

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

continued to deteriorate, both teachers and parents agreed that their resources had been exhausted, and they requested hospitalization for the child.

Pete's history highlights many features common to narcissistic children. Such problematic behavior, however, is by no means the only road these children travel on their way to clinical attention. Parents bring narcissistic children to treatment for a variety of symptoms, including (1) disturbances in interpersonal relationships, coldness, exploitativeness, meanness, and incessant efforts to control and manipulate; (2) impulsivity and poor tolerance of frustration; (3) school problems; (4) mood swings, irritability, and lability in self-esteem; (5) persistent lying, thieving, and chronic violation of rules; (6) exhibitionism, haughtiness, arrogance, and constant need for attention and admiration; and (7) self-doubts and intense envy.

Such symptoms, of course, are not specific only to narcissistic children. Children with other types of psychopathology can present similar symptoms, and narcissistic children can vary greatly in their interpersonal adjustment and overt behavior. Some narcissistic children are cool and canny far beyond their age. They are well controlled and capable. People are impressed with their remarkable strengths, their intelligence, and their charm and shrewd awareness of how to elicit specific responses from the environment. Other narcissistic children are shy, awkward, and pained by fears of being shamed and humiliated. They are eager to comply with the demands of other people and are ready to sacrifice themselves for the sake of others. The possibility of being exposed as inferior, ugly, repulsive, or inadequate haunts them. Still other narcissistic children are so destructive, defiant, and apparently lacking in remorse, concern, or constraints that psychiatric hospitalization or placement at a correctional facility may be necessary, if only to contain them and give some relief to schools and parents. Yet in the midst of this diversity, common and specific features are apparent in all narcissistic children when they are examined against the background of their developmental tasks.

Developmental Tasks and Narcissistic Children

Identity Formation: Real Self, False Self, and As-If Phenomena

A child's sense of identity is anchored by external indicators. Typically, a child's sense of who he is depends heavily on being a member

of a particular family, attending a certain school, and living in a particular neighborhood. At the same time, by midlatency, most children have developed an autonomous, cohesive, and continuous sense of identity, that is, a sense of "I am me, the same person I was yesterday and am likely to be tomorrow." This sense of identity is relatively independent of the child's transitory feelings, his group or family affiliation, and his own developmental changes. The child has accomplished what Erikson (1959) calls a sense of "me-ness" that has cohesiveness and continuity, a sense that "I change and yet I remain me; external circumstances may change and I am still me."

Narcissistic children find accomplishing this developmental task impossible. Feelings of unreality pervade their self-experience, and often they spend their lives acting out a role. It matters little whether the role is that of an impressively self-sufficient, amazingly precocious miniature adult, or is an ever-changing role, a chameleonic performance in which these children carefully monitor the environment and adopt the most convenient identity. The identity of these children, their experience of themselves, and the image they present to the world are not based on an internal or core sense of identity but on their perception of what others expect from them or what they believe will gain them admiration or advantage. These children present a front that helps them feel safe and gives them some measure of gratification.

Nevertheless, narcissistic children are seldom conscious of what their facade covers. They are particularly cut off from any experience of themselves as deprived, helpless, vulnerable, inadequate, or dependent. Their sense of self serves defensive purposes (e.g., denial of dangerous dependency wishes, feeling of envy or disappointment) and accommodates to what the environment expects of them (e.g., becoming caretakers to one or both parents, being a source of parental pride and satisfaction). In other words, their identity corresponds to Winnicott's (1960) "false self."

Children's sense of a "core" self crystallizes around a confluence of early sensations and cognitive, motoric, perceptual, and affective patterns and experiences that are recognized, valued, and responded to by the environment (Jacobson 1964; Mahler and Kaplan 1977; Mahler et al. 1975). Typically, children identify themselves as those recognized, valued, and reciprocated images, and they internalize the recognizing, valuing, and reciprocating objects. Narcissistic children, however, remain alienated from any sense of a real and validated core self. They can only define themselves according to the facade, the false self which, no

matter how charming or impressive, is built of psychological cardboard, lacks real substance, and is not anchored in an internally coherent sense of identity. Thus, to define themselves, narcissistic children can only look outward. But an externally defined identity, while temporarily adaptive, usually collapses in the long run.

Pete may have accurately perceived his mother's needs when he insisted on functioning as her "boyfriend." She was, after all, much more in need of comfort and protection than she was able to care for a needy infant. But when his false-self role as mother's "darling" was no longer necessary, Pete panicked. A cardboard facade is, after all, better than an empty space. Without his false self, he was nothing and for the first time he became anxious. He began to steal articles of clothing from other children and insisted on dressing exactly as they did. He frantically imitated other children, attempting to "steal" their ideas, attitudes, expressions, gestures, and interests in a desperate bid for an identity.

Like most narcissistic children, Pete found this effort futile. Imitation, efforts to please, and appropriation of aspects of other people's identities (without true introjection and identification) only lead to superficial as-if phenomena (Deutsch 1942). Such fleeting "identities" do not provide a sense of purpose, vitality, and authenticity that a cohesive and coherent identity ensures. Without a relatively integrated sense of identity, narcissistic children find numerous developmental opportunities blocked. For example, they can hardly benefit from the trial identifications inherent in make-believe play.

In contrast to as-if phenomena, normal make-believe play is not based on the absence of a real sense of self but on the child's wish to assimilate into his identity selected aspects of other people's identity. In other words, a temporary suspension of disbelief allows children to discover how the skills, attitudes, and characteristics of admired, loved, feared, or hated people fit with what they experience as their self. While having fun, children use play to master interpersonal and intrapsychic conflicts and develop ego skills that foster competence, autonomy, and inner cohesiveness. This opportunity for growth is hardly available to narcissistic children, who lack a coherent sense of identity into which trial identifications can be assimilated. Instead, they feel empty and false, forever needing to manipulate others and always searching for external validation and definition of themselves.

Narcissistic children, who are deficient in the basic psychological structures that are the building blocks of a cohesive sense of self, cling

