

Narcissistic Disorders in Children

A Developmental Approach to Diagnosis

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Last idea to cross her mind
Had something to do with where to find
A pair of jeans to fit her butt
And where to get her toenails cut

Frank Zappa (1982), "Valley Girl"

Narcissus's ill-fated plunge in pursuit of his beautiful image turned him into a ready symbol of the perils of self-absorption. Today, Valley Girls in suburban America plunge with equal abandon into a trend-obsessed life, frantically searching for the perfect pedicure and the ultimate in fashion. Narcissism appears to be the underlying character structure of contemporary American culture (Lasch 1978). Cultural forces emphasize individual accomplishments, mobility, and competition. Beauty, success, wealth, power, and admiration are relentlessly pursued. To live for oneself and to live for the moment are cultural ideals that hinder people's sense of community and historical continuity. The media's cult of celebrity gives substance, as Lasch (1978) notes, to "narcissistic dreams of fame and glory" (p. 21) and fosters the hunger for glamor, excitement, riches, unlimited consumption, and uninhibited gratification. Calculated seductiveness, manipulation, and expedience are re-

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warded and promoted. At a societal as well as familial level, commitments are fragile, loyalty is suspect, and relationships are easily discarded. Closeness, trust, and attachment often lead to pain and disappointment. Consequently, the American nuclear family is increasingly isolated from the support of community or extended family and is prone to breakup when faced with stress or conflict.

In clinical practice today, some of the complaints heard most often bear the hallmarks of narcissistic disorders: pervasive feelings of unhappiness, inner emptiness and boredom, dependence on external approval and admiration, fears of closeness and intimacy, exploitativeness and manipulation in interpersonal relationships, intense fears of death and aging, and inability to experience love or meaning in life. Consequently, over the past two decades, the vicissitudes of narcissism have been the focus of enormous interest in the psychiatric and psychoanalytic literature. However, a similar focus is strikingly absent from the literature on child psychiatry. This relative absence of discussion in child psychiatry circles is more conspicuous considering that the current models of both normal and pathological narcissism are based on developmental formulations (Kernberg 1975; Kohut 1966, 1968, 1972, 1977) supported by retrospective data collected in the treatment of adults. Only a few authors (Miller 1981; Ornstein 1981; Rinsley 1980a, 1980b; Tooley 1975; Yates 1981) have examined narcissistic traits and disturbances as they emerge in children. Even fewer researchers have correlated the behavior and symptomatic manifestations of narcissistic children with developmental models of personality organization and object relations. In this paper, I shall discuss the clinical characteristics of narcissistic children and correlate them with the developmental tasks that these children struggle with and often fail to negotiate.

Clinical Manifestations

Narcissistic injuries are an inevitable aspect of both normal and pathological development. All children encounter them as they establish a sense of personal identity, boundaries, and autonomy. Children face their vulnerabilities and the limits of their omnipotence as they live with the indignities (Segal 1981) of accepting pain, frustration, and the demands of reality. Narcissistic issues—difficulties in maintaining the

"structural cohesion, temporal stability, and positive affective coloring of the self-representation" (Stolorow & Lachmann 1980, p. 10)—span the entire psychopathological spectrum. However, as the following clinical vignette illustrates, for some children narcissistic difficulties are the central feature in their psychopathology.

Pete was adopted when he was six months old. According to his adoptive mother, at first he smiled easily and cried little. He kept his body so stiff that she had to bend his legs to seat him in his high chair. He would not allow her to feed him, insisting even then on holding the bottle himself. Nevertheless, his appetite was insatiable; he ate without stopping until he vomited.

Three months after Pete's adoption, his adoptive mother became pregnant. She felt enormously guilty for "robbing him of his babyhood" and fervently wished that he would not learn to walk to "prolong his experience of being a baby." Pete, however, not only walked precociously but was soon an intrepid and reckless explorer. He then began to throw temper tantrums whenever limits were imposed on him. He became enraged when told "no"; his face would turn red and, screaming and kicking, he would destroy anything in sight. However, he never cried when his mother left him, nor did he seem afraid in the presence of strangers. In fact, he smiled at everyone and waved "hello" with exaggerated friendliness and uncanny aplomb.

The arrival of a new baby placed an intolerable burden on Pete's adoptive father, whose own dependency needs and carefree life-style were already strained by the presence of one very hungry and demanding infant. To make things worse, the new baby suffered from a congenital heart malformation. Unable to cope with the added demands, the father walked out on the family.

During this period of family turmoil, Pete became self-abusive. The newborn baby cried all night and required constant medical attention, leaving the mother emotionally drained and on the brink of collapse. Pete's behavior improved somewhat and soon he was talking of being his mother's "boy-friend."

Pete's mother remarried when he was three years old, and afterward his behavior deteriorated again. He insisted on being in charge of his own and everyone else's affairs and again threw furious tantrums over any effort to set limits. He also began to hurt his younger sister, devising increasingly more cruel and harmful schemes that ranged from slamming doors on her fingers to giving her pills to make her sick.

When Pete entered nursery school at age five, his teacher described him as a provocative and destructive youngster who acted like a miniature adult, talked in adult sentences, and ignored directions. He had already developed a remarkable ability to discover people's vulnerabilities, which revealed his heightened awareness of interpersonal nuances. Eventually, as his behavior

