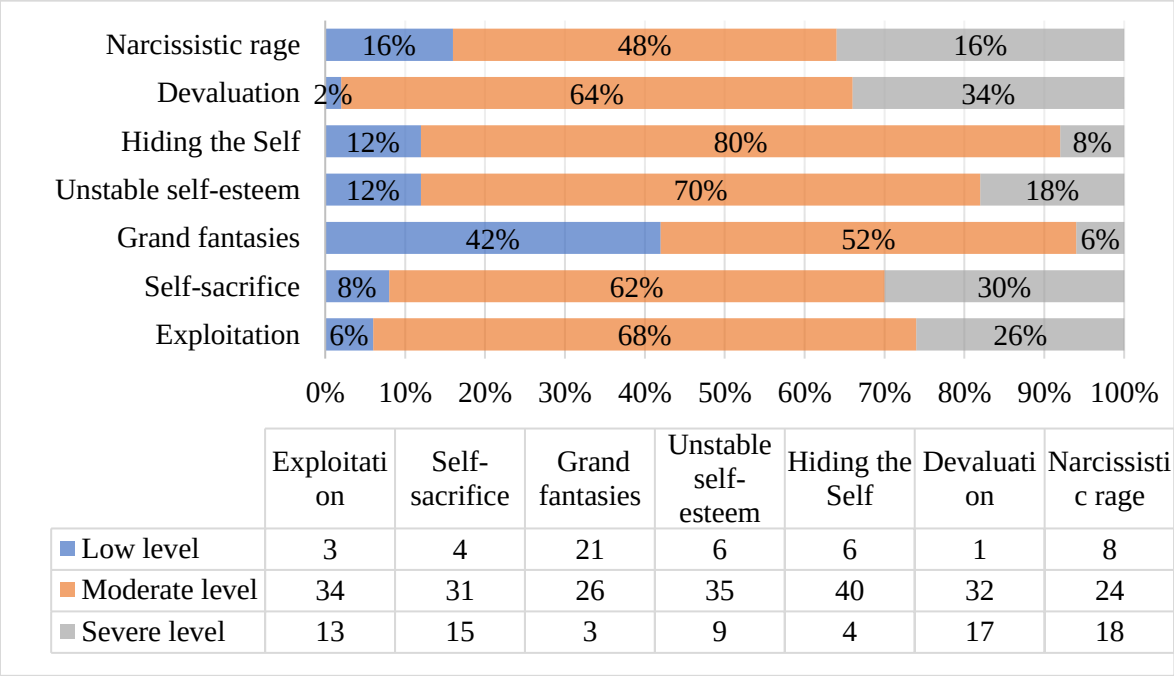
Figure 1 shows the frequencies of neurotic states identified in children using the RCADS-47 questionnaire. Low, moderate and high levels are illustrated for each category: separation anxiety, generalized anxiety, panic attacks, social phobia, obsessive-compulsive disorder and depression.



	Separation anxiety	Generalized anxiety	Panic attacks	Social phobia	Obsessive-compulsive disorder	Depression
Low level	18	40	45	41	39	43
Moderate level	13	5	3	4	2	3
High level	19	5	2	5	9	4

Figure 1. Neurotic states identified in children following the RCADS-47 questionnaire

In the research (Fig.1), the following neurotic states were identified with high levels: separation anxiety (19 cases), obsessive-compulsive disorder (9 cases), social phobia (5 cases), generalized anxiety (5 cases), depression (4 cases) and panic attacks (2 cases).



	Exploitation	Self-sacrifice	Grand fantasies	Unstable self-esteem	Hiding the Self	Devaluation	Narcissistic rage
Low level	3	4	21	6	6	1	8
Moderate level	34	31	26	35	40	32	24
Severe level	13	15	3	9	4	17	18

Figure 2. Narcissistic dimensions identified mothers after applying the PNI inventory

Hypothesis no. 1 - "*We assume the existence of pathogenic parental narcissistic parental dimensions in mothers of children with neurotic states*" - is confirmed by applying the Pathological Narcissism Inventory (PNI), which revealed significant frequencies of the following narcissistic dimensions: (1) *exploitation* - 34 mothers with moderate level and 13 with severe level; (2) *self-sacrifice*- 31 with moderate level and 15 with severe level; (3) *grandiose fantasies* - 26 with moderate level and 3 with severe level; (4) *unstable self-esteem* - 35 moderate and 9 with severe level; (5) *self-hiding* - 40 moderate and 4 severe; (6) *devaluation* - 32 moderate and 17 severe; (7) *narcissistic rage* - 24 moderate and 18 severe, indicating a vulnerable, unstable and potentially pathogenic parental narcissistic profile in relation to the psychoemotional state of the children.

Table 1. Correlation between neurotic states in children and narcissistic dimensions in mothers (Spearman correlation)

Variables	Correlation coefficient	The significance threshold
Separation anxiety / Self-sacrifice	0,634	p=0,000
Separation anxiety / Grandiose fantasies	0,425	p=0,002
Separation anxiety / Unstable self-esteem	0,387	p=0,005
Generalized anxiety / Unstable self-esteem	0,457	p=0,001
Panic attacks / Grandiose fantasies	0,391	p=0,005
Panic attacks / Self-esteem	-0,387	p=0,009
Obsessive-Compulsive Disorder / Devaluation	0,412	p=0,003
Obsessive-compulsive disorder / Self-esteem	-0,434	p=0,002
Depression / Devaluation	0,575	p=0,000
Depression / Narcissistic rage	0,483	p=0,003

In order to verify **hypothesis no. 2 -** *"We assume the existence of correlations between the mother's narcissistic dimensions and the child's neurotic states*" - the Spearman correlation coefficient was calculated, the results showing statistically significant associations between maternal narcissistic dimensions and the child's neurotic states. Thus, separation anxiety correlates positively with maternal narcissistic self-sacrificing tendencies (r = 0.634; p = 0.000), as well as with grandiose fantasies (r = 0.425; p = 0.002) and self-esteem instability (r = 0.387; p = 0.005). Generalized anxiety in children was associated with mothers' unstable self-esteem (r = 0.457; p = 0.001), and panic attacks were positively correlated with grandiose fantasies (r = 0.391; p = 0.003) and negatively correlated with self-esteem (r = -0.387; p = 0.009). In the case of obsessive-compulsive disorder, correlations with feelings of devaluation (r = 0.412; p = 0.003) and low self-esteem in mothers (r = -0.434; p = 0.002) were identified. Child depression was significantly associated with maternal behaviors marked by devaluation (r = 0.575; p = 0.000) and narcissistic anger (r = 0.483; p = 0.000). These results support the hypothesis and confirm the direct influence of maternal narcissistic dimensions on the child's vulnerability to various neurotic states.

Table 2. Correlation between personality factors in children and narcissistic dimensions and self-esteem in mothers (Spearman correlation)

Variables	Correlation coefficient	The significance threshold
Factor A (schizotypy vs. cyclothymia) / Devaluation	-0,393	p=0,005
Factor A (schizotypy vs. cyclothymia) / Narcissistic rage	-0,422	p=0,002
Factor C (emotional instability vs. emotional stability) / Grandiose fantasies	-0,554	p=0,000
Factor C (emotional instability vs. emotional stability) / Unstable self-esteem	-0,464	p=0,001
Factor C (emotional instability vs. emotional stability) / Self-esteem	0,485	p=0,000
Factor D (indifference vs. excitability) / Narcissistic rage	0,446	p=0,001
The H-factor (thredia vs. parmia) / Grand fantasies	-0,401	p=0,004
H factor (thredia vs. parmia) / Unstable self-esteem	-0,369	p=0,008
H factor (thredia vs. parmia) / Self-esteem	0,497	p=0,001

To verify **Hypothesis 3** - "*We assume the existence of correlations between the mother's narcissistic dimensions and the child's personality factors*" - the Spearman correlation coefficient was used, the results of which are presented in Table 2. The correlation analysis revealed statistically significant relationships between several maternal narcissistic dimensions and specific personality traits of the children. Thus, maternal behaviors marked by devaluation and narcissistic anger were negatively associated with Factor A (schizotypy vs. cyclothymia) (r = -0.393, p = 0.005; respectively r = -0.422, p = 0.002), suggesting an influence of parental hostility on the development of a personality marked by withdrawal, suspiciousness and affective distancing. Regarding Factor C (emotional instability vs. stability), significant negative correlations were found with grandiose fantasies (r = -0.554, p = 0.000) and unstable maternal self-esteem (r = -0.464, p = 0.001), whereas high maternal self-esteem was positively correlated with emotional stability of the child (r = 0.485, p = 0.000), indicating that a coherent maternal self-image supports the development of the child's affective balance. Also, Factor D (indifference vs. excitability) positively correlated with narcissistic rage (r = 0.446, p = 0.001), and Factor H (thredia vs. parmia) showed negative correlations with grandiose fantasies (r = -0.401, p = 0.004) and unstable self-esteem (r = -0.369, p = 0.008), but a positive correlation with stable self-esteem (r = 0.497, p = 0.001). These results confirm the hypothesis and indicate that the mother's narcissistic structure, whether functional or dysfunctional, is directly reflected in the child's personality profile, influencing the child's affective, relational and self-confidence traits.

The Spearman correlation coefficient was used to test **hypothesis no. 4** - *"We assume the existence of correlations between the mother's mentalizing ability and the presence of neurotic states in the child*" - and the results confirm this hypothesis. A significant negative correlation was found between the severity of obsessive-compulsive disorder in children and the level of "interest and curiosity in mental states" shown by mothers (r = -0.409; p = 0.003), suggesting that a higher mentalizing capacity contributes to the reduction of compulsive behaviors and rigidity in children. At the same time, a negative correlation was identified between the level of maternal pre-mentalizing - an indicator of difficulty in understanding and reflecting on others' mental states - and the child's Personality Factor H (r = -0.374; p = 0.007), indicating that a deficit in maternal reflective function may be associated with fragile self-esteem, shyness and social withdrawal in children. These results confirm the essential role of parental mentalizing in supporting the child's psychoemotional balance and preventing the formation of neurotic states.

Table 3. Correlation between neurotic states and mentalizing ability in mothers (*Spearman correlation*)

Variables	Correlation coefficient	The significance threshold
Obsessive-compulsive disorder / Interest and curiosity about mental states	-0,409	p=0,003
Factor H (thredia vs. parmia) /	-0,374	p=0,007

Quantitative research explored the relationship between mothers' narcissistic dimensions and children's neurotic states, highlighting a complex interconnection between these variables. Results indicate significant links between mothers' narcissistic dimensions and neurotic states observed in children. These results suggest that parental narcissism may have an implicit and explicit impact on children's emotional and psychological well-being.

Section 2.3 presents the results of the content analysis of the answers given by mothers in the semi-structured interviews. The interviews were conducted with 50 mothers whose children show neurotic states. The aim of the qualitative approach was to explore various narcissistic aspects of the mothers' self- and child-related issues: mothers' self-image in childhood; mothers' self-image as a parent; mothers' representations of their own parents; mothers' representations of their own child; mothers' representations of their imagined child; mothers' representations of pregnancy and of the real child. Fisher's exact test was used to assess the significance of the relationships between categorical variables.

2.3.1 Mother's self-image in childhood

Negative childhood self-image

Child experiencing negative emotions and trauma *(21 responses)*. Mothers in this group report: 1) feelings of sadness, isolation and fear: *"I was quite a depressed and withdrawn child", "I felt lonely and friendless", "a sad child, that's how I would describe myself"*; 2) anxious states and obedient behaviors: *"I wouldn't get out of my parents' words"; "I was very fearful, I think I was afraid of everything"; "submissive and obedient";* 3) extreme abuse or neglect: "*a traumatized child who felt and saw too much"*.

Competitive and rebellious child. This category of mothers was materialized in 12 answers, describing themselves as children who manifested themselves through resistance to authority and competitive behaviors, revealing a childhood where the struggle for autonomy and assertiveness predominated: *"I was mean and naughty, very energetic"; "I was often jealous of the attention my brothers received"; "I was rebellious and had a hard time accepting authority"*.

Positive childhood self-image

Idealized child *(11 responses)* involves self-perceptions characterized by caring, increased responsibility, notable academic or social achievements, and a general state of happiness or satisfaction: *'I*

remember I was very caring with older siblings'; '*I was the best in my class, very bright'*; '*I did everything well, I was very handy'*.

The realistic self-image *(6 responses)* involves descriptions that reflect a balanced recognition of personal qualities and flaws, the ability of the subjects to recognize and accept the complexity of their own person: *'a child like all children, sometimes bad, sometimes good'*.

2.3.2. Mother's self-image as a parent

Negative self-image as a parent

Parent overworked and experiencing negative emotions *(16 responses)*. This category of mothers express feelings of insufficiency and deep fatigue: *"I am a tired, exhausted and depressed mother"; "I am a bad parent, I have no verticality, no strength of character, I feel I have no contact with the child"*. These descriptions highlight an internal struggle with parental stress and a negative perception of one's own abilities to parent effectively.

Reactive and authoritarian parent *(9 responses)*. Mothers in this category describe themselves by impulsive behavior, harsh disciplinary measures or negative communication: *'I am very impulsive sometimes, I hit him or say nasty things to him, I feel very guilty'; 'I can be too harsh and authoritarian'*. These statements indicate a difficulty in managing impulses and a tendency to impose control in a way that may be detrimental to the child's development.

Positive self-image as a parent

Idealized parent. This category (15 responses) of mothers who describe their role in extremely positive terms, highlighting a tendency towards over-protectiveness and over-dedication: '*I am a wonderful parent, I give my child much more things than I had as a child'; 'I am responsible, over-protective and caring, a devoted parent'*. While this self-image may seem beneficial, it can limit the child's development of autonomy and increase anxiety

Good Enough Parent. This category (10 responses) illustrates parents who adopt a balanced approach, recognizing and accepting both personal successes and limitations: *'I try to be good, but it doesn't always work'; 'I strive to provide independence, but I recognize that sometimes I make mistakes by giving too much freedom'*. This approach promotes confidence and emotional security in the child, facilitating the development of a realistic self-image.

After analyzing the interviews we identify a continuity between negative self-image as a child and negative self-image as a parent. This result was confirmed by applying the Fisher exact test, which indicated a very high level of statistical significance ($f=29.90$; $p<0.001$). The data obtained suggest that the negative self-image formed in childhood has a high risk of persisting into adulthood, influencing parenting roles.

2.3.3. Mother's representations of her own parents

Your own parents described in idealizing terms

Out of the 50 mothers interviewed, 22 described their relationship with their mother in extremely positive terms, highlighting an idealized parental model, considering mothers as constant sources of support and affection: *"my mother was a very gentle and patient person", "I remember her as an angel"*. These descriptions reflect not only appreciation and gratitude, but also a tendency to over-idealize the mother figure. Similarly, 20 of the mothers describe their fathers in idealizing terms, reflecting deep admiration for their role in their upbringing and in the family: *'very housewife and disciplined, we got along wonderfully, I think I am like him'*, '*I think he was the most respected in the village, very good, he taught me a lot'*

Your own parents described in negative terms

Another category of mothers (13 respondents) accuse experiences marked by neglect or lack of affection, illustrating deep feelings of abandonment and emotional distancing in the relationship with their

own parents: *"I never felt that my mother loved me"; "she was a bit neglectful, always the older sister had to take care of me"; "I don't remember her hugging me, comforting me, she was a bit cold and distant"*. In the case of this category of respondents, we also identify affective deficiency in the relationship with the father (14 answers): *"I didn't know what father's love and protection meant, he was selfish"; "he died young, he loved alcohol more than us"; "I didn't feel his presence, he was very depressed and closed in himself, he rarely talked about anything"*.

The ability to tolerate ambivalence: intact parental images

It is essential to highlight the cases in which the respondents can recognize and accept the duality of parental traits, refusing to divide parents into binary categories such as "good" or "bad" (4 answers referring to mothers and 7 answers referring to fathers): *"the relationship with my mother was good. My mother was good, but also strict', 'a mother like all mothers, neither very good nor very bad', 'he was authoritarian, but I am grateful to him for educating me well and I became who I am' and 'he was stricter than my mother, but fair and understanding'*. These subjects demonstrate the ability to tolerate ambivalence, to accept the complexity of human relationships and to interact in a mature and balanced way with those around them, without resorting to extreme simplifications.

The results of the analysis of the relationship between self-image as a parent and self-perceptions of one's own parents indicate a continuity between internalized parental models and parental self-perception. Regarding the perception of one's own mother, Fisher's exact test revealed marginal significance ($F = 14.83$; $p = 0.051$), suggesting a potential relationship between perceived maternal patterns and the construction of self-image as a parent. Results associated with the perception of father also indicate a similar influence. Fisher's exact test similarly showed marginal significance ($F = 15.26$; $p = 0.051$), highlighting a possible effect of paternal models on parental self-perception.

2.3.4. Mother's representations of her own child

Describing the child in idealizing terms *(13 responses)*

The content analysis reveals that mothers who describe their child in positive terms tend to idealize them: *'very caring and affectionate. He helps me around the house a lot and stays with my youngest son. He learns very well and I am proud of him'; 'I have a wonderful child. He is my life, I don't know what I would do without him"*. We identify a narcissistic and idealized relationship, in which the child is a narcissistic extension of the parent, and this dynamic can inhibit the development of the child's autonomy.

Describing the child in ambivalent terms

Some mothers in the study describe their children in an ambivalent way (10 responses): *'very obedient, affectionate and gentle. Sometimes he sometimes does a little bit of sass, but it doesn't affect me'; 'he is hyper and energetic. But he listens to me, especially to my husband"*. These mothers are able to cope with ambivalent experiences in relation to their child, they can perceive good and less good traits in their children. Such mothers understand their children's capacities and limits, they neither idealize nor devalue, they can be gentle and firm at the same time, depending on the child's behaviour.

Describing the child in devaluing terms

We attest that a significant number of mothers (27 answers) describe tense relationships with their own children, reflecting a tendency of devaluation: 1) anxious child: "*anxious and constantly preoccupied with negative thoughts, difficult to calm down*"; 2) bad child *"he is a very bad child. He doesn't listen to me at all, he's a very bad learner, I don't get any joy from him"*; 3) spoiled child: *"my daughter is very spoiled. If my husband and I don't indulge her, she goes into hysterics that we can't resist and we satisfy all her desires"; 4)* depressed child: *"a depressed child, withdrawn and not very sociable. I worry a lot about him"*; 5) inattentive child: *"he is inattentive, as if he is living in another world, I have the impression that he is not in reality, but*

he is floating somewhere"; 6) dependent child: *"very dependent on me and husband. We can't leave him at school without him crying"*. One presupposition that we can formulate refers to the fact that the child's devaluation is also determined by his neurotic states, which has forced mothers to seek psychological support.

2.3.5. **Mother's representations of the imagined child**

Positive representations of the imagined child

In the analysis of the group of mothers interviewed, we identified a wide range of feelings related to pregnancy and the "imagined child". Thus, 22 mothers reported positive experiences and optimistic thoughts about the future child, presenting positive responses with idealized representations of pregnancy: "*I had a relatively easy pregnancy. I liked the feeling of having someone inside"; "a pleasant and nostalgic period. I think it was the happiest time in the relationship between me and my husband; I was quite peaceful at that time, nothing disturbed me*" - all emphasizing a state of well-being that may mask the mother's narcissistic expectations of being complemented by the idealized child

Ambivalent representations of the imagined child

Some mothers (17 respondents) described mixed or ambivalent feelings, illustrating an internal struggle between hope and fear, the conflict between their narcissistic needs and the impending reality of motherhood. The maternal anxiety was attached to several themes: 1) family history of mental health problems in one of the children: '*It was a pregnancy fraught with fears. I was very afraid that this child would be born mentally retarded, like the first child*"; 2) the risk of transmitting a mental illness from parent to child: *"I was afraid that he would inherit his husband's schizophrenic predisposition. I wanted him to resemble my older brother, who took care of me a lot*"; 3) anxiety derived from ambivalence in the classical sense of the term: *"Although I was happy to some extent, I was afraid he would be ill. Later, I began to imagine that he would be a beautiful, smart and healthy baby"*.

Negative representations of the imagined child

Several mothers (11 respondents) described negative feelings related to the pregnancy and the imagined child: 1) fears and expectations anchored in concrete: "*I wanted him to be like me, a housewife, disciplined, but unfortunately it seems that he will take on traits from his father's family.";* 2) anxiety caused by the complications of pregnancy: *"It was a complicated pregnancy, I felt very anxious"*; 3) anxiety about the limits that the birth of the child would impose on her: *"I was very scared, knowing that my life would change considerably and that I would not have enough time for myself"; 4)* denial of grandparents on both genealogical lines: *"I did not want the child to resemble my mother-in-law or my parents"*.

2.3.6. Mother's representations of pregnancy and the real child

Parentification

In our research, we identified situations in which mothers turn to their children to compensate for personal loneliness or to resolve unresolved intra-psychic conflicts: *'to be like my older brother who took care of me'*; *'he will make up for my loneliness'*. Parentified children are overstressed and are prematurely thrust into adult roles, being assigned, consciously and unconsciously, unrealistic responsibilities and expectations [41,47].

In conclusion, the analysis of the interviews shows a clear link between mothers' negative self-perceptions formed in childhood and their later parenting behaviors. These dysfunctional patterns, transmitted intergenerationally, contribute to the children's neurotic states, maintaining an unstable family climate. At the same time, the discrepancy between the idealized image of the child formed in pregnancy and the postnatal reality generates tensions in the mother-child relationship. Adjusting these projections and accepting the real

child become essential prerequisites for a healthy parental relationship and the balanced emotional development of the child.

In Chapter 3, *"Psychological intervention program aimed at diminishing parental narcissistic dimensions and neurotic states in children"*, the psychological intervention program carried out in is presented in order to develop psychological counseling strategies, of psychoanalytic origin, which ensure the achievement of the proposed objectives. The theoretical and empirical premises on which the development of the intervention program is based are presented and the steps in the development and implementation of the program are analyzed. The results of the study focus on the elaboration of the case studies, which highlight the biographical and clinical anamnesis, the psychological intervention and the results of the intervention. Also, the effectiveness of the program was evaluated through a pre-test and post-test methodology, applied on a group of subjects, which allowed to validate the impact of the intervention on the reduction of parental narcissistic dimensions and the reduction of neurotic states in children.

Section 3.1 argues and describes the psychological intervention program**. The aim of** this stage of the research is to develop and implement a psychoanalytically oriented psychological counseling program aimed at reducing the narcissistic dimensions in mothers whose children display neurotic states, which will also lead to the reduction of neurotic states in children.

In accordance with the purpose of the research, we formulate the following **hypothesis** for this section of the study: we assume that the implementation of a psychological counseling program, psychoanalytically oriented, will contribute to the reduction of narcissistic dimensions of mothers and to the improvement of neurotic states of children.

Objectives of the psychoanalytic counseling program:

1. Improve the parent's mentalizing and self-analytical skills;
2. Analyzing and clarifying the self-image as a child, clarifying the self-image of parents and the quality of the relationship with their parents during childhood, in the case of mothers;
3. Analyzing the image and position of parenting, conscious and unconscious representations of parenting
4. Analysis of narcissistic vulnerabilities associated with parenting and how their derivatives are projected onto the child;
5. Supporting the process of psychological separation of the beneficiaries of the intervention program - mothers and children - and supporting them in their individuation;
6. Decrease or disappearance of neurotic states in the children included in the intervention program, as a result of the clarification of narcissistic conflicts and traumas of the mothers;

Subjects of the program

Twelve pairs of mother-child respondents, beneficiaries of the Buiucani Community Mental Health Center, were selected to participate in the psychological intervention program. The criteria for inclusion in the study were the following: a) children aged between 8 and 11 years old; b) the presence of neurotic states in the children; c) the mothers' motivation to get involved in a psychological counseling process; d) an adequate level of reality testing in the mothers; e) the absence of a strong negative transference in the mothers from the beginning of the therapeutic process.

Structure of the psychological intervention program

1. Preliminary interviews

The preliminary interviews phase consisted of two initial sessions, which addressed the following specific objectives for this phase of counseling:

1. *Establishing initial contact with beneficiaries*. The therapeutic alliance has been established and the continuity of a safe environment has been ensured.
2. *Analysis of the beneficiary's free speech.* The quality of the free speech was evaluated, which allowed us to understand how the beneficiary perceives and articulates his/her problem, as well as his/her capacity for reflection and mentalizing.
3. *Application of psychometric tests.* The hypotheses formulated from the free speech analysis were tested. The psychometric tests made it possible to obtain an objective picture of the psychological and emotional aspects of mother and child.
4. *Analysis of the test results by the psychologist*. After administering the tests, the results were analyzed to quantify the following variables: narcissistic dimensions, self-esteem and mentalizing ability in the case of mothers; psychoemotional state and personality factors in the case of children.
5. *Discussion of the framework for starting and conducting psychoanalytic counseling*. The final part of the preliminary interviews included establishing the working rules and agreeing on the therapeutic framework. This step ensured that the respondents understood the nature and structure of the process of psychological counseling, agreed with its methods and limitations.

2. Basic meetings stage

This phase of the intervention program included 30 sessions of psychoanalytic counseling, with a weekly frequency of 45 minutes per session. The first 5 sessions and the last 5 sessions involved the joint participation of the mother-child pair, while the other 20 sessions were exclusively for the mother. Thus, referring to both groups of beneficiaries - mothers and children - we name the objectives of this phase of work:

- *Deeper and deeper involvement of the mother in the analytic work process.* This goal aims to engage the mother in an ongoing reflection on her own narcissistic traits and how they affect her relationship with the child.
- *Observation and therapeutic valorization of transference and countertransference.* Through the analysis of transference and countertransference, counseling aims to identify and intervene in the repetitive patterns through which the mother's narcissistic behaviors are reflected in her interactions with the child.
- *Containing the mother's difficult states and conflictual experiences in the sessions*. This objective includes managing the mother's intense psychoemotional states and internal conflicts, ensuring that these are not projected onto the child.
- *Identifying and analyzing resistance.* This objective aims to identify the mother's resistance to changing narcissistic attitudes and behaviors.
- *Formulating and offering relevant interpretations of the beneficiary's states and experiences*. This objective aims at formulating and verbalizing interpretations that help the parent to better understand the relationship between his/her own narcissistic needs, the quality of the relationship with the child and the child's neurotic manifestations.

3. Closing stage of the counseling process

The final phase of psychoanalytic counseling comprised 5 sessions dedicated to consolidating the results of the intervention and included specific activities such as:

- *Summarizing progress:* recapitulating developments in the mother's behavior and perceptions, with a focus on changes in narcissistic dynamics.
- *Reflections on the therapeutic process*: encouraging the mother to reflect on her experience in counseling, talking openly about significant moments, difficulties encountered and overcoming them.
- *Internalization of insights:* through guided discussions, the parent was helped to internalize deep discoveries and awareness about their own behavior and its impact on the child.

- *Planning for the future:* the dialog also included discussions about strategies for maintaining psychological health and improved relationships, as well as how the mother can continue to independently use the techniques and skills learned in counseling.

Techniques used in the intervention:

1. Clarification and confrontation

Clarification and confrontation are essential techniques in our psychoanalytic intervention process, serving as a means by which we can illustrate and address certain psychoemotional states, behavioral and thought patterns of the parent. Clarification involves exploring in depth the material brought by the mother - which is often vague or contradictory -, this technique facilitating a better understanding of the content expressed. By using the confrontation technique, we highlight discrepancies, paradoxes and inconsistencies in the individual's discourse or actions, thereby highlighting the specifics of conflictual functioning, defense mechanisms, resistance and contradictory representations of self and other .[23]

2. Interpretation

Interpretation is defined as a process of elucidating latent meanings in the subject's discourse and behavior, investigating the dynamics of unconscious conflicts[25] . The main function of interpretations, however, is to build connections - between thoughts, feelings and actions, between past and present, or between different events - thus facilitating a better understanding of the client's internal structure. The characteristics *of* interpretation: 1) *hypothetical* - interpretation is conceptualized as a hypothesis, not as an absolute truth; 2) *reflective* - interpretation is meant to stimulate the client to examine his or her own experiences from a new angle, thus opening the way to self-discovery and personal insight[22] . Interpretation may refer to the following aspects of psychoanalytic counseling: the psychologist-client relationship (transference - countertransference relationship); the client's defensive system, including resistance to the therapeutic process; the client's psychological structure and functioning.

3. Transfer analysis as a tool

Transference is a central phenomenon in psychoanalysis, representing the process by which the client projects unconscious feelings, desires and fantasies onto the figure of the psychologist. This phenomenon is not just a side-effect of therapy, but an important therapeutic tool that facilitates access to the client's unconscious material [25, p.437] . Recognizing and analyzing transference allows the client to review, understand and resolve his interpersonal and intrapersonal conflicts, to understand how he reproduces certain emotional and behavioral patterns outside the therapeutic setting. The framework of psychoanalytic therapy implies a safe space in which transferential manifestations can be identified and analyzed. In this context, one of the main objectives of the psychological counseling in our research was related to the reduction of pathogenic parental narcissistic parental aspects and the restructuring of parental scenarios.

4. Countertransfer analysis as a tool

Countertransference is defined as an unconscious psychoaffective reaction of the psychologist to the client's transference. Referring to the specifics of our research, we will mention that the analysis of countertransference allows in-depth access and processing of the parent's unconscious psychic material, thus ensuring a deeper understanding of the underlying dynamics influencing parental behavior [20, p.73] . For the effective use of countertransference in psychoanalytic interventions, it is essential for the psychologist to maintain constant vigilance on the difference between his own mental states and those of the client. This discernment is crucial in avoiding confusion between the psychologist's personal emotions and thoughts and those of the client, which can influence interpretations and therapeutic responses.

The effective management of transference and countertransference is fundamental for the psychologist dealing with the complex dynamics of the parent-child relationship. By carefully analyzing these phenomena, the psychologist can reveal and investigate the parental projections that influence this relationship, facilitating the identification and exploration of the unconscious aspects that govern the parent's behaviors and emotions. Also, the appropriate management of transference and countertransference allows the psychologist to serve as a role model for the parent in the process of mentalizing, i.e. in the ability to reflect on one's own and the other's mental states.

5. ***Creating a therapeutic space of containment***

The containment process involves psychological operations such as identification, transformation and interpretation. The psychologist's ability to manage transference and countertransference, as well as to formulate interpretations is closely linked to the capacity for containment. In the context of psychoanalytic psychotherapy and psychoanalytic counseling, the psychologist becomes the object onto which the client projects his or her mental states, which are of the nature of the self and its internal objects [33]. And in order to realize an adequate containment the psychologist must take into account the stages of this process: 1) the unprocessed psychic content, charged with intense anxiety, is projected by the client onto the psychologist; 2) the client adds to the projection infra-verbal and verbal communications, attitudes and behaviors that act as emotional inductions on the psychologist; 3) the psychologist has to be open to be touched by the projection, i.e. to accept the projected psychic material; 4) the psychologist feels emotions, some consciously, but mostly unconsciously, through identifications; 5) the psychologist elaborates and transforms both the material projected by the client and his own conflicts and affects mobilized by the projection .[31]

6.Mentalization-based interventions

Mentalizing is an essential mental process whereby individuals interpret their own and others' actions as motivated by mental states such as desires, needs, feelings, beliefs and motives, both implicitly and explicitly [1, p.31]. Mentalizing interventions have three main aims in family therapy: 1) to encourage clients to pay greater attention to their own and others' mental states, thereby increasing self-awareness; 2) to develop the ability to recognize multiple perspectives of mental reality; 3) to improve the capacity for affective regulation, especially in situations of heightened emotional intensity.

7. Psychoeducation

Psychoeducation is defined as a treatment modality that professionally combines psychotherapeutic and educational interventions, creating a synergy between the two. Specialized studies indicate that the provision of persuasive and rational explanations to clients is a significant predictor of intervention success and solidification of the therapeutic alliance [1, p.486] .

In our counseling approach, psychoeducation involved the following forms of intervention: 1) explaining in detail the importance of psychological intervention; 2) explaining the specifics of human functioning, on the conscious and unconscious dimensions, helping parents to understand that we are not always aware of the stakes of certain behaviors; 3) explaining the specifics of the parent-child relationship; 4) explaining the role of unprocessed unconscious conflicts in the attitudinal and behavioral pattern of the parent in the parent-child relationship; 5) informing about the importance of self-awareness and the development of the reflective function.

In **sub-chapter 3.2.** the conceptual and methodological clarifications on the case study are made. The case study developed in our research followed the classical format, which currently aligns with both psychoanalytic and cognitive-behavioral rigor, the latter accepting the application of pretest and posttest psychometric assessments.

The case study in our paper included the following elements:

1. **The preliminary interview**, which included: a) identification of the reason for requesting the consultation; b) analysis of the family and personal history; c) description of the child's neurotic states; e) presentation of the psychologist's arguments for recommending psychological counseling, with emphasis on narcissistic aspects and the development of mentalization.
2. **Pre-testing of the beneficiary**, which included the initial assessment of the psychological functioning of the parent-child pair on the following dimensions: narcissism, self-esteem, mentalizing - in the case of mothers; depression, anxiety, personality factors - in the case of the child.
3. **The dynamics of psychological counseling**, which included: a) analyzing the counseling process using the conceptual grid of Manzano J., Palacio Espasa F., Zilkha N [28]; b) focusing on the development of mentalizing skills in counseling.
4. **The beneficiary post-test**, which included the post-intervention assessment of the psychological dimensions of the parent-child pair, analyzing the same variables as the pre-test;
5. **Conclusions -** summarizing the results and discussing the limitations of the case study.

The cases are presented in a psychoanalytic approach, revealing the psychoanalytic manner in which the counseling took place. Thus, the case study will be elaborated and presented based on the conceptual grid elaborated by Manzano J., Palacio Espasa F., Zilkha N., being added the preliminary part of the case that includes the presentation of the history of the family-psychologist communication and the technical and interpretative part regarding the development of the parents' mentalizing skills [1,28]. The grid elaborated by Manzano J., Palacio Espasa F., Zilkha N. represents a multidimensional tool for psychoanalytic intervention, which refers to: 1) analysis of the therapeutic situation; 2) structuring the consultation; 3) research of clinical material, 4) model of exploration of clinical cases.

The grid for analyzing the clinical cases includes the following dimensions: 1) parents' predominant projection; 2) parents' counter-identification; 3) purpose of the projection; 4) child's reactions to the projection; 5) understanding of symptoms; 6) factors that caused the imbalance that prompted the consultation; 7) parents' pre-transference; 8) child's pre-transference; 9) therapist's counter-transference; 10) therapist's interventions; 11) evolution of the situation.

Section 3.3 presents three case studies illustrating distinct parental narcissistic parenting scripts, reflected in the mother-child relationship, in the context of the manifestation of neurotic states in children. The three case studies have been selected to provide representative examples of how parental narcissistic scripts influence the onset and maintenance of neurotic states in children. Each case reflects a distinct psychodynamic configuration in which the mother-child relationship is shaped by projections, identifications and unresolved intrapsychic conflicts. Also, each case offered the possibility to test the applicability of the psychological intervention program under clinical conditions, allowing the evaluation of its effectiveness in reducing parental narcissistic dimensions and ameliorating the child's neurotic states. The intervention was adapted to the particularities of each case, highlighting the importance of a differentiated and personalized approach in the therapeutic process.

In **subchapter 3.4,** the effectiveness of the training approach aimed at reducing parental narcissistic dimensions and neurotic states in children was evaluated . The formative program was applied on a sample of 12 mother-child pairs. In this subchapter, we will present in detail the results obtained before and after the intervention.

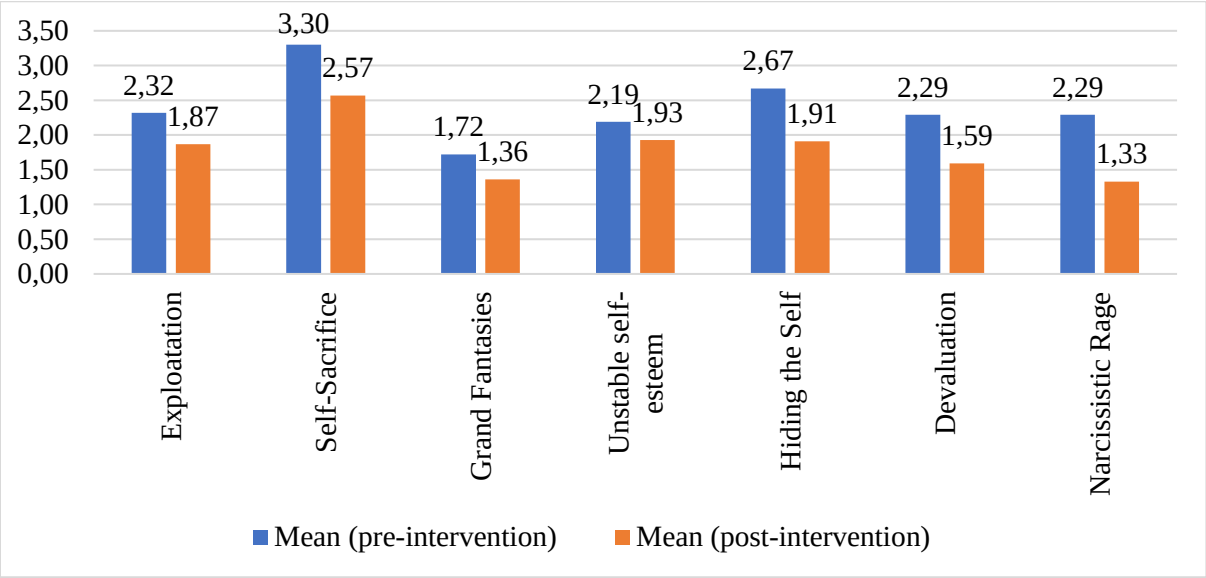


Figure 4. Means for narcissistic dimensions in mothers (pre and post intervention)

After applying the Wilcoxon test, statistically significant differences were found on the following narcissistic dimensions: 1) *exploitation* showed a statistically significant decrease after the intervention (z=-2.816; p≤0.05), the results suggesting a reduction in manipulative behaviors among mothers; 2) *self-sacrifice* showed a statistically significant decrease (z=-2.937; p≤0.05), suggesting a decrease in exaggerated self-sacrificing behaviors; 3) *grandiose fantasies* showed a statistically significant reduction after the intervention (z=-2.524; p≤0.05), suggesting a decrease in grandiose fantasies; 4) *unstable self-esteem* showed a notable decrease (z=-3.061; p≤0.05), indicating a stabilization of self-esteem; 5) *self-hiding* showed a statistically significant decrease (z=-3.059; p≤0.05), suggesting an increase in openness and honesty in interpersonal relationships; 6) *devaluing* showed a statistically significant decrease (z=-3.059; p≤0.05), suggesting a decrease in the tendency to devalue self and others; 7) *narcissistic anger* showed a statistically significant decrease (z=-3.059; p≤0.05), suggesting a decrease in narcissistic anger reactions.

Following the statistical analysis, we find that the intervention had a positive impact on reducing narcissistic dimensions in mothers. These results underline the effectiveness of the intervention particularly in managing and ameliorating problematic narcissistic behaviors.

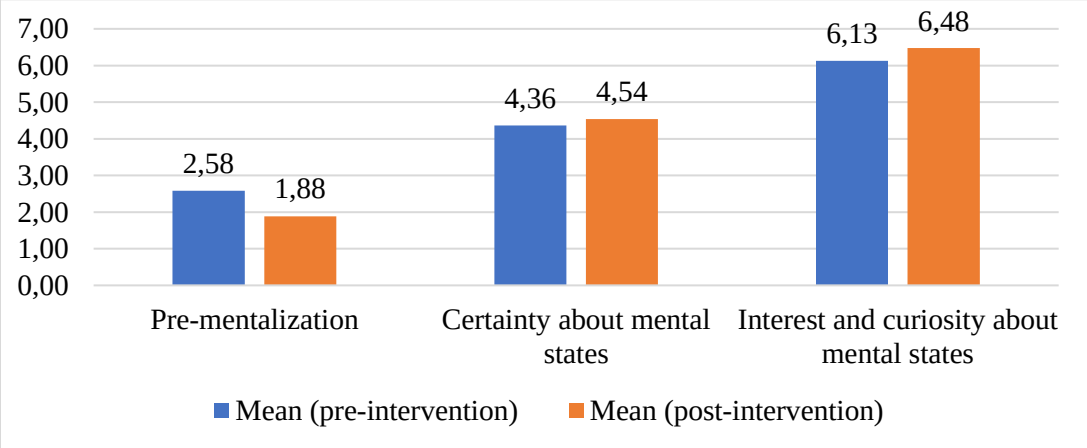


Figure 5. Means for reflective function in mothers (pre and post intervention)

After applying the psychological intervention program, pre-mentalizing in mothers decreased significantly (z=-2.711; p≤0.05). This indicates a reduction in the tendency to adopt non-reflective thinking and to attribute negative traits to the child, as well as an improvement in the ability to understand the child's psychological reality. In addition, statistically significant differences were found on the scale "interests and curiosity about mental states" (z=2.157; p≤0.05). This result suggests that the intervention increased mothers' interest and curiosity to understand and explore their children's mental states. No statistically significant differences were found on the 'certainty about mental states' scale, indicating that the intervention did not lead to hypermentalization.

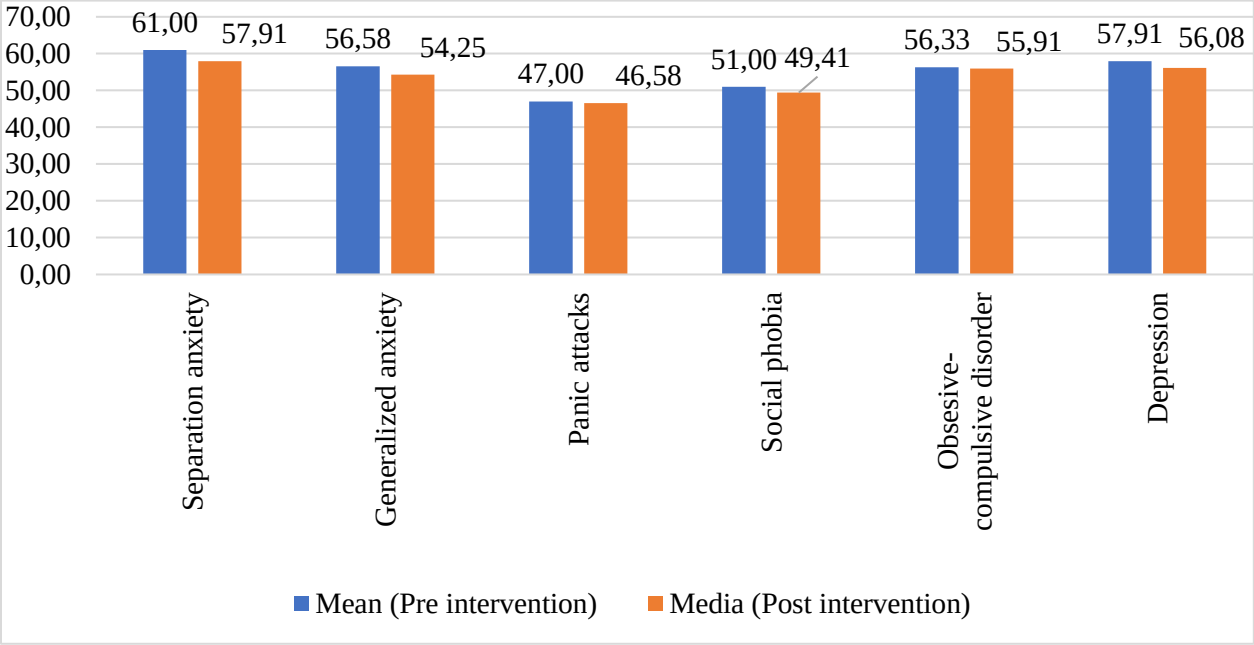


Figure 6. Means for neurotic states in children (pre and post intervention)

The results indicate statistically significant differences in the following neurotic states: 1) *separation anxiety*: there was a significant reduction in separation anxiety (z=-3.076; p≤0.05), suggesting that the intervention was effective in reducing children's fears of separation from parents or other attachment figures; 2) *generalized anxiety*: results showed a significant decrease in generalized anxiety (z=-2.984; p≤0.05), indicating a decrease in children's excessive worries and fears about various aspects of daily life; 3) *social phobia*: the intervention had a significant positive effect on reducing social phobia (z=-2.834; p≤0.05), suggesting an improvement in children's ability to engage in social interactions without experiencing high levels of anxiety; 4) *depression*: there was also a significant reduction in depressive symptoms (z=-2.971; p≤0.05), indicating an improvement in children's general emotional state and a reduction in feelings of sadness and hopelessness.

No statistically significant differences were found for panic attacks and obsessive-compulsive disorder. This result may indicate the need for more targeted and directive interventions, such as cognitive-behavioral psychotherapy, which has been shown to be more effective in addressing panic attacks and obsessive-compulsive disorder.

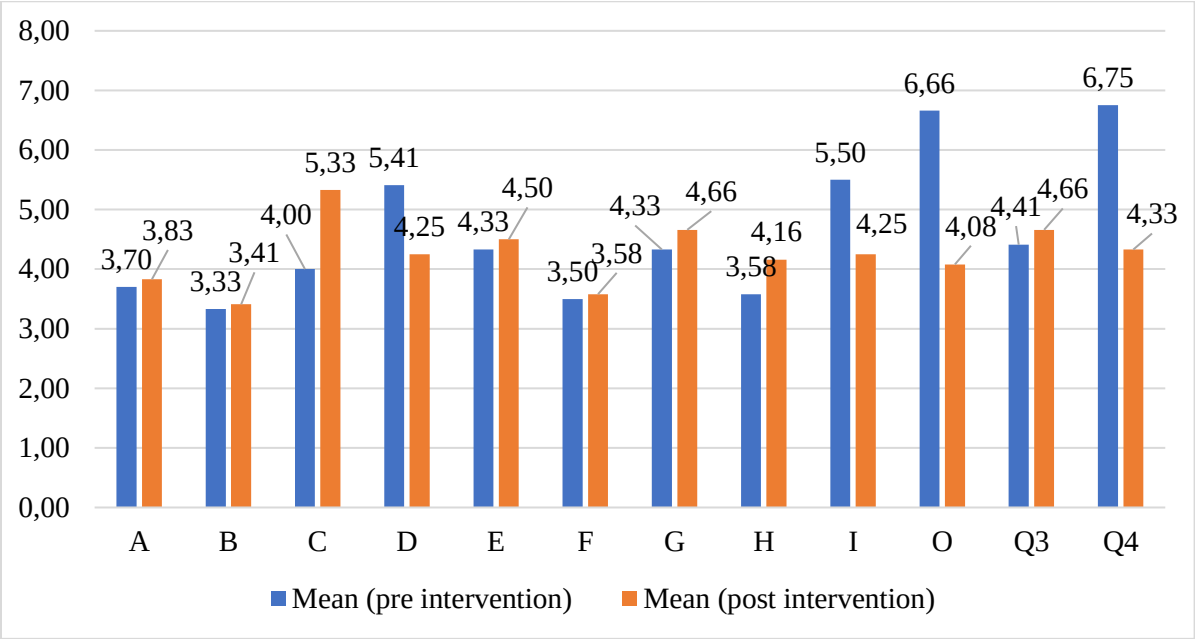


Figure 7. Means for personality factors in children (pre and post intervention)

Figure 3.5 shows the means obtained before and after the psychological intervention, assessed by the Child Personality Factors Questionnaire (CPQ). Analysis of the results reveals statistically significant differences in several personality factors: 1) a significant increase in emotional stability (Factor C, z=2.854; p≤0.05), suggesting that the intervention was effective in enhancing children's sense of self-efficacy and confidence in their own abilities; 2) a significant decrease in hyperactivity (Factor D, z=-2.547; p≤0.05), implying a reduction in impulsive and overactive behaviors; 3) a reduction in anxiety-depressive states (Factor O, z=-3,082; p≤0,05), which results in a decrease in symptoms such as agitation, apathy, restlessness, fatigue and irritability; 4) a significant decrease in nervous tension (Factor Q4, z=-3,126; p≤0,05), indicating a reduction in anxiety and stress, manifested by agitation and restlessness.

Comparative analysis of the data collected before and after the intervention indicates significant improvements in decreasing narcissistic dimensions and increasing the mentalizing capacity of mothers, as well as reducing neurotic states in children.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

This research contributes to solving a current scientific problem of significant relevance in the field of psychology, namely the study of narcissistic dimensions in the parent-child relationship with neurotic states, in order to better understand the impact of these dynamics on the psychoemotional well-being of the child. At the same time, the study brings new perspectives in the approach of psychological interventions for families affected by dysfunctional forms of parental narcissism, through the development and implementation of a psychoanalytic psychological intervention program, focused on decreasing narcissistic manifestations in mothers and improving neurotic states of children.

Thus, in accordance with the theme, aim and hypotheses of the scientific research we can draw the following general conclusions:

1. A theoretical and phenomenological clarification of the narcissistic dimensions in the parent-child relationship was carried out, based on contemporary psychoanalytic traditions. According to our research approach, parental narcissism represents an essential dimension of the parent-child relationship and

significantly influences the psychoemotional state of the child. The paper also presents the course of psychoanalytic elaborations on narcissism - from its narrow definition as a mere pathology to complex contemporary representations of narcissism as a fundamental part of personality and an important variable of human relatedness.

2. The research explored in detail the association between mothers' narcissistic dimensions and children's neurotic states, highlighting the complexity of this interaction, which manifests itself on a continuum, from seemingly altruistic self-sacrifice to grandiose fantasies and exploitative behaviors. At the same time, each of these narcissistic dimensions has been found to exert different influences on the child's emotional state and personality. In this sense, mothers' self-sacrifice correlates with separation anxiety in children and creates a codependent dynamic. Mothers' fantasies of grandiosity, characterized by unrealistic performance projections and the desire to gain admiration through the child, induce intense pressures on the child, increasing the risk of panic attacks.
3. The instability of self-esteem in mothers contributes to the organization of an unpredictable family climate, which is reflected in generalized anxiety and a strong need for conformity in children, who become hypervigilant and oriented towards meeting the demands of their parents to obtain approval. Devaluation and low self-esteem in mothers correlate significantly with manifestations of obsessive-compulsive disorder in children. At the same time, maternal devaluation and narcissistic maternal rage contribute to the formation of a profoundly negative self-image in the child, amplifying the risk of depressive states, social withdrawal and feelings of guilt.
4. Our research emphasizes the importance of mothers' ability to adequately reflect on their own and their children's mental states. Poor mentalizing capacity impairs the process of identifying and managing emotions and is associated with an increased risk of developing obsessive-compulsive symptoms in children, as well as lowering their self-esteem, thus limiting their emotional development and personal autonomy.
5. The content analysis of the data revealed links between mothers' self-image, their own childhood experiences and the parenting style adopted. Many of the mothers reported childhood experiences of unprocessed emotional conflicts, lack of affection or dysfunctional parenting models, which influenced the formation of their self-image. These experiences are unconsciously reflected in their relationship with their own children, influencing parenting dynamics and contributing to the development of narcissistic scenarios in which the child is perceived either as an extension of the parent's self or as a means to fulfill emotional needs and personal ambitions.
6. The psychological intervention program aimed at alleviating narcissistic dysmentions in mothers and neurotic states in children was based on an integrated set of psychoanalytic techniques. These include clarification, confrontation, interpretation, transference analysis, countertransference analysis, as well as interventions based on mentalization and psychoeducation, which, applied in a therapeutic setting, facilitate the alleviation of neurotic states in children and the reduction of narcissistic traits in mothers. The interventions were personalized and targeted to the specific needs of each mother-child pair, thus contributing to a profound restructuring of intra- and interpersonal dynamics.
7. Following the formative experiment we found the effectiveness of personalized interventions in reducing narcissistic dimensions in mothers and neurotic states in children. The case studies revealed that narcissistic projections, in which the parent views the child as an extension of his or her self, were associated with higher levels of neurotic states in the child. Each case study demonstrated that an individualized approach, focusing on the specifics of each mother-child pair, was essential in uncovering and correcting parental narcissistic dimensions. Mothers who were guided to reflect on their own inner conflicts and unconscious

projections experienced significant changes in their behavior towards their children, which led to a reduction in their children's neurotic states.

Recommendations for implementation

1. The tools for diagnosing parental narcissistic dimensions and neurotic states of children proposed in the research can be integrated into the clinical practice of psychologists, psychiatrists and psychotherapists. The psychodiagnostic program reflected in the paper can be applied to identify the severity of narcissistic tendencies and neurotic symptoms.
2. The results of the research provide a valuable basis for the preparation and training of specialists in the field of general psychology, personality psychology, clinical psychology, child psychology, and technically - in the field of psychological counseling and psychotherapy. Intervention techniques and strategies for reducing parental narcissism can be effectively used by psychologists and psychotherapists.
3. The results could be implemented in educational and training programs aimed at developing parents' mentalizing capacity. In order to support the practical application of the research findings, it is recommended to develop partnerships between community mental health centres, educational institutions and family support organizations.

Study limitations and potential directions for future research

1. It is recommended to extend the research on narcissistic dimensions in fathers and assess their impact on children's emotional development. The current research has focused on the role of mothers, but we believe that research is also needed on the dynamics of paternal narcissism and its effects on children's development of self-esteem, social behavior and stress management skills.
2. The research was based on a relatively small sample with a limited number of participants, which reduces the representativeness of the findings. The participants mainly come from a relatively homogeneous socio-cultural background, which makes it difficult to extend the results to families from other socio-economic, cultural or geographical backgrounds. Further research could include other types of samples, including families from other socio-economic, ethnic and cultural groups.
3. From a clinical point of view, the research focused on panic attacks and obsessive-compulsive disorders in children. Although in the case of these two variables a positive dynamic in terms of improvement of the mental state was attested, the results did not reach the threshold of a statistically significant difference. The hypothesis that can be formulated with reference to these limits of the intervention refers to the pertinence of a longer therapeutic approach, since the psychoanalytic objectives and technique involve long-term interventions, with gradual, tempered immersion in the psychological realities of the beneficiary.

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Disponibil: https://ibn.idsi.md/sites/default/files/imag_file/54-58_41.pdf.

ADNOTARE

Cașcaval Ion. Dimensiuni narcisice în relația părinte - copil cu stări nevrotice. Teză de doctor în psihologie. Chișinău, 2025.

Structura tezei: lucrarea conține adnotări în limbile română, rusă și engleză, introducere, 3 capitole, concluzii generale și recomandări, bibliografie din 211 titluri, 14 anexe, 162 pagini de text de bază, 13 figuri și 16 tabele. Rezultatele obținute sunt publicate în 10 lucrări științifice.

Cuvinte cheie: narcisism, stări nevrotice, parentalitate, mamă, copil, mentalizare, factori de personalitate, proiecție, psihanaliză, intervenție psihologică.

Scopul lucrării: constă în identificarea și analiza dimensiunilor narcisice în relația mame-copii în cazul copiilor cu stări nevrotice, precum și elaborarea și implementarea unui program de intervenție psihanalitică în vederea diminuării dimensiunilor narcisice parentale și a stărilor nevrotice la copil.

Obiectivele cercetării: (1) Analiza cadrului teoretic cu privire la dimensiunile narcisice parentale și stările nevrotice la copil; (2) Identificarea și analiza dimensiunilor narcisice și a capacităților de mentalizare la mame; (3) Identificarea și analiza specificului stărilor nevrotice în rândul copiilor; (4) Constatarea relației dintre dimensiunile narcisice și a capacității de mentalizare la mame și stările nevrotice la copil; (5) Identificarea scenariilor narcisice parentale activate în relația părinte-copil; (6) Elaborarea și implementarea unui program de consiliere psihologică, de orientare psihanalitică, care să vizeze reducerea dimensiunilor narcisice la mamele a căror copii manifestă stări nevrotice.

Noutatea științifică și originalitatea lucrării. Prezentul studiu reprezintă prima cercetare în spațiul academic autohton care s-a axat pe dinamica narcisismului parental și efectele acestuia asupra stării psihoemoționale a copilului. Originalitatea cercetării constă în: 1) Identificarea și analiza relației dintre dimensiunile narcisismului parental, capacitatea de mentalizare și stările nevrotice ale copiilor, fiind stabilit, prin metode cantitative și calitative, modul în care dimensiunile narcisice ale mamei corelează cu starea psihoemoțională a copiilor, fiind accentuat rolul capacității de mentalizare în medierea acestui impact. 2) Sub aspect metodologic, a fost prezentat modelul unui studiu de caz, care înglobează atât paradigma epistemică cantitativă, cât și paradigma calitativă, iar din punct de vedere conceptual, modelul reprezentând abordarea psihanalitică. 3) Elaborarea unui program de intervenție psihologică, de orientare psihanalitică, centrat pe diminuarea dimensiunilor narcisice parentale și reducerea stărilor nevrotice la copii.

Rezultatele obținute care contribuie la soluționarea problemei științifice: elaborarea și implementarea unui model de psihodiagnostic al dimensiunilor narcisice în relația părinte-copil și a stărilor nevrotice la copil; elaborarea unei metodologii mixte – cantitativă și calitativă - pentru evaluarea scenariilor narcisice ale părinților și a impactului acesteia asupra relației părinte-copil; elaborarea și implementarea unui program de intervenție psihologică pentru perechea mamă-copil, axat pe reducerea narcisismului parental, îmbunătățirea capacității de mentalizare la mame și diminuarea stărilor nevrotice la copii, oferind soluții practice și instrumente validate pentru intervenții eficiente în disfuncționalitățile familiale cauzate de narcisismul parental.

Valoarea teoretică a cercetării. În cadrul cercetării a fost realizată o sinteză comprehensivă a literaturii de specialitate, de sorginte psihanalitică, privind narcisismul parental, capacitatea de mentalizare și stările nevrotice ale copiilor, fapt ce a contribuit la clarificarea relațiilor complexe dintre aceste variabile. Printr-o analiză detaliată a teoriilor existente asupra comportamentelor narcisice ale părinților și manifestărilor nevrotice ale copiilor, studiul oferă noi repere teoretice pentru înțelegerea influenței dinamice a narcisismului parental asupra dezvoltării psihoemoționale a copilului. O contribuție importantă a acestei lucrări constă în extinderea conceptului de mentalizare parentală, prin aplicarea sa în contexte familiale în care sunt prezente tendințe narcisice ale părinților și stări nevrotice ale copiilor.

Valoarea aplicativă a cercetării. Elaborarea unui program de intervenție psihologică, destinat perechii mamă-copil, bazat pe tehnici de conștientizare a proiecțiilor narcisice și de dezvoltare a capacităților de mentalizare reprezintă o contribuție semnificativă pentru domeniul consilierii psihologice. Programul propus poate fi implementat în cadrul școlilor, centrelor de sănătate mintală și în cadrul cabinetelor de psihoterapie individuală. Aplicabilitatea programului este demonstrată prin rezultatele semnificative referitoare la reducerea aspectelor narcisice parentale și îmbunătățirea capacității de mentalizare, precum și a diminuării stărilor nevrotice ale copiilor.

Implementarea rezultatelor ştiinţifice: în cadrul conferințelor științifice naționale și internaționale; în activitatea didactică de pregătire și formare a studenților (USM); în activitatea psihologilor și psihiatrilor Centrului Comunitar de Sănătatea Mintală Buiucani.

АННОТАЦИЯ

Кашкавал Ион. Нарциссические измерения в отношениях родителей и детей с невротическими состояниями. Докторская диссертация по психологии. Кишинев, 2025.

Структура диссертации: работа содержит аннотации на румынском, русском и английском языках, введение, 3 главы, общие выводы и рекомендации, библиографию из 211 наименований, 14 приложений, 162 страниц основного текста, 13 рисунков и 16 таблиц. Результаты работы опубликованы в 10 научных статьях.

Ключевые слова: нарциссизм, невротические состояния, родительство, мать, ребенок, ментализация, факторы личности, проекция, психоанализ, психологическое вмешательство.

Цель исследования: выявить и проанализировать нарциссические измерения в отношениях матери и ребенка у детей с невротическими состояниями, а также разработать и внедрить программу психоаналитического вмешательства для снижения родительских нарциссических измерений и невротических состояний у детей.

Задачи исследования: (1) Проанализировать теоретические основы, касающиеся нарциссических измерений родителей и невротических состояний у детей; (2) Выявить и проанализировать нарциссические измерения и ментализирующие способности у матерей; (3) Выявить и проанализировать особенности невротических состояний у детей; (4) Установить взаимосвязь между нарциссическими измерениями и ментализирующими способностями у матерей и невротическими состояниями у детей; (5) Выявить родительские нарциссические сценарии, активизирующиеся в детско-родительских отношениях; (6) Разработать и внедрить программу психоаналитического психологического консультирования, направленную на снижение нарциссических измерений у матерей, дети которых демонстрируют невротические состояния.

Новизна и научная оригинальность: Данное исследование является первым в местном академическом контексте, которое изучает динамику родительского нарциссизма и его влияние на психоэмоциональное состояние ребёнка. Оригинальность исследования заключается в следующем: Оригинальность исследования заключается в следующем: 1) выявление и анализ взаимосвязи между измерениями родительского нарциссизма, способностью к ментализации и невротическими состояниями детей, установление с помощью количественных и качественных методов, как нарциссические измерения матери коррелируют с психоэмоциональным состоянием детей, подчеркивая роль способности к ментализации в опосредовании этого влияния. 2) С методологической точки зрения была представлена модель кейс-стади, охватывающая как количественную, так и качественную эпистемические парадигмы, а с концептуальной точки зрения - модель, представляющая психоаналитический подход. 3) Разработка психоаналитически ориентированной программы психологического вмешательства, направленной на уменьшение родительских нарциссических измерений и снижение невротических состояний у детей.

Результаты исследования, способствующие решению научной задачи: Данное исследование привело к разработке и внедрению психодиагностической модели, предназначенной для выявления нарциссических измерения в отношениях родитель-ребёнок и невротических состояний у детей. Кроме того, был разработан смешанный методический подход, объединяющий количественные и качественные методологии, для оценки нарциссических сценариев родителей и их влияния на отношения родитель-ребёнок. Также была создана и применена программа психологического вмешательства для дуэта «мать-ребёнок», сосредоточенная на снижении родительского нарциссизма, повышении способностей матерей к ментализации и смягчении невротических состояний у детей. В целом, данная программа предлагает практические решения и валидированные инструменты для эффективного вмешательства в семейные дисфункции, вызванные родительским нарциссизмом.

Теоретическая значимость: Исследование представляет собой комплексный синтез психоаналитической литературы по вопросам родительского нарциссизма, способностей к ментализации и невротических состояний детей, что позволяет прояснить сложные взаимосвязи между этими переменными. Благодаря углублённому анализу существующих теорий о нарциссическом поведении родителей и невротических проявлениях у детей, исследование предлагает новые теоретические концепции для понимания динамического влияния родительского нарциссизма на психоэмоциональное развитие ребёнка. Важным вкладом является расширение понятия родительской ментализации с его адаптацией к семьям, характеризующимся родительскими нарциссическими тенденциями и невротическими состояниями детей.

Практическая значимость исследования: Исследование завершилось разработкой программы психологического вмешательства для дуэта «мать-ребёнок», основанной на методах, направленных на повышение осознания нарциссических проекций и усиление способностей к ментализации. Предлагаемая программа применима в школах, центрах психического здоровья и в условиях индивидуальной психотерапии. Её практическая значимость подтверждается значительными результатами в снижении нарциссических аспектов у родителей, улучшении способностей к ментализации и смягчении невротических состояний у детей.

Внедрение научных результатов: на национальных и международных научных конференциях; в дидактической деятельности по подготовке и обучению студентов (USM); в деятельности психологов и психиатров Общественного центра психического здоровья Буюкани.

ANNOTATION

Cașcaval Ion. Narcissistic dimensions of the parent–child relationship in children with neurotic states. Doctoral Thesis in Psychology. Chișinău, 2025.

Thesis structure: the thesis contains annotations in Romanian, Russian and English, introduction, 3 chapters, general conclusions and recommendations, bibliography of 211 titles, 14 appendices, 162 pages of basic text, 13 figures and 16 tables. The results are published in 10 scientific papers.

Keywords: narcissism, neurotic states, parenting, mother, child, mentalization, personality factors, projection, psychoanalysis, psychological intervention.

The aim of the paper: is to identify and analyze the narcissistic dimensions in the mother-child relationship in children with neurotic states, as well as to develop and implement a psychoanalytic intervention program in order to reduce the parental narcissistic dimensions and neurotic states in children.

Research objectives: (1) To analyze the theoretical framework on parental narcissistic dimensions and neurotic states in children; (2) To identify and analyze the narcissistic dimensions and mentalizing abilities in mothers; (3) To identify and analyze the specifics of neurotic states in children; (4) To ascertain the relationship between narcissistic dimensions and mentalizing abilities in mothers and neurotic states in children; (5) To identify the parental narcissistic scenarios activated in the parent-child relationship; (6) To develop and implement a psychoanalytic psychological counseling program, aimed at reducing narcissistic dimensions in mothers whose children manifest neurotic states.

Scientific novelty and originality. This study represents the first research in the local academic space that focused on the dynamics of parental narcissism and its effects on the psychoemotional state of the child. The originality of the research consists in: 1) Identifying and analyzing the relationship between the dimensions of parental narcissism, mentalizing capacity and neurotic states of children, being established, through quantitative and qualitative methods, how the narcissistic dimensions of the mother correlate with the psychoemotional state of children, being emphasized the role of mentalizing capacity in mediating this impact. 2) From a methodological point of view, a case study model was presented, which encompasses both quantitative and qualitative epistemic paradigms, and from a conceptual point of view, the model representing the psychoanalytic approach. 3) Elaboration of a psychoanalytically oriented psychological intervention program, focused on diminishing parental narcissistic dimensions and reducing neurotic states in children.

Obtained results contributing to the solution of the scientific problem: Development and implementation of a psycho-diagnostic model of narcissistic dimensions in the parent-child relationship and neurotic states in the child; development of a mixed methodology - quantitative and qualitative - for the assessment of narcissistic scenarios of parents and its impact on the parent-child relationship; elaboration and implementation of a psychological intervention program for the mother-child couple, focused on reducing parental narcissism, improving the mentalizing capacity in mothers and reducing neurotic states in children, providing practical solutions and validated tools for effective interventions in family dysfunctions caused by parental narcissism.

Theoretical value of the research. The research has made a comprehensive synthesis of the psychoanalytic literature on parental narcissism, mentalizing ability and neurotic states of children, which helped to clarify the complex relationships between these variables. Through a detailed analysis of the existing theories on parental narcissistic behaviors and children's neurotic manifestations, the study provides new theoretical benchmarks for understanding the dynamic influence of parental narcissism on children's psychoemotional development. An important contribution of this paper is the extension of the concept of parental mentalizing by applying it to family contexts in which parental narcissistic tendencies and children's neurotic states are present.

Applied value of the research. The development of a psychological intervention program for the mother-child couple, based on techniques of awareness of narcissistic projections and the development of mentalizing skills, represents a significant contribution to the field of psychological counseling. The proposed program can be implemented in schools, mental health centers and individual psychotherapy offices. The applicability of the program is demonstrated by the significant results in reducing parental narcissistic aspects and improving mentalizing ability, as well as decreasing neurotic states of children.

Implementation of scientific results: in national and international scientific conferences; in the didactic activity of preparation and training of students (USM); in the activity of psychologists and psychiatrists of the Community Mental Health Center Buiucani.

CAȘCAVAL ION

NARCISSISTIC DIMENSIONS OF THE PARENT–CHILD RELATIONSHIP IN CHILDREN WITH NEUROTIC STATES

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