

# 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 psychical 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



tenaciously to an as-if existence. Furthermore, they are intensely conflicted and threatened by the possibility of developing a genuine identity. These children experience growing up and affirming their individuality as an attack on the outside world. They fear and expect revenge, shame, and humiliation if they "become" someone. More specifically, they perceive their need for appreciation of their vulnerabilities and dependency wishes as threatening to themselves and the environment. Thus, as-if, false-self positions are reinforced by the safety and sense of control derived from roles designed to please and placate, con and manipulate others.

How specific are these manifestations of disturbance in identity development? Indeed, an inability to consolidate a cohesive sense of identity is a common feature of psychotic and borderline children as well as narcissistic children. However, narcissistic children are much less vulnerable to psychotic thinking and disorganization than psychotic and borderline children and can usually maintain adequate (sometimes outstanding) reality contact. Thus, important differences can be inferred in the overall development and ego functioning of narcissistic, borderline, and psychotic youngsters. To further delineate the characteristic developmental profile of narcissistic children, I shall now discuss their other outstanding developmental features.

### ***Relinquishment of Omnipotence***

At the end of the first year of life, awareness of separation from mother—the differentiation phase described by Mahler et al. (1975)—elicits intense anxiety in the infant. A developmentally appropriate maneuver available to children to counter that anxiety consists of creating a wishful, omnipotent image of themselves, a sense of "I don't need anyone, I can do and have what I want." In normal development, children can relinquish such omnipotence only when they have achieved intrapsychic autonomy sufficient to tolerate the awareness that they and mother are indeed separate.

Maturation and developmental processes converge to foster individuation. An adequate parental environment (Winnicott's [1951] "good enough mother") helps children internalize the equilibrium-maintaining functions of that environment. Gradually, children acquire some ability to soothe, hold, nurture, mirror, encourage, and set limits for themselves. Maturation provides them with an unfolding sequence of autonomous



abilities. As children experience a growing sense of real competence and autonomy, the distance between a wishful and a real self-image decreases. The "good enough" environment normally supports children's real competence. At the same time, an environment attuned to the child's developmental needs will set consistent limits and demand adherence to reality constraints. Thus, children are ready to respond to the developmentally appropriate requirement to relinquish omnipotence. Albeit grudgingly and reluctantly, children normally accept separation from mother and tolerate their limitations and the frustrating aspects of reality.

Narcissistic children fail in the task of relinquishing omnipotence. For them, grandiosity continues to play a crucial role in their lives and psychic adaptation and often is coupled with devaluation and contempt for other people.

Joe, an 11-year-old boy, strutted into the hospital like a frontier gunfighter ambling into a saloon. He disparaged all attempts by staff members and peers to get along with him. With his sharp wit and impressive command of language, Joe rebuffed all efforts by staff members to explore his feelings and behavior. He wished to impose "admirable" solutions to every problem, whether or not they involved him. His fury knew no bounds when his "marvelous" ideas were subordinated by the "incompetent" and "frankly stupid" decisions of adults. He spent much of his time attempting to impress people with his skills and his intelligence. He unhesitatingly shared his certainty of becoming president of the United States as soon as he graduated from college with degrees in nuclear physics and brain surgery.

Even though narcissistic children fall short of their own grandiose standards, they often manage to impress people with their good outward adjustment. Tooley (1975), in her moving account, "The Small Assassins," describes children who are "self-possessed, convincing, and attractive . . . [and who] demonstrate a capacity for cool reality testing and shrewd assessment of interpersonal situations" (p. 307). Exquisitely aware of other people's motives and weaknesses, these children often excel in manipulating their environment.

Precocious development and display of ego skills best suited for manipulation make these children appear to be miniature adults. These children rarely, if ever, view real adults as protectors, soothers, limit-setters, or effective interpreters of reality. Their inability to rely on adults is not "a matter for grief or regret for them" (Tooley 1975, p. 307) but is



instead the rationale for their desperate efforts to maintain an illusion of self-sufficiency.

Another developmental task narcissistic children fail to accomplish (one that is a prerequisite for relinquishing omnipotence) is the integration into their self-representation of experiences of themselves as dependent, helpless, vulnerable, pained, frustrated, and longing for closeness. This developmental task parallels accepting other people as separate yet trustworthy and helpful.

Narcissistic children develop (often precociously) an awareness of separation from the object, yet they appear unable to identify with the lost symbiotic object and to internalize a stable, helpful parental image. Such identifications and internalizations, as I previously discussed, normally promote real (as opposed to illusory) competence and autonomy.

Some of these children do indeed experience brutality, neglect, loss, and deprivation in their upbringing. For many, their very survival seems predicated on a precocious development of self-reliance and self-nurturing capacities. Some narcissistic children, on the other hand, appear to have had reasonably "good enough" parenting. Nevertheless, they feel pushed into precocious self-sufficiency (or an illusion of self-sufficiency) and premature closure of dependency. Grandiosity emerges in their illusions of not needing anyone and of controlling every aspect of themselves and their environment. Sometimes the grandiosity is hidden by a facade of shyness and efforts to please, and at other times it is attached to someone in whose glory these children bask. Most surely, the rich fantasy life of these children reveals their need for omnipotent control.

Typical fantasy themes of narcissistic children are the acquisition of unlimited wealth or power, perfect beauty, or universal acclaim. Although aware that their fantasies blatantly falsify reality, they reluctantly abandon this illusory world and insist on treating reality arbitrarily. Better organized narcissistic children develop a fantasy life that parallels their superficial adherence to reality constraints. Less organized (borderline) narcissistic children exhibit outrageous efforts to prevent reality from disturbing their fantasies, as if to say: "I know what is real, but I want to ignore it and behave as if I believe my own falsification of reality." Fantasy becomes an "intermediate area of experience" (Winnicott 1951, p. 230). These children formally acknowledge reality yet perpetuate the illusion that they control the environment and can either accept or repudiate certain aspects of internal or external reality.



### ***Stable Self-Esteem and Reliance on External Approval***

By midlatency most children develop an internally validated sense of self-worth. While external confirmation continues to be crucially important, they can experience themselves as worthy and valuable despite momentary failures, rejections, or losses, or the lack of external appreciation. They acquire a relatively stable self-esteem that protects them from violent oscillations in the affective coloring of their self-experience.

Narcissistic children are seriously compromised in accomplishing this developmental task. No matter how haughty and self-assured they may appear, they can plunge abruptly into feelings of ignominy, failure, and worthlessness. A semblance of self-worth requires an endless supply of attention, approval, and admiration. Thus, they anxiously scan the environment, alert to whether they are eliciting admiration or are failing in the eyes of other people.

Narcissistic children feel compelled to meet exorbitant demands for perfection. To them, the world is a vast courtroom where an implacable jury constantly judges whether they have passed or failed the test of perfection—perfection, of course, defined not by their own standards but by those of others.

By virtue of their beauty, cleverness, or talent, some narcissistic children are able to secure some—but never enough—vitally needed admiration. In fact, success only perpetuates an impossible dilemma: to feel good, they require external approval; yet dependency on others threatens these children, whose grandiosity and fear of vulnerability necessitate the illusion of independence. Furthermore, they feel admired for their ability to meet other people's standards and expectations, rather than for being the persons they really are. Thus, their alienation from authenticity intensifies with each new experience.

Sam, an impish boy of six, exemplifies this dilemma. Although he insisted that people admire his drawings and play, whenever an "admiring spectator" gave any hint of turning into an active participant, Sam would pretend to become a skunk, whose terrible smell was meant to chase people away. The "skunk play" served as a compromise between his need for distance and his need for admiration. The play also hinted that Sam believed a fetid essence lurked behind his facade of superficial charm. Interestingly, when the treatment team insisted on participating in Sam's play and life, he literally became a skunk, soiling and urinating in his room to keep people away.



### ***Object Relations and Coping with Stress, Conflict, and Vulnerability***

A crucial developmental acquisition of latency-age children is the ability to withstand stress and conflict without undue regression. To deal with painful, distressing, or dangerous feelings or wishes, they intellectualize, repress, displace, and symbolize (Sarnoff 1976). By consolidating repression, children can keep conflicts sufficiently distant from their own awareness to avoid disrupting their activities. Thus, fantasy and play become effective mechanisms for mastering traumatic experiences, relieving tension, expressing feelings, concerns, and ideas, and finding more adaptive solutions to life's dilemmas.

During latency, children gain an enhanced ability to understand what is happening in them and in their environment, as well as cause-and-effect relationships—with some independence from their feelings, needs, and wishes. Thus, cognition becomes a powerful tool to find meaning and give coherence to experiences, countering feelings of helplessness. Finally, latency-age children normally take that giant leap from the contained world of their family to the wider world outside the home. Success in this endeavor results in the establishment of a system of peer relationships that provide alternative sources of support and identification. When threatened, latency-age children can find comfort and safety among their peers and in peer activities. Thus, by midlatency, most children use coping mechanisms that reflect their developmental accomplishments. They avoid regression and disorganization by intellectualizing, by aggressively asserting their competence (at times colored with courage and bravado), by reaching out to others for help, or by thrusting themselves into frantic activity.

In contrast, narcissistic children experience marked fluctuations in ego functioning when facing danger situations. Regression and deterioration of ego functioning are ever-present threats, rendered even more catastrophic by fears of increased helplessness, loss of control, and greater dependency. "Playing crazy" (Cain 1964) is a typical defensive maneuver of narcissistic children: they actively provoke what they fear to experience passively. By this maneuver, they attempt to master, through a controlled "craziness," the otherwise terrifying experiences of regressive fluctuation in ego functioning, lack of interpersonal controls, and precarious sense of identity.



Narcissistic children do not believe that the environment is capable of containing, supporting, soothing, protecting, or setting limits for them (Kohut 1966, 1968, 1972, 1977; Modell 1968). Also, they do not expect people to notice them, understand them, take them seriously, respect them, or respond to them as persons in their own right. But rather than grieving over such a dismal view of the world, narcissistic children accept it without regret. To avoid despair, they sever any emotional connection with experiences of themselves as helpless, rejected, dependent, hungry, lonely, terrified, frustrated, shamed, or grieving.

Billy remembers his father's beatings; Pamela recalls rejection, desertion, and sexual abuse. Although they can remember the events of abuse, neglect, and lack of empathy in explicit detail, these children do not have access to the affects that accompanied these experiences. Equally unavailable are their own wishes for dependency, closeness, protection, and empathy. Rinsley (1984) describes this process of the isolation of affect in narcissistic children as "the early formation of an obsessional character structure" (p. 5).

One extreme—and most effective—maneuver narcissistic children use to disown, disclaim, and deny dependency needs is the development of an internal self-representation that opposes any sense of helplessness or vulnerability: the grandiose self. They can then deny the valuable, nurturing, protective aspects of the environment, which elicit dependency wishes and envy, and project their own helpless and vulnerable image onto other people. This defensive sequence involves splitting, denial, projection, and identification with an ideal object (Kernberg 1970, 1975). Relying on these defenses colors these children's adjustment and distorts their experience of reality and interpersonal relationships.

Narcissistic children have enormous difficulty expressing and experiencing genuine love, gratitude, and interest in people. Although they can be quite charming and seductive in securing admiration or attention, they devalue other people and contemptuously perceive them as incompetent and unable to offer them anything valuable.

Envy, shame, and fear of humiliation are powerful factors in the emotional life of narcissistic children. Kernberg (1975) points out that narcissistic patients envy other people "who seem to have things they do not have or who simply enjoy their lives" (p. 228).

Liz, an 8-year-old girl, grew increasingly restless as she began to like me and to appreciate my efforts to help her. She began one session by telling



me that Blondie, a stuffed dog and her inseparable companion, was feeling "not too whippy." She then proceeded to methodically dismember a clay figure she had made to represent me, all the while exclaiming, "Oops, you lost your head," and so on, until she literally pulled the figure to pieces.

During subsequent sessions, Liz was convinced I hated her and was about to attack her. At one point, she set the stage for a confrontation with me. She was riding her bicycle with other children when our session was to start. When I reminded her of our appointment, she started crying and accused me of "always spoiling her fun." She ran ahead of me to the office and sat facing the wall, saying that I hated her and that she knew I took all my other patients for rides in my car, bought them ice cream, and had fun with them, while she was forced to meet with me in my "crummy office." She ended her tirade by warning me that she would tell her parents about my "misbehavior" and have me fired from my job.

Liz's awareness that I had something good and desirable to offer triggered painful feelings of greed, envy, and jealousy in her. Rather than enjoying what I could offer, she had to spoil everything even if that meant depriving herself. Feeling deprived, however, enraged her. She projected her anger onto me to make it appear as if I attacked and deprived her, nurtured other children but not her, and spoiled her pleasure. She completed the cycle with a feeble yet typical attempt to create an illusion of omnipotent control: to defeat me, she would summon figures even more powerful than me.

Narcissistic children experience shame associated with intense fears of imperfection, concerns about bodily integrity and appearance, and anxieties about being humiliated if others notice their "imperfections." Such concerns are related to a "concretization" of psychic reality (Jacobson 1964). In other words, narcissistic children experience anxieties, feelings of inadequacy, and other psychological manifestations as visible, concrete qualities or objects others can "see" but that can be made to disappear by closing one's eyes or keeping them out of sight. The concretization of psychic reality attests to yet another developmental failure of narcissistic children, one related to the as-if quality of their identity: other people also become mere facades with no internal psychic reality.

### **Goals and Ideals**

Another crucial developmental task of latency-age children is the construction of an internal set of rules on what is right and what is wrong.



Children develop an internalized set of goals, standards, moral prohibitions, and demands that constitute the direction-giving, enforcing, and self-critical functions of the superego (Hartmann & Lowenstein 1962). Typically, children experience guilt for transgressing these internalized rules even if there is no external pressure to comply with them.

Narcissistic children—even those who generally behave appropriately—lie, cheat, and exploit as long as they think they can get away with it. For them, moral rules are not relatively abstract internal injunctions and prohibitions; instead, they are concretized as reproachful and punishing adults. For example, Pete could talk without a hint of guilt about his wishes to kill his stepfather, and the “small assassins” Tooley (1975) described coldly and calculatedly planned and executed murderous assaults against their younger siblings. These children seem to believe they are entitled to use, manipulate, exploit, and take revenge against others; in general, they feel they can do whatever they want, with no constraints of guilt or conventional morality. They believe their special role within their families justifies their disregard of usual norms and prohibitions.

Moral development comprises not only internalization of goals and rules but also modulation of demands and prohibitions, which then become more realistic and flexible. In addition to lacking internal norms, narcissistic children also expect others to be ruthless, brutal, inflexible, and to lack compassion when they discover the failures or inadequacies of these children. It matters little whether the “crime” is a murderous assault against a sibling or an inability to handle a ground ball at the Saturday afternoon ball game; the expected consequence of failing is equally terrible. These children are caught between their efforts to defeat the demands for perfection they perceive and their fear of horrible retaliation and utter humiliation if they fail to meet those demands. At the same time, narcissistic children fear that if they please other people by complying with their demands, they will also hurt themselves. Meeting today’s requirements only increases tomorrow’s expectations. Ultimately, these children fear they will deplete themselves by trying to please other people, whom they perceive as ruthless, inexhaustible, voracious, and tyrannical.

### ***Integration of Language and Cognitive Development***

As latency-age children learn to coordinate different aspects of language and cognitive development, they are able to grasp reality in a



concrete, yet more realistic and less self-centered manner. Narcissistic children may be quite impressive, but their real accomplishments and school performance often fail to meet the brilliant promise suggested by their superficial charm and apparent creativity. In reality, their verbal cleverness is empty intellectualizations and plays with words that hide their poor grasp of concepts, limited capacity for sustained attention, and difficulties solving real problems or communicating thoughts and feelings effectively.

Language develops precociously in many narcissistic children. What may be a constitutional gift for language development and verbal expression is reinforced by parents who need the child as a companion, a protector, or a source of pride. However, as convincing and charming as it may be, language that is not coordinated with other ego functions usually becomes little more than a means for manipulation and exhibitionistic gratification, a weapon to avoid closeness, and a defense against envy, anxiety, and shame.

Cognitive functioning in narcissistic children (particularly in borderline-narcissistic children) may also be disrupted by their reliance on primitive defensive operations that interfere with logical thinking and awareness of internal and external reality. Some narcissistic children—perhaps a specific subgroup—have specific learning disabilities and constitutional deficits that prevent them from focusing attention. Other narcissistic children appear constitutionally vulnerable to difficulties in modulating and regulating affects.

### Conclusion

Narcissistic difficulties are the central factor in the lives and maladjustment of certain children. These children are brought for treatment for a variety of problems, but in spite of vast differences in symptomatic presentation and interpersonal adjustment, they share common features when seen against the background of developmental tasks. Therefore, a developmental assessment provides a reliable basis for diagnosing narcissistic children. Because their symptoms are not specific, may shift over time, and may be similar to those of borderline and psychotic children, a developmental formulation can reveal specific factors in these children that determined a particular pathological configuration of ego functions, sense of self, and object relations. Clarifying the specific pathogenesis



of this developmental picture requires further study and careful assessment of constitutional and genetic givens as well as familial and psychodynamic factors. At the present time, the diversity of behavior, interpersonal adjustment, and structural integration suggest a range of disorders along a clinical continuum (Adler 1981; Rinsley 1980a, 1980b).

An understanding of the developmental tasks that narcissistic children fail to negotiate also provides a helpful guide for their treatment. A developmentally based treatment can be conceptualized as an integrated series of interventions designed to help these children accomplish the tasks of their own development. Needless to say, no conceptual model is sufficient to explain the predicament of often gifted children who plunge into a life of lonely, empty, angry, and envious alienation.

### References

- ADLER, GERALD. 1981. The Borderline-Narcissistic Personality Disorder Continuum. *Am. J. Psychiatry* 138:46-50.
- CAIN, A. C. 1964. On the Meaning of "Playing Crazy" in Borderline Children. *Psychiatry* 27:278-89.
- DEUTSCH, HELENE. 1942. Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia. *Psychoanal. Q.* 11:301-21.
- ERIKSON, E. H. 1959. *Identity and the Life Cycle* (Psychological Issues, Vol. 1, No. 1, Monogr. 1). New York: International Universities Press.
- HARTMANN, HEINZ & LOEWENSTEIN, R. M. 1962. Notes on the Superego. *Psychoanal. Study Child* 17:42-81.
- JACOBSON, EDITH. 1964. *The Self and the Object World*. New York: International Universities Press.
- KERNBERG, O. F. 1970. A Psychoanalytic Classification of Character Pathology. *J. Am. Psychoanal. Assoc.* 18:800-22.
- . 1975. *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.
- KOHUT, HEINZ. 1966. Forms and Transformations of Narcissism. *J. Am. Psychoanal. Assoc.* 14:243-72.
- . 1968. The Psychoanalytic Treatment of Narcissistic Personality Disorders: Outline of a Systematic Approach. *Psychoanal. Study Child* 23:86-113.
- . 1972. Thoughts on Narcissism and Narcissistic Rage. *Psychoanal. Study Child* 27:360-400.
- . 1977. *The Restoration of the Self*. New York: International Universities Press.
- LASCH, CHRISTOPHER. 1978. *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. New York: W. W. Norton.
- MAHLER, M. S. & KAPLAN, LOUISE. 1977. Developmental Aspects in the Assessment of Narcissistic and So-called Borderline Personalities. In *Borderline Personality Disorders: The Concept, the Syndrome, the Patient*, Peter Hartocollis, ed., pp. 71-85. New York: International Universities Press.



- MAHLER, M. S. ET AL. 1975. *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. New York: Basic Books.
- MILLER, ALICE. 1981. *Prisoner of Childhood*, Ruth Ward, tr. New York: Basic Books.
- MODELL, A. H. 1968. *Object Love and Reality: An Introduction to a Psychoanalytic Theory of Object Relations*. New York: International Universities Press.
- ORNSTEIN, ANNA. 1981. Self-Pathology in Childhood: Developmental and Clinical Considerations. *Psychiatr. Clin. North America* 4:435-53.
- RINSLEY, D. B. 1980a. The Developmental Etiology of Borderline and Narcissistic Disorders. *Bull. Menninger Clin.* 44:127-34.
- . 1980b. Diagnosis and Treatment of Borderline and Narcissistic Children and Adolescents. *Bull. Menninger Clin.* 44:147-70.
- . 1984. Notes on the Pathogenesis and Nosology of Borderline and Narcissistic Personality Disorders. Unpublished manuscript.
- SARNOFF, C. A. 1976. *Latency*. New York: Jason Aronson.
- SEGAL, N. P. 1981. Narcissism and Adaptation to Indignity. *Int. J. Psychoanal.* 62:465-76.
- STOLOROW, R. D. & LACHMANN, F. M. 1980. *Psychoanalysis of Developmental Arrests: Theory and Treatment*. New York: International Universities Press.
- TOOLEY, KAY. 1975. The Small Assassins: Clinical Notes on a Subgroup of Murderous Children. *J. Am. Acad. Child Psychiatry* 14:306-18.
- WINNICOTT, D. W. 1951. Transitional Objects and Transitional Phenomena: A Study of the First Not-Me Possession. In *Collected Papers: Through Paediatrics to Psychoanalysis*, pp. 229-42. London: Tavistock, 1958.
- . 1960. Ego Distortion in Terms of True and False Self. In *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*, pp. 140-52. New York: International Universities Press, 1965.
- YATES, ALAYNE. 1981. Narcissistic Traits in Certain Abused Children. *Am. J. Orthopsychiatry* 51:55-62.