The Cracked Mirror: Features of Narcissistic Personality Disorder in Children

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The notion of character disorder in children remains highly controversial given unanswered questions regarding personality formation. According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, personality is defined as “enduring patterns of perceiving, relating to and thinking about the environment and oneself … when they are maladaptive and inflexible, they constitute Personality Disorders.” Currently, such disorders are “generally recognized by adolescence or earlier.” DSM-IV continues, however, by emphasizing corresponding diagnoses given to children and adolescents, such as Conduct Disorder, as an earlier equivalent to Antisocial Personality Disorder. Narcissistic Personality Disorder (NPD) has no such equivalent despite the acknowledgment that it develops earlier than 18 years. The ambivalence and ambiguity regarding personality disorder in children are further highlighted by the suggestion that one can apply the diagnosis of personality

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disorder to children if the traits are stable for at least 1 year and are not limited to a particular developmental stage.

NORMAL AND PATHOLOGICAL NARCISSISM IN CHILDREN

P. Kernberg contrasted normal narcissism from pathological NPD traits in children in the following ways. The normal child’s need for admiration is satisfied by the age-appropriate attention that he receives. He is able to express gratitude for and can reciprocate what others give him. Such children genuinely value and love the significant people in their lives. Normal children do have fantasies of being powerful, famous, and highly successful. They imagine themselves as president, a famous actress or athlete, or even a hero with superpowers. The distinguishing feature of such wishes from pathological narcissism, however, is the awareness that the wish is an aspiration and that others have the ability to be special as well. The narcissistic child is convinced that he is already endowed with unique and special abilities and becomes envious if anyone else becomes successful. One 4-year-old adopted girl was enraged that newborn twin baby sisters arrived, and she commanded all the attention. When a fellow classmate was praised for a drawing, this girl grabbed the drawing and ripped it up. Narcissistic children are in need of constant admiration and assurance that they are uniquely special.

Normal children’s needs are realistic and can be fulfilled. They show genuine attachment to friends and family and trust significant adults in their lives. Their capacity to maintain good self-esteem, empathy, and consideration of others sets them apart from their narcissistic counterparts. Self-esteem refers to a satisfaction with one’s self and how one lives one’s life. It involves an evaluation of how one sees and feels about the self. Well-adjusted children are able to accept themselves, flaws and all, and can be resilient in the face of disappointment or failure. They can lose at board games or suffer the loss of a championship without becoming devastated or enraged. They do not take such temporary setbacks as an assault to their self worth, in contrast to the narcissistic child. Researchers have documented that narcissism and high self-esteem are independent constructs in child development and that narcissism (in contrast with high self-esteem) in children correlates with other pathological behaviors.

The literature supporting the presence of narcissistic pathology in youth continues to expand. Bleiberg articulated narcissistic pathology in children, based on his clinical experience. He integrated theory and research about constitutional factors, attachment disorders, and trauma. He contends that narcissistic children have a fundamental deficit in their capacity for “reflective functioning.” This capacity refers to the ability to interpret accurately and respond adaptively to the world. Impairment interferes with the capacity to intuit other’s intentions and empathetically grasp the feelings, thoughts, and motivations that underlie others’ behavior as well as one’s own.

Paulina Kernberg pioneered the application of NPD criteria and dynamics as developed by Otto Kernberg to children and added additional descriptive characteristics. The narcissistic child has a grandiose sense of self as evidenced by difficulty tolerating anything in which he is not immediately successful. Failure to maintain efforts in academic work or activities involving learning new skills is a common feature. The inflated sense of self impairs the development of a normal conscience (or superego) since any acknowledgment of one’s flaws or failure to meet expectations is unbearable. Such children cannot experience guilt nor concern about the affect of their behavior on others. A 10-year-old patient remarked when asked about his reaction causing a concussion in his fellow teammate. “Well, he just happened to be in the wrong place at the wrong time and got hit in the head when I kicked the ball.” The narcissistic child justifies personal deficits, irresponsible behavior or defeats through blaming others, evasively responding or outright lying. P. Kernberg noted that her narcissistic child patients developed both antisocial traits and paranoid anxiety due to this impairment in ego functioning.

Kernberg observed that the sense of entitlement, stemming from their sense of superiority, leads to exploitation of others. An 11-year-old narcissistic patient asserted that she wanted to “grow up and be rich and have slaves.” In contrast to the normal child, the narcissistic child feels entitled to what is received and the need to be grateful or reciprocate is compromised. The constant need to fuel the brittle sense of self and protect it from external assaults results in extreme distrust of others and rage when challenged or criticized. These children often crave material goods and quickly tire of and de-value what they have already been given. One 9-year old girl demanded that she get presents and attention on her mother’s birthday. Like their adult counterparts, these children exhibit intense envy of...
others, devaluation, lack of empathy, and the inability to express gratitude or concern for others. A 13-year-old patient remarked that one apologizes in order to maintain one’s image and “not let them think that you enjoy hurting people.” He also defined the word “obey,” as “listening to the whims of others.” Another boy of 14 years attempted to write a letter of apology for misbehavior to his mother but quickly shifted to demanding that she lavishly redecorate his room.

Kernberg summarizes the childhood context in which narcissistic pathology becomes evident. Peer relationships are compromised by the lack of empathy, the need to be exploitative, devaluing, and manipulative. The quality of the friendships is superficial. One young patient boasted that he has “1,000 friends” but could not name anyone who knew him well or whom he trusted. These children often become bossy and coercive with friends. Their arrogance interferes with the ability to take turns, comply with their friends’ wishes, or follow agreed-upon game rules.

Academic performance also suffers because narcissistic children do not enjoy their learning experiences. Achievement serves the purpose of eliciting admiration rather than acquiring knowledge for its own intrinsic value. If admiration wanes, the child becomes easily bored. Despite innate intelligence in some narcissistic children, they lose motivation to apply themselves in new subjects and skills and get poor grades because of lack of effort. Kernberg also noted their inability to maintain eye contact as a defense against potential critical scrutiny and “tuning out” of the unwelcome demands or expectations of others. They are so haughty that no one can tell them what to do, and their capacity to learn from others’ feedback is curtailed.

Additional pathology is evident in the narcissistic child’s play. The child initially professes boredom, dissatisfaction with the toys, or devaluation of games. Kernberg interprets such behaviors as defenses against sadistic scenarios of primitive aggression, potential failure to perform well with games, and exposure of any deficits to the therapist. She notes that as treatment progresses, sadistic fantasies of destroying rivals, being invulnerable and controlling and devaluing others (including the therapist) begin to appear.

**Origins of Narcissistic Pathology in Children**

P. Kernberg described the possible etiology of pathological narcissism in children. From her clinical experience, she identified certain circumstances that increase the risk of narcissistic pathology: the child of narcissistic parents, the adopted child, the child of successful parents (particularly if the child lacks similar ability), the overindulged or wealthy child, and the child of divorce. Narcissistic parents may over-idealize their children and insulate them from disappointment or criticism. The children can easily develop the idea that they are, in fact, superior to others and above criticism and failure. One couple, convinced that their 5-year-old was a genius, removed him from consecutive schools they deemed incompetent and mediocre because he was not receiving teachers’ praise. They dismissed the school’s concerns about the child’s aggressive behavior as irrelevant and justified his poor adjustment as boredom. When they received a report that the child tested as having average intelligence, they complained to the head of the psychiatric hospital about the incompetence of the evaluator.

Children who are adopted can be susceptible because they have to address the initial rejection of why their biological parents did not keep them. Adoptive parents may compensate for this injury by emphasizing how they are more special than biological children because they were chosen, especially if biological siblings are part of the family. One of Kernberg’s child patients announced that if he had not been adopted by his current parents, another set of parents would have adopted him because he knew that there were so many parents in line that would have been eager to have him. Adoptive parents may also overcompensate for their sense of damage at not being able to produce a biological child by overindulging the adoptive child.

Children of the wealthy, or who have been overindulged, may be raised in an environment where entitlement and control of others is accepted and reinforced. Wealthy parents may also be invested in protecting the child from disappointment and accommodate to his wishes. These children may expect to have the best and internalize the devaluation of more common lifestyles. The author’s child reported that a fellow camper at an overnight summer camp complained that the bathrooms were not made with marble floors and walls and that he would not return to camp again. Deferential treatment of the child because of his connections can further fuel grandiosity.

Children of successful parents may have the expectation that they should naturally be as talented without effort because they were born from brilliance. Meeting such expectations is particularly difficult if the child has less ability or has any deficits that affect success. Narcissistic pathology serves as a compensation for a sense of inadequacy that is too painful to acknowledge. The son of a famous basketball player failed to be accepted in his school basketball team and responded with severe tantrums and devaluation of the coach.

Children of divorce are particularly susceptible if the parents convey that they are prized possessions that are vied for. Each parent in an attempt to carry favor with the child may be at risk for not providing critical feedback and refusing to indulge the child with material goods or excessive privileges. In turn, some children of divorce develop a sense of self-
importance, entitlement, and devaluation of the parent who does not offer immediate gratification or flexible limits.

Parent-child interactions continue to be studied with respect to their contribution to narcissistic pathology and are critical aspects of intervention with narcissistic children.2,12

ASSESSMENT OF NARCISSISTIC PATHOLOGY IN CHILDREN AND ADOLESCENTS

Egan and Kernberg,13 Ferreira,14 Rinsley,15 Cohen,16 Beren,17 Bernstein,18 and Imbesi19 wrote about narcissistic traits in children from the psychoanalytic perspective as well. They proposed theoretical explanations for the distinctive characteristics of the disorder including grandiosity, negative and aggressive transference, attachment difficulties, boundary disturbances between self, and other and primitive defenses such as splitting and devaluation. These publications are primarily based on clinical observations of child patients in treatment. Bleiberg6 integrated his previous work with additional clinical material and treatment considerations but did not address psychological testing of such children.

Guile20 assessed the three different systems for diagnosing narcissism in children based on DSM diagnostic criteria (P. Kernberg’s for children,2 Bleiberg’s for adolescents,8 and DSM-IV criteria for pre-adolescents1) and reported a high concordance rate. He concluded that NPD could be identified among pre-adolescents. With the increasing ability to consistently identify narcissistic features, the research on narcissistic personality in children, especially using psychological instruments and structured interviews, has expanded as a result. Kernberg, Wein er and Bardenstein2 reported psychological test findings that were characteristic of children with personality disorder in general, as well as narcissistic personality disorder.

Some studies have utilized structured interviews to systematically identify narcissistic features in children. Eppright et al.21 interviewed incarcerated adolescents with the Diagnostic Interview for Children and Adolescents-Revised and the Structured Clinical Interview for Mental Disorders-III-Revised, for Personality Disorders, to establish diagnoses. They observed that after antisocial personality disorder, narcissistic personality disorder was one of the most frequent diagnoses. Myers et al.22 similarly conducted structured diagnostic interviews and utilized the Revised Psychopathy Checklist (PCL-R) to evaluate comorbid personality disorders in psychiatrically hospitalized adolescents and reported significant relationships between psychopathy scores and narcissistic personality disorder.

Recent reports are documenting the validity and stability of personality disorder in children and adolescents using behavioral checklists and interviews.17,20,23,24 The Narcissistic Personality Inventory developed by Raskin and Hall25 has been applied to children and adolescents.12,26 Ang27 has recently reported on the Narcissistic Personality Questionnaire for Children-Revised (NPQC-R), which has adequate reliability and validity to serve as a measure of superiority and exploitation. Thomasa28 introduced the Childhood Narcissism Scale, which also validly and reliably assesses grandiose sense of self, inflated sense of superiority and entitlement, and exploitative interpersonal attitudes. Guile29 reported adequate reliability for the Diagnostic Interview for Narcissism Adapted for Pre-Adolescents: Parent Version (P-DIN), based on Gunderson’s Diagnostic Interview.29 These instruments are providing further understanding about how narcissism interacts with aggression, delinquency, shame, and interpersonal adjustment in young populations.5,26,30,33 Crawford34 reported high stability of pathological narcissistic behaviors in children from early adolescence into adulthood.

Psychological testing has only been recently applied to the study of narcissism in children. Abrams35 reports a single case study using the Thematic Apperception Test (TAT) and the Children’s Apperception Test (CAT) to assess an 8-year-old boy and describes his dynamic issues. The TAT and the CAT, however, lack the rigorous empirical validity and reliability required to systematically study personality disorder, despite their rich clinical utility.

Although research examining character or personality disorder in adults has become common in the Rorschach literature, a notable absence exists regarding characteristics of children with personality disorders. The Rorschach’s ability to methodically and validly assess narcissistic personality disorder has been established by Hilsenroth and colleagues,36 utilizing independently diagnosed patients based on DSM-IV criteria for Clusters A, B, and C personality disorders. (Previous publications reporting the Rorschach’s ability to differentiate NPD from other personality disorders were not based on DSM-IV criteria.) They demonstrated that the Rorschach variables of reflection (one image is mirrored by another), pairs (two related or identical items are seen), personalization (the response is justified but not aspects of the inkblot but by personal experience), idealization (aggrandizing attributes of the percept), and the Egocentricity Index (a ratio of reflection and pair responses to total number of responses) effectively differentiated the NPD group from a non-clinical sample and from Cluster A, Cluster C, and other Cluster B personality disorders. They noted two variables that were robustly significant across statistical analyses: reflection responses and idealization. The Egocentricity Index and pair responses differentiated NPD from some groups but not consistently across all groups. The authors found significant correlations between Rorschach criteria and DSM-IV criteria for NPD.
The Rorschach is clearly a compelling instrument with which to assess “patterns of perceiving, relating, and thinking about the environment” but has yet to be actively utilized to address the issue of whether children experience psychological disorder and if such disorders truly persist over time. Although numerous Rorschach indices and features have been proposed as indicative or characteristic of adult NPD, such as the reflection response, most extremely the content of the response (as opposed to the coding of the response). Kwaner22 notes that “narcissistic mirroring” in responses involving reflection, twin phalanges or shadows is associated with narcissistic traits. Lerner and Lerner23 and Cooper, Perry, and Arnow24 infer that narcissistic defenses, desensitization, and idealization of the response could be a hallmark of the disease. The particular questions addressed in the study include whether any structural features would emerge consistent with theoretical expectations, whether chronicity of the features would be a correlate of the actual endorsement of the questionnaire or whether the children who endorsed the features would share a distinct constellation of traits that could be associated with other child population samples.

**Rorschach Features of NPD Children**

The initial study presented included the Rorschachs of 36 children,42 ranging in age from 5 to 17 years, with a mean age of 11.8 years. The sample was divided approximately equally among female and male patients, with the majorities of the females being between the ages of 14 to upper middle to lower class backgrounds. The patient group was mostly white, (89%) with two black and three Asian patients. All the children were evaluated in an outpatient setting over a period of 5 years and presented behaviorally as NPDs as defined by DSM-IV criteria, including a pervasive pattern of grandiosity, lack of empathy, and hypersensitivity to criticism.

The childhood equivalents included: temper tantrums when criticized or made demands of; antisocial behavior such as lying, stealing, or physical aggressiveness with others; devaluation of others; envy of others' status, wealth, or skills; grandiose self perceptions not founded in reality coming from middle to upper class backgrounds. The particular questions addressed in the study include whether any structural features would emerge consistent with theoretical expectations, whether chronicity of the features would be a correlate of the actual endorsement of the questionnaire or whether the children who endorsed the features would share a distinct constellation of traits that could be associated with other child population samples.

- **Bipolar Disorder**
- **Depression**
- **Generalized Anxiety Disorder**
- **Narcissistic Personality Disorder**
- **OCD**
- **Post-traumatic Stress Disorder**
- **Schizophrenia**
- **Obsessive-Compulsive Disorder**
- **Anxiety Disorders**
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- **Obsessive-Compulsive Disorder**
- **Anxiety Disorders**
These young narcissistic patients tend to be positive on several of the Exner constellations. They exhibited a capacity to distort reality, engage in peculiar or thought-disordered ideation, and a lessened ability to see conventional reality, as indicated by a positive Schizophrenia Index. This finding also suggests that these children have faulty or distorted reasoning that further impairs their functioning. The Hypervigilance Index (HVI) suggests that they invest significant energy in protecting the self against the perceived malevolence of the outside world. When combined with poor reality testing, hypervigilance becomes paranoia. They are interpersonally guarded, remain suspicious of others’ motives, and zealously maintain personal space. Their relationships are likely to be distant and superficial. The HVI constellation is extremely rare in non-patient children and adolescents yet characterized the NPD children older than 7 years. Three of the four age groups also were positive on the Coping Deficit Index (CDI), a measure of general coping capacity, particularly in the interpersonal realm. A positive CDI is associated with interpersonal ineptness and a chaotic history of relationships. The Depression Index was also elevated in the NPD population, indicative of frequent experiences of dysphoric affect, low self-esteem, and psychological pain that was not consistently evident in the presenting symptoms of these patients.

These constellations are not only rare in the non-patient comparison group but also represent premature, crystallized, developmental formations that are stable over time and unlikely to disappear with continued maturation. The impact on affect and cognitive processes is also profound as the results suggest. The elevated space responses are associated with an alienated, oppositional stance toward others that can lead to clashes with the environment. Anger and resentment are easily triggered, and the personal investment in being a nonconformist further distances these children from others. These children are very uncomfortable and avoidant around

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**SIDEBAR.**

**DSM-IV Criteria for Narcissistic Personality Disorder**

2. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Belief that one is special, unique, and can only be understood by or should associate with other special or high-status people.
4. Requiring excessive admiration.
5. Sense of entitlement, unreasonable expectations of especially favorable treatment, or automatic compliance with expectations.
6. Interpersonal exploitation.
7. Lack of empathy.
8. Being envious of others and believing others are envious in turn.
9. Arrogant, haughty behaviors and attitudes.

responsibility for one’s actions; and a lack of remorse and concern for others. These behaviors are included in the Hare Psychopathy scale for the differential diagnosis of NPDs with antisocial features. One child had retorted to his art teacher after being reprimanded, “I’d rather clean the toilets in the bathroom than do your project.” Another child had threatened to sue his school for “harassment” because he lost credit when he failed to turn in an assignment. A first grader told his teacher that she was “obtuse,” and he would prefer to count bricks in the hall than to stay in class with her. A second grader refused to do her worksheets and explained to her teacher that she did not have to do such boring work in summer camp or Sunday school, so she did not have to do it in regular school.

These children were characterized by previous resistance to treatment interventions, oppositional and defiant behavior, lack of motivation to pursue activities or school when success was not immediately forthcoming, expectations that others are there to gratify needs without a need for reciprocity or gratitude, a constant need to be the center of attention, and a lack of investment in friends or family, resulting in superficial relationships. They externalized blame for their behavior to avoid punishment or justify poor work. All of the patients were indifferent to the distress caused by their maladaptive behavior. The DSM-IV criteria are summarized in the Sidebar.

The Rorschach protocols were scored by two raters using the Exner Comprehensive System with acceptable reliability (91%). The second rater was blinded to the diagnoses of the patients. The Rorschachs were then scored for structural features and reviewed for those that occurred in more than half the protocols and were also significant (>1 standard deviation) from the non-patient normative data published by Exner for the comparable age. Although Exner generally discourages such a practice, he allows for reports that are highly discrepant from the expected range. The results were divided into smaller groups based on age to also reveal possible developmental indications that would be otherwise lost by combining latency age children with older adolescents.

The Rorschach findings were clustered along basic aspects of personality functioning including: 1) constellations of clinically related traits; 2) the experience and expression of emotions; 3) cognitive functions; 4) interpersonal perceptions, and 5) self-perception. The explanations of the terms will appear in the discussion of the results.

Another first grader refused to do her math homework because she might have to do it in regular school. Sunday school, so she did not have to do it. Another first grader told his teacher that she did not have to do her worksheets and explained to her teacher that she did not have to do them. A second grader refused to do her math homework because she might have to do it in regular school.
emotionally charged situations. They try to remove themselves from affective exchanges with others, as indicated by the low Affectivity Ratio scores. They strive to restrict and inhibit emotional expression in a manner that is not only atypical developmental for children and adolescents but also detrimental to learning from emotional exchanges with peers. In contrast with the non-patient group, the overall acknowledgment of feelings is suppressed in the Rorschach protocols as shown by the lower Weighted Sum C scores. The elevation in Morbid scores in the NPD group may provide a clue to the overall affective restriction. Morbid responses are associated with feelings of damage, pessimism, and inadequacy that may prove intolerable to NPD children who are valiantly battling to maintain their inflated but flawed sense of self.

FURTHER VARIABLES

The cognitive processes also appear to succumb to the need to protect the self. These children’s Lambda scores are relatively high. Lambda represents a cognitive operation of reducing complex or ambiguous detail or information to a simplistic, “black and white” picture. This “just the facts, Ma’am,” approach to life eliminates problematic nuances that may blur the situation. NPD children need to see problems in ways that suit their psychological needs. However, the simplification of facts, consequently, leaves them vulnerable to missing important (and possibly distressing) details. The increased X-percentage confirms that NPD children regularly distort information and are unable or unwilling to see things in conventional ways, was observed in the lower Popular scores. They engage in a problem solving style, and pervasively so, that is unexpected for children across the age range. This “Superintroversive” problem solving style involves delaying any reaction until alternatives are examined methodically, without integrating emotional cues.

The children turn to their own ideation as their best resource to solve problems or address demands. However, their susceptibility to simplifying and distorting information seriously compromises the efficiency of their problem-solving style. The unusual amount of Form Dimension (FD) responses in these children is an unexpected finding. The term refers to using contours to indicate depth. In adults, FD correlates with an ability to objectively look at oneself but in these children, the presence of FD may have a distinct meaning. It may indicate a precocious awareness of the self as others see one (or how one would wish to be seen by others) that is a precursor to the reflection response. This self-consciousness, ironically, emerges instead of the capacity for self-reflection or introspection, a person-
nality trait that is rare in the child and adolescent NPD group. FD appears entwined with the HVI index as others are monitored to determine how the NPD child is being perceived. Stegge and Bushman found that the self esteem of narcissistic children is highly dependent on external evaluations: “Narcissists gain and lose worth according to how others view them ... In contrast, normal, healthy forms of self esteem are stable and relatively independent of the appraisals of others.” As the sample has grown, the elevated FD has consistently appeared in the NPD children’s Rorschach responses, without evidence of objective self-evaluation implied by adult studies. This need to monitor others’ reactions to one’s image is consistent with theory of NPD.

The structural features outlined in this study have a clinical counterpart in the content of these Rorschach protocols. The responses were classified according to theory and other research findings. The theory-based categories that were significantly present in these children’s responses included grandiosity, exhibitionism, and the defenses of devaluation and idealization. Grandiose responses included percepts in which status and admiration were emphasized: “a preacher lifting his hands as he speaks to the people.” Exhibitionistic responses included percepts in which the subject was trying to impress others: a girl in a bra and royal cape, shaking her pom-poms.” Devaluation and idealization characterized responses in which the NPD patient criticized the subject of the response or the inkblots, themselves and elevated other responses as perfect or exemplary, respectively: “a stupid-looking moth, who did they get to make these dumb pictures, anyway?”; “a beautiful princess on a pure white stallion.”

The theoretical constructs, according to the literature, that underlie NPD also include a dependency on others while maintaining an illusion of self-sufficiency; hypervigilance in anticipation of others’ malevolence (aggression externalized onto others); and sadistic or aggressive pleasure in the defeat of others, without remorse or concern. These constructs were organized into the categories of food responses (Fd) which correlate with dependency, preparedness (content involving radar, antennae, binoculars, weaponry), and aggressive or aggressive/morbid responses. As noted previously, cooperative or mutual relationships between subjects was unusual in the protocols. Interactions were often either dependent, destructive, or exploitative.

These NPD children and adolescents were often gleeful in their depiction of aggressive and morbid content. The cruel, antisocial tendency associated with NPD is evident in these children’s responses.

Over half the protocols were characterized by depictions of “gross” or damaged content: The sense of repulsion and damage underlying the inflated sense of self in the content is consistent with theoretical predictions.

SUMMARY

The current study is a descriptive effort to determine the nature of NPD in children and to address if any variables are consistent with theory about narcissism and with the assumption that personality disorder exists in children. The findings indicate the narcissistic children and adolescents are presenting with pervasive personality pathology. They exhibit distortion of reality, constriction of affect, a hypervigilant wariness of others’ motives, depressive features not apparent in the clinical presentation, inflated sense of self in the presence of a sense of inferiority and comparatively less interest in others, and less involvement in close relationships. They rely on themselves as their own best resources and engage little with others to solve problems. Their personality traits tend to stable, despite their maladaptive nature, and they are not likely to experience any need to engage in treatment to change the nature of their adjustment. Therapy is likely to trigger the paranoid and narcissistic traits as their behavior is examined and interpreted. These features are not only consistent with clinical descriptions of these patients outlined at the start of this chapter but also suggest the chronicity and intractability of the personality constellation that has been erected to compensate for the cracked image of the self.

REFERENCES


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