

***The Developmental  
Psychology of  
Psychopathology***

2nd EDITION

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*A Narcissus Publications Imprint, Skopje 2006*

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# CONTENTS

## A. *Notes on Developmental Psychology*

[Brain and Personality](#)

[Psychosexual Stages of Development](#)

[Gender and Personality Disorders](#)

[The Genetic Roots of Personality Disorders](#)

[Defense Mechanisms](#)

## B. *Topics in Developmental Psychology*

[The Narcissistic Parent](#)

[The Narcissist's Mother](#)

[Born Alien](#)

[Parenting – The Irrational Vocation](#)

[The Development of Narcissists and Schizoids](#)

[Serial Killers](#)

[Sex, or Gender](#)

[The Natural roots of Sexuality](#)

[The Incest Taboo](#)

[The Roots of Pedophilia](#)

[Homosexual and Transsexual Narcissists](#)

[The Insanity of the Defense](#)

[The Author](#)

*Notes on Developmental  
Psychology*

## ***Brain and Personality***

***First published here: ["Personality Disorders \(Suite101\)"](#)***

***By: [Dr. Sam Vaknin](#)***

Phineas Gage was a 25 years old construction foreman who lived in Vermont in the 1860s. While working on a railroad bed, he packed powdered explosives into a hole in the ground, using tamping iron. The powder heated and blew in his face. The tamping iron rebounded and pierced the top of his skull, ravaging the frontal lobes.

In 1868, Harlow, his doctor, reported the changes to his personality following the accident:

He became "fitful, irreverent, indulging at times in the grossest profanity (which was not previously his customs), manifesting but little deference to his fellows, impatient of restraint or advice when it conflicts with his desires, at times pertinaciously obstinate yet capricious and vacillating, devising many plans for future operation which are no sooner arranged than they are abandoned in turn for others appearing more feasible ... His mind was radically changed, so that his friends and acquaintances said he was no longer Gage."

In other words, his brain injury turned him into a psychopathic narcissist.

Similarly startling transformation have been recorded among soldiers with penetrating head injuries suffered in World War I. Orbitomedial wounds made people "pseudopsychopathic": grandiose, euphoric, disinhibited,

and puerile. When the dorsolateral convexities were damaged, those affected became lethargic and apathetic ("pseudodepressed"). As Geschwind noted, many had both syndromes.

The DSM is clear: the brain-injured may acquire traits and behaviors typical of certain personality disorders but head trauma never results in a full-fledged personality disorder.

"General diagnostic criteria for a personality disorder: F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma)." (DSM-IV-TR, p.689)

From my book ["Malignant Self-love - Narcissism Revisited"](#):

*"It is conceivable, though, that a third, unrelated problem causes chemical imbalances in the brain, metabolic diseases such as diabetes, pathological narcissism, and other mental health syndromes. There may be a common cause, a hidden common denominator (perhaps a group of genes).*

*Certain medical conditions can activate the narcissistic defense mechanism. Chronic ailments are likely to lead*

*to the emergence of narcissistic traits or a narcissistic personality style. Traumas (such as brain injuries) have been known to induce states of mind akin to full-blown personality disorders. Such "narcissism", though, is reversible and tends to be ameliorated or disappear altogether when the underlying medical problem does. Other disorders, like the Bipolar Disorder (mania-depression) are characterised by mood swings that are not brought about by external events (endogenous, not exogenous). But the narcissist's mood swings are strictly the results of external events (as he perceives and interprets them, of course).*

*But phenomena, which are often associated with NPD (Narcissistic Personality Disorder), such as depression or OCD (obsessive-compulsive disorder), are treated with medication. Rumour has it that SSRI's (such as Fluoxetine, known as Prozac) might have adverse effects if the primary disorder is NPD. They sometimes lead to the Serotonin syndrome, which includes agitation and exacerbates the rage attacks typical of a narcissist. The use of SSRI's is associated at times with delirium and the emergence of a manic phase and even with psychotic microepisodes.*

*This is not the case with the heterocyclics, MAO and mood stabilisers, such as lithium. Blockers and*

*inhibitors are regularly applied without discernible adverse side effects (as far as NPD is concerned).*

*Not enough is known about the biochemistry of NPD. There seems to be some vague link to Serotonin but no one knows for sure. There isn't a reliable non-intrusive method to measure brain and central nervous system Serotonin levels anyhow, so it is mostly guesswork at this stage."*

Read more about Narcissism and the Bipolar Disorder - click [HERE!](#)

Read more about Narcissism and Asperger's Disorder - click [HERE!](#)

[Back to Table of Contents](#)

## ***Psychosexual Stages of Personal Development***

***First published here: ["Personality Disorders \(Suite101\)"](#)***

***By: [Dr. Sam Vaknin](#)***

The Viennese neurologist, Sigmund Freud, was among the first to offer a model of psychological development in early childhood (within the framework of psychoanalysis). He closely linked the sex drive (libido) to the formation of personality and described five psychosexual stages, four of which are centered around various erogenous zones in the body.

The pursuit of pleasure ("the pleasure principle") and the avoidance of pain drive the infant to explore his or her self and the world at large. Pleasure is inextricably linked to sexual gratification. In the oral phase (from birth to 24 months), the baby focuses on the tongue, lips, and mouth and derives gratification from breast feeding, thumb sucking, biting, swallowing, and other oral exploratory activities.

This is naturally followed by the anal stage (24 to 36 months). The baby immensely enjoys defecation and related bowel movements. But it is also the first time in his or her life that the toddler is subjected to the censure and displeasure of caretakers. Hitherto unconditionally adoring adults now demand that the infant delay gratification, relieve himself only in the bathroom, and not play with his feces. This experience - of hitherto unprecedented adult approbation - can be traumatic.

The phallic stage (age 3 to 6 years) involves the discovery of the penis and clitoris as foci of pleasurable experience. This tantalizing novelty is coupled with sexual desire directed at the parent of the opposite sex (boys are attracted to their mothers and girls, to their fathers). The child overtly and covertly competes with the same-sex parent for the desired parent's attention: boys joust with their fathers and girls with their mothers. These are the famous Oedipal and Electra complexes.

If the parent is insufficiently mature or narcissistic and encourages the attentions of the child in acts of covert (emotional) and overt (physical) incest, it could lead to the development of certain mental health disorders, among them the Histrionic, Narcissistic, and Borderline personality disorders. Doting, over-indulgence, and smothering are, therefore, forms of child abuse. Sexual innuendo, treating the child as an adult or substitute partner, or regarding one's offspring as an extension of one's self also constitute abusive conduct.

The phallic stage is followed by 6 to 7 years of latent sexuality that is rekindled in puberty. Adolescence is a period of personal development labeled by Freud the genital phase. In the previous rungs of psychosexual evolution, the child's own body was the source of sexual pleasure. Hitherto, the adolescent and young adult seeks sexual gratification from and invests sexual energy in others. This object-relatedness is what we call mature love.

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*Also read these:*

*The Pathology of Love - click [HERE!](#)*

*In Defense of Psychoanalysis - click [HERE!](#)*

*On Incest - click [HERE!](#)*

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*Many additional Frequently Asked Questions (FAQs)  
about Personality Disorders - click [HERE!](#)*

*[Back to Table of Contents](#)*

***Gender Bias  
In Diagnosing Personality Disorders***

***First published here: ["Personality Disorders \(Suite101\)"](#)***

***By: [Dr. Sam Vaknin](#)***

Ever since Freud, more women than men sought therapy. Consequently, terms like 'hysteria' are intimately connected to female physiology and alleged female psychology. The DSM (Diagnostic and Statistical Manual, the bible of the psychiatric profession) expressly professes gender bias: personality disorders such as Borderline and Histrionic are supposed to be more common among women. but the DSM is rather even-handed: other personality disorders (e.g., the Narcissistic and Antisocial as well as the Schizotypal, Obsessive-Compulsive, Schizoid, and Paranoid) are more prevalent among men.

Why this gender disparity? There are a few possible answers:

Maybe personality disorders are not objective clinical entities, but culture-bound syndromes. In other words, perhaps they reflect biases and value judgments. Some patriarchal societies are also narcissistic. They emphasize qualities such as individualism and ambition, often identified with virility. Hence the preponderance of pathological narcissism among men. Women, on the other hand, are widely believed to be emotionally labile and clinging. This is why most Borderlines and Dependents are females.

Upbringing and environment, the process of socialization

and cultural mores all play an important role in the pathogenesis of personality disorders. These views are not fringe: serious scholars (e.g., Kaplan and Pantony, 1991) claim that the mental health profession is inherently sexist.

Then again, genetics may be is at work. Men and women do differ genetically. This may account for the variability of the occurrence of specific personality disorders in men and women.

Some of the diagnostic criteria are ambiguous or even considered "normal" by the majority of the population. Histrionics "consistently use physical appearance to draw attention to self." Well, who doesn't in Western society? Why when a woman clings to a man it is labeled "codependence", but when a man relies on a woman to maintain his home, take care of his children, choose his attire, and prop his ego it is "companionship" (Walker, 1994)?

The less structured the interview and the more fuzzy the diagnostic criteria, the more the diagnostician relies on stereotypes (Widiger, 1998).

Quotes from the Literature

***"Specifically, past research suggests that exploitive tendencies and open displays of feelings of entitlement will be less integral to narcissism for females than for males. For females such displays may carry a greater possibility of negative social sanctions because they would violate stereotypical gender-role expectancies for women, who are expected to engage in such positive social behavior as being tender, compassionate, warm,***

*sympathetic, sensitive, and understanding.*

*In females, Exploiteness/Entitlement is less well-integrated with the other components of narcissism as measured by the Narcissistic Personality Inventory (NPI) - Leadership/Authority, Self-absorption/Self-admiration, and Superiority/Arrogance- than in males - though 'male and female narcissists in general showed striking similarities in the manner in which most of the facets of narcissism were integrated with each other'."*

*Gender differences in the structure of narcissism: a multi-sample analysis of the narcissistic personality inventory - Brian T. Tschanz, Carolyn C. Morf, Charles W. Turner - Sex Roles: A Journal of Research - Issue: May, 1998*

*"Women leaders are evaluated negatively if they exercise their authority and are perceived as autocratic."*

*Eagly, A. H., Makhijani, M. G., & Klonsky, B. G. (1992). Gender and the evaluation of leaders: A meta-analysis. Psychological Bulletin, 111, 3-22, and ...*

*Butler, D., & Gels, F. L. (1990). Nonverbal affect responses to male and female leaders: Implications for leadership evaluations. Journal of Personality and Social Psychology, 58, 48-59.*

*"Competent women must also appear to be sociable and likable in order to influence men - men must only appear to be competent to achieve the same results with both genders."*

*Carli, L. L., Lafleur, S. J., & Loeber, C. C. (1995).*

*Nonverbal behavior, gender, and influence. Journal of Personality and Social Psychology, 68, 1030-1041.*

*Gender and the Narcissist - click [HERE!](#)*

*Homosexual and Transsexual Narcissists - click [HERE!](#)*

*Sex and Gender - click [HERE!](#)*

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[\*Back to Table of Contents\*](#)

## *Genetics and Personality Disorders*

*First published here: ["Personality Disorders \(Suite101\)"](#)*

*By: [Dr. Sam Vaknin](#)*

Are personality disorders the outcomes of inherited traits? Are they brought on by abusive and traumatizing upbringing? Or, maybe they are the sad results of the confluence of both?

To identify the role of heredity, researchers have resorted to a few tactics: they studied the occurrence of similar psychopathologies in identical twins separated at birth, in twins and siblings who grew up in the same environment, and in relatives of patients (usually across a few generations of an extended family).

Tellingly, twins - both those raised apart and together - show the same correlation of personality traits, 0.5 (Bouchard, Lykken, McGue, Segal, and Tellegan, 1990). Even attitudes, values, and interests have been shown to be highly affected by genetic factors (Waller, Kojetin, Bouchard, Lykken, et al., 1990).

A review of the literature demonstrates that the genetic component in certain personality disorders (mainly the Antisocial and Schizotypal) is strong (Thapar and McGuffin, 1993). Nigg and Goldsmith found a connection in 1993 between the Schizoid and Paranoid personality disorders and schizophrenia.

The three authors of the Dimensional Assessment of Personality Pathology (Livesley, Jackson, and Schroeder) joined forces with Jang in 1993 to study whether 18 of the

personality dimensions were heritable. They found that 40 to 60% of the recurrence of certain personality traits across generations can be explained by heredity: anxiousness, callousness, cognitive distortion, compulsivity, identity problems, oppositionality, rejection, restricted expression, social avoidance, stimulus seeking, and suspiciousness. Each and every one of these qualities is associated with a personality disorder. In a roundabout way, therefore, this study supports the hypothesis that personality disorders are hereditary.

This would go a long way towards explaining why in the same family, with the same set of parents and an identical emotional environment, some siblings grow to have personality disorders, while others are perfectly "normal". Surely, this indicates a genetic predisposition of some people to developing personality disorders.

Still, this oft-touted distinction between nature and nurture may be merely a question of semantics.

As I wrote in my book, ["Malignant Self Love - Narcissism Revisited"](#):

***"When we are born, we are not much more than the sum of our genes and their manifestations. Our brain - a physical object - is the residence of mental health and its disorders. Mental illness cannot be explained without resorting to the body and, especially, to the brain. And our brain cannot be contemplated without considering our genes. Thus, any explanation of our mental life that leaves out our hereditary makeup and our neurophysiology is lacking. Such lacking theories are nothing but literary narratives. Psychoanalysis, for instance, is often accused of being divorced from***

*corporeal reality.*

*Our genetic baggage makes us resemble a personal computer. We are an all-purpose, universal, machine. Subject to the right programming (conditioning, socialization, education, upbringing) - we can turn out to be anything and everything. A computer can imitate any other kind of discrete machine, given the right software. It can play music, screen movies, calculate, print, paint. Compare this to a television set - it is constructed and expected to do one, and only one, thing. It has a single purpose and a unitary function. We, humans, are more like computers than like television sets.*

*True, single genes rarely account for any behavior or trait. An array of coordinated genes is required to explain even the minutest human phenomenon. "Discoveries" of a "gambling gene" here and an "aggression gene" there are derided by the more serious and less publicity-prone scholars. Yet, it would seem that even complex behaviors such as risk taking, reckless driving, and compulsive shopping have genetic underpinnings."*

### **Read More**

Liveslye, W.J., Jank, K.L., Jackson, B.N., Vernon, P.A.. 1993. Genetic and environmental contributions to dimensions of personality disorders. Am. J. Psychiatry. 150(O12):1826-31.

*On Dis-ease - click [HERE!](#)*

*The Interrupted Self - click [HERE!](#)*

*The Genetic Roots of Narcissism - Click [HERE!](#)*

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*Many additional Frequently Asked Questions (FAQs)  
about Personality Disorders - click [HERE!](#)*

*[Back to Table of Contents](#)*

## *Defense Mechanisms*

*First published here: ["Personality Disorders \(Suite101\)"](#)*

*By: [Dr. Sam Vaknin](#)*

According to Freud and his followers, our psyche is a battlefield between instinctual urges and drives (the id), the constraints imposed by reality on the gratification of these impulses (the ego), and the norms of society (the superego). This constant infighting generates what Freud called "neurotic anxiety" (fear of losing control) and "moral anxiety" (guilt and shame).

But these are not the only types of anxiety. "Reality anxiety" is the fear of genuine threats and it combines with the other two to yield a morbid and surrealistic inner landscape.

These multiple, recurrent, "mini-panics" are potentially intolerable, overwhelming, and destructive. Hence the need to defend against them. There are dozens of defense mechanisms. The most common among them:

### *Acting Out*

When an inner conflict (most often, frustration) translates into aggression. It involves acting with little or no insight or reflection and in order to attract attention and disrupt other people's cosy lives.

### *Denial*

Perhaps the most primitive and best known defense mechanism. People simply ignore unpleasant facts, they filter out data and content that contravene their self-image, prejudices, and preconceived notions of others and of the world.

### ***Devaluation***

Attributing negative or inferior traits or qualifiers to self or others. This is done in order to punish the person devalued and to mitigate his or her impact on and importance to the devaluer. When the self is devalued, it is a self-defeating and self-destructive act.

### ***Displacement***

When we cannot confront the real sources of our frustration, pain, and envy, we tend to pick a fight with someone weaker or irrelevant and, thus, less menacing. Children often do it because they perceive conflicts with parents and caregivers as life-threatening. Instead, they go out and torment the cat or bully someone at school or lash out at their siblings.

### ***Dissociation***

Our mental existence is continuous. We maintain a seamless flow of memories, consciousness, perception, and representation of both inner and external worlds. When we face horrors and unbearable truths, we sometimes "disengage". We lose track of space, time, and the continuum of our identity. We become "someone else" with minimal awareness of our surroundings, of incoming information, and of circumstances. In extreme cases, some

people develop a permanently rent personality and this is known as "Dissociative Identity Disorder (DID)".

### ***Fantasy***

Everyone fantasizes now and then. It helps to fend off the dreariness and drabness of everyday life and to plan for an uncertain future. But when fantasy becomes a central feature of grappling with conflict, it is pathological. Seeking gratification - the satisfaction of drives or desires - mainly by fantasizing is an unhealthy defense. Narcissists, for instance, often indulge in grandiose fantasies which are incommensurate with their accomplishments and abilities. Such fantasy life retards personal growth and development because it substitutes for true coping.

### ***Idealization***

Another defense mechanism in the arsenal of the narcissist (and, to lesser degree, the Borderline and Histrionic) is the attribution of positive, glowing, and superior traits to self and (more commonly) to others. Again, what differentiates the healthy from the pathological is the reality test. Imputing positive characteristics to self or others is good, but only if the attributed qualities are real and grounded in a firm grasp of what's true and what's not.

### ***Isolation of Affect***

Cognition (thoughts, concepts, ideas) is never divorced from emotion. Conflict can be avoided by separating the cognitive content (for instance, a disturbing or depressing idea) from its emotional correlate. The subject is fully

aware of the facts or of the intellectual dimensions of a problematic situation but feels numb. Casting away threatening and discomfiting feelings is a potent way of coping with conflict in the short-term. It is only when it become habitual that it rendered self-defeating.

### ***Omnipotence***

When one has a pervading sense and image of oneself as incredibly powerful, superior, irresistible, intelligent, or influential. This is not an adopted affectation but an ingrained, ineradicable inner conviction which borders on magical thinking. It is intended to fend off expected hurt in having to acknowledge one's shortcomings, inadequacies, or limitations.

### ***Projection***

We all have an image of how we "should be". Freud called it the "Ego Ideal". But sometimes we experience emotions and drives or have personal qualities which don't sit well with this idealized construct. Projection is when we attribute to others these unacceptable, discomfiting, and ill-fitting feelings and traits that we possess. This way we disown these discordant features and secure the right to criticize and chastise others for having or displaying them. When entire collectives (nations, groups, organizations, firms) project, Freud calls it the Narcissism of Small Differences.

### ***Projective Identification***

Projection is unconscious. People are rarely aware that they are projecting onto others their own ego-dystonic and unpleasant characteristics and feelings. But, sometimes,

the projected content is retained in the subject's awareness. This creates a conflict. On the one hand, the patient cannot admit that the emotions, traits, reactions, and behaviors that he so condemns in others are really his. On the other hand, he can't help but being self-aware. He fails to erase from his consciousness the painful realization that he is merely projecting.

So, instead of denying it, the subject explains unpleasant emotions and unacceptable conduct as reactions to the recipient's behavior. "She made me do it!" is the battle cry of projective identification.

We all have expectations regarding the world and its denizens. Some people expect to be loved and appreciated - others to be feared and abused. The latter behave obnoxiously and thus force their nearest and dearest to hate, fear, and "abuse" them. Thus vindicated, their expectations fulfilled, they calm down. The world is rendered once more familiar by making other people behave the way they expect them to. "I knew you would cheat on me! It was clear I couldn't trust you!"

### ***Rationalization or Intellectualization***

To cast one's behavior after the fact in a favorable light. To justify and explain one's conduct or, more often, misconduct by resorting to "rational, logical, socially-acceptable" explications and excuses. Rationalization is also used to re-establish ego-syntony (inner peace and self-acceptance).

Though not strictly a defense mechanism, cognitive dissonance may be considered a variant of rationalization. It involves the devaluation of things and people very

much desired but frustratingly out of one's reach and control. In a famous fable, a fox, unable to snag the luscious grapes he covets, says: "these grapes are probably sour anyhow!". This is an example of cognitive dissonance in action.

### ***Reaction Formation***

Adopting a position and mode of conduct that defy personally unacceptable thoughts or impulses by expressing diametrically opposed sentiments and convictions. Example: a latent (closet) homosexual finds his sexual preference deplorable and acutely shameful (ego-dystonic). He resorts to homophobia. He public berates, taunts, and baits homosexuals. Additionally, he may flaunt his heterosexuality by emphasizing his sexual prowess, or by prowling singles bars for easy pick-ups and conquests. This way he contains and avoids his unwelcome homosexuality.

### ***Repression***

The removal from consciousness of forbidden thoughts and wishes. The removed content does not vanish and it remains as potent as ever, fermenting in one's unconscious. It is liable to create inner conflicts and anxiety and provoke other defense mechanisms to cope with these.

### ***Splitting***

This is a "primitive" defense mechanism. In other words, it begins to operate in very early infancy. It involves the inability to integrate contradictory qualities of the same object into a coherent picture. Mother has good qualities

and bad, sometimes she is attentive and caring and sometimes distracted and cold. The baby is unable to grasp the complexities of her personality. Instead, the infant invents two constructs (entities), "Bad Mother" and "Good Mother". It relegates everything likable about mother to the "Good Mother" and contrasts it with "Bad Mother", the repository of everything it dislikes about her.

This means that whenever mother acts nicely, the baby relates to the idealized "Good Mother" and whenever mother fails the test, the baby devalues her by interacting, in its mind, with "Bad Mother". These cycles of idealization followed by devaluation are common in some personality disorders, notably the Narcissistic and Borderline.

Splitting can also apply to one's self. Patients with personality disorders often idealize themselves fantastically and grandiosely, only to harshly devalue, hate, and even harm themselves when they fail or are otherwise frustrated.

***Read more about idealization followed by devaluation - click on the links:***

***<http://www.narcissistic-abuse.com/faq43.html>***

***<http://www.narcissistic-abuse.com/faq44.html>***

***<http://www.narcissistic-abuse.com/devaluediscard.html>***

### ***Sublimation***

The conversion and channelling of unacceptable emotions into socially-condoned behavior. Freud described how

sexual desires and urges are transformed into creative pursuits or politics.

***Undoing***

Trying to rid oneself of gnawing feelings of guilt by compensating the injured party either symbolically or actually.

[\*Back to Table of Contents\*](#)

*Topics in Developmental  
Psychology*

## *The Narcissistic Parent*

By: [Dr. Sam Vaknin](#)

### *Question:*

Is there a "typical" relationship between the narcissist and his family?

### *Answer:*

We are all members of a few families in our lifetime: the one that we are born to and the one(s) that we create. We all transfer hurts, attitudes, fears, hopes and desires – a whole emotional baggage – from the former to the latter. The narcissist is no exception.

The narcissist has a dichotomous view of humanity: humans are either Sources of Narcissistic Supply (and, then, idealised and over-valued) or do not fulfil this function (and, therefore, are valueless, devalued). The narcissist gets all the love that he needs from himself. From the outside he needs approval, affirmation, admiration, adoration, attention – in other words, externalised Ego boundary functions.

He does not require – nor does he seek – his parents' or his siblings' love, or to be loved by his children. He casts them as the audience in the theatre of his inflated grandiosity. He wishes to impress them, shock them, threaten them, infuse them with awe, inspire them, attract their attention, subjugate them, or manipulate them.

He emulates and simulates an entire range of emotions and employs every means to achieve these effects. He lies (narcissists are pathological liars – their very self is a false one). He acts the pitiful, or, its opposite, the resilient and reliable. He stuns and shines with outstanding intellectual, or physical capacities and achievements, or behaviour patterns appreciated by the members of the family. When confronted with (younger) siblings or with his own children, the narcissist is likely to go through three phases:

At first, he perceives his offspring or siblings as a threat to his Narcissistic Supply, such as the attention of his spouse, or mother, as the case may be. They intrude on his turf and invade the Pathological Narcissistic Space. The narcissist does his best to belittle them, hurt (even physically) and humiliate them and then, when these reactions prove ineffective or counter productive, he retreats into an imaginary world of omnipotence. A period of emotional absence and detachment ensues.

His aggression having failed to elicit Narcissistic Supply, the narcissist proceeds to indulge himself in daydreaming, delusions of grandeur, planning of future coups, nostalgia and hurt (the Lost Paradise Syndrome). The narcissist reacts this way to the birth of his children or to the introduction of new foci of attention to the family cell (even to a new pet!).

Whoever the narcissist perceives to be in competition for scarce Narcissistic Supply is relegated to the role of the enemy. Where the uninhibited expression of the aggression and hostility aroused by this predicament is illegitimate or impossible – the narcissist prefers to stay away. Rather than attack his offspring or siblings, he

sometimes immediately disconnects, detaches himself emotionally, becomes cold and uninterested, or directs transformed anger at his mate or at his parents (the more "legitimate" targets).

Other narcissists see the opportunity in the "mishap". They seek to manipulate their parents (or their mate) by "taking over" the newcomer. Such narcissists monopolise their siblings or their newborn children. This way, indirectly, they benefit from the attention directed at the infants. The sibling or offspring become vicarious sources of Narcissistic Supply and proxies for the narcissist.

An example: by being closely identified with his offspring, a narcissistic father secures the grateful admiration of the mother ("What an outstanding father/brother he is"). He also assumes part of or all the credit for baby's/sibling's achievements. This is a process of annexation and assimilation of the other, a strategy that the narcissist makes use of in most of his relationships.

As siblings or progeny grow older, the narcissist begins to see their potential to be edifying, reliable and satisfactory Sources of Narcissistic Supply. His attitude, then, is completely transformed. The former threats have now become promising potentials. He cultivates those whom he trusts to be the most rewarding. He encourages them to idolise him, to adore him, to be awed by him, to admire his deeds and capabilities, to learn to blindly trust and obey him, in short to surrender to his charisma and to become submerged in his follies-de-grandeur.

It is at this stage that the risk of child abuse - up to and including outright incest - is heightened. The narcissist is auto-erotic. He is the preferred object of his own sexual

attraction. His siblings and his children share his genetic material. Molesting or having intercourse with them is as close as the narcissist gets to having sex with himself.

Moreover, the narcissist perceives sex in terms of annexation. The partner is "assimilated" and becomes an extension of the narcissist, a fully controlled and manipulated object. Sex, to the narcissist, is the ultimate act of depersonalization and objectification of the other. He actually masturbates with other people's bodies.

Minors pose little danger of criticizing the narcissist or confronting him. They are perfect, malleable and abundant sources of Narcissistic Supply. The narcissist derives gratification from having coital relations with adulating, physically and mentally inferior, inexperienced and dependent "bodies".

These roles – allocated to them explicitly and demandingly or implicitly and perniciously by the narcissist – are best fulfilled by ones whose mind is not yet fully formed and independent. The older the siblings or offspring, the more they become critical, even judgemental, of the narcissist. They are better able to put into context and perspective his actions, to question his motives, to anticipate his moves.

As they mature, they often refuse to continue to play the mindless pawns in his chess game. They hold grudges against him for what he has done to them in the past, when they were less capable of resistance. They can gauge his true stature, talents and achievements – which, usually, lag far behind the claims that he makes.

This brings the narcissist a full cycle back to the first phase. Again, he perceives his siblings or sons/daughters as threats. He quickly becomes disillusioned and devaluing. He loses all interest, becomes emotionally remote, absent and cold, rejects any effort to communicate with him, citing life pressures and the preciousness and scarceness of his time.

He feels burdened, cornered, besieged, suffocated, and claustrophobic. He wants to get away, to abandon his commitments to people who have become totally useless (or even damaging) to him. He does not understand why he has to support them, or to suffer their company and he believes himself to have been deliberately and ruthlessly trapped.

He rebels either passively-aggressively (by refusing to act or by intentionally sabotaging the relationships) or actively (by being overly critical, aggressive, unpleasant, verbally and psychologically abusive and so on). Slowly – to justify his acts to himself – he gets immersed in conspiracy theories with clear paranoid hues.

To his mind, the members of the family conspire against him, seek to belittle or humiliate or subordinate him, do not understand him, or stymie his growth. The narcissist usually finally gets what he wants and the family that he has created disintegrates to his great sorrow (due to the loss of the Narcissistic Space) – but also to his great relief and surprise (how could they have let go someone as unique as he?).

This is the cycle: the narcissist feels threatened by arrival of new family members – he tries to assimilate or annex of siblings or offspring – he obtains Narcissistic Supply

from them – he overvalues and idealizes these newfound sources – as sources grow older and independent, they adopt anti narcissistic behaviours – the narcissist devalues them – the narcissist feels stifled and trapped – the narcissist becomes paranoid – the narcissist rebels and the family disintegrates.

This cycle characterises not only the family life of the narcissist. It is to be found in other realms of his life (his career, for instance). At work, the narcissist, initially, feels threatened (no one knows him, he is a nobody). Then, he develops a circle of admirers, cronies and friends which he "nurtures and cultivates" in order to obtain Narcissistic Supply from them. He overvalues them (to him, they are the brightest, the most loyal, with the biggest chances to climb the corporate ladder and other superlatives).

But following some anti-narcissistic behaviours on their part (a critical remark, a disagreement, a refusal, however polite) – the narcissist devalues all these previously idealized individuals. Now that they have dared oppose him - they are judged by him to be stupid, cowardly, lacking in ambition, skills and talents, common (the worst expletive in the narcissist's vocabulary), with an unspectacular career ahead of them.

The narcissist feels that he is misallocating his scarce and invaluable resources (for instance, his time). He feels besieged and suffocated. He rebels and erupts in a series of self-defeating and self-destructive behaviours, which lead to the disintegration of his life.

Doomed to build and ruin, attach and detach, appreciate and depreciate, the narcissist is predictable in his "death wish". What sets him apart from other suicidal types is

that his wish is granted to him in small, tormenting doses throughout his anguished life.

### ***Appendix - Custody and Visitation***

A parent diagnosed with full-fledged [Narcissistic Personality Disorder \(NPD\)](#) should be denied custody and be granted only restricted rights of visitation under supervision.

Narcissists accord the same treatment to children and adults. They regard both as sources of narcissistic supply, mere instruments of gratification - idealize them at first and then devalue them in favour of alternative, safer and more subservient, sources. Such treatment is traumatic and can have long-lasting emotional effects.

The narcissist's inability to acknowledge and abide by the personal boundaries set by others puts the child at heightened risk of abuse - verbal, emotional, physical, and, often, sexual. His possessiveness and panoply of indiscriminate negative emotions - transformations of aggression, such as rage and envy - hinder his ability to act as a "good enough" parent. His propensities for reckless behaviour, substance abuse, and sexual deviance endanger the child's welfare, or even his or her life.

*Also read*

[\*Narcissistic Parents\*](#)

[\*Beware the Children\*](#)

[\*Leveraging the Children\*](#)

[\*Tell Your Children the Truth\*](#)

[\*The Roots of Pedophilia\*](#)

[\*The Incest Taboo\*](#)

[\*What is Abuse \(series\)\*](#)

[\*Abuse in the Family \(series\)\*](#)

[\*Parenthood - The Irrational Vocation\*](#)

[\*The Genetic Underpinnings of Narcissism\*](#)

[\*Back to Table of Contents\*](#)

## *The Narcissist's Mother*

By: [Dr. Sam Vaknin](#)

### **A. The Loved Enemies - An Introduction**

An oft-overlooked fact is that the child is not sure that it exists. It avidly absorbs cues from its human environment. "Am I present?", "Am I separate?", "Am I being noticed?" – these are the questions that compete in his mind with his need to merge, to become a part of his caregivers.

Granted, the infant (ages 0 to 2) does not verbally formulate these "thoughts" (which are part cognitive, part instinctual). This nagging uncertainty is more akin to a discomfort, like being thirsty or wet. The infant is torn between its need to differentiate and distinguish its self and its no less urgent urge to assimilate and integrate by being assimilated and integrated.

*"Just as we know, from the point of view of the physiologist, that a child needs to be given certain foods, that he needs to be protected against extreme temperatures, and that the atmosphere he breathes has to contain sufficient oxygen, if his body is to become strong and resilient, so do we also know, from the point of view of the depth-psychologist, that he requires an empathic environment, specifically, an environment that responds (a) to his need to have his presence confirmed*

***by the glow of parental pleasure and (b) to his need to merge into the reassuring calmness of the powerful adult, if he is to acquire a firm and resilient self."***  
***(J. D. Levine and Rona H. Weiss. The Dynamics and Treatment of Alcoholism. Jason Aronson, 1994)***

The child's nascent self must first overcome its feelings of diffusiveness, of being an extension of its caregivers (to include parents, in this text), or a part of them. Kohut says that parents perform the functions of the self for their child. More likely, a battle is joined from the child's first breath: a battle to gain autonomy, to usurp the power of the parents, to become a distinct entity.

The child refuses to let the parents continue to serve as its self. It rebels and seeks to depose them and take over their functions. The better the parents are at being self-objects (in lieu of the child's self) – the stronger the child's self becomes, the more vigorously it fights for its independence.

The parents, in this sense, are like a benign, benevolent and enlightened colonial power, which performs the tasks of governance on behalf of the uneducated and uninitiated natives. The more lenient the colonial regime – the more likely it is to be supplanted by an indigenous, successful, government.

***"The crucial question then is whether the parents are able to reflect with approval at least some of the child's proudly exhibited attributes and functions, whether they are able to respond with genuine enjoyment to his budding skills, whether they are able to remain in touch with him throughout his trials and errors. And, furthermore, we must determine whether they are able to***

*provide the child with a reliable embodiment of calmness and strength into which he can merge and with a focus for his need to find a target for his admiration. Or, stated in the obverse, it will be of crucial importance to ascertain the fact that a child could find neither confirmation of his own worth-whileness nor a target for a merger with the idealised strength of the parent and that he, therefore, remained deprived of the opportunity for the gradual transformation of these external sources of narcissistic sustenance into endopsychic resources, that is, specifically into sustaining self-esteem and into a sustaining relationship to internal ideals." [Ibid.]*

## **B. The Narcissistic Personality**

*"When the habitual narcissistic gratifications that come from being adored, given special treatment, and admiring the self are threatened, the results may be depression, hypochondriasis, anxiety, shame, self-destructiveness, or rage directed toward any other person who can be blamed for the troubled situation. The child can learn to avoid these painful emotional states by acquiring a narcissistic mode of information processing. Such learning may be by trial-and-error methods, or it may be internalised by identification with parental modes of dealing with stressful information." (Jon Mardi Horowitz. *Stress Response Syndromes: PTSD, Grief and Adjustment Disorders. Third edition. New York, NY University Press, 1998*)*

Narcissism is fundamentally an evolved version of the psychological defence mechanism known as splitting. The narcissist does not regard people, situations, entities (political parties, countries, races, his workplace) as a compound of good and bad elements. He is an "all or

nothing" primitive "machine" (a [common metaphor](#) among narcissists).

He either idealises his objects or devalues them. At any given time, the objects are either all good or all bad. The bad attributes are always projected, displaced, or otherwise externalised. The good ones are internalised in order to support the inflated ("grandiose") self-concepts of the narcissist and his grandiose fantasies and to avoid the pain of deflation and disillusionment.

The narcissist's earnestness and his (apparent) sincerity make people wonder whether he is simply detached from reality, unable to appraise it properly or willingly and knowingly distorts reality and reinterprets it, subjecting it to his self-imposed censorship. The truth is somewhere in between: the narcissist is dimly aware of the implausibility of his own constructions. He has not lost touch with reality. He is just less scrupulous in remoulding it and in ignoring its uncomfortable angles.

***"The disguises are accomplished by shifting meanings and using exaggeration and minimisation of bits of reality as a nidus for fantasy elaboration. The narcissistic personality is especially vulnerable to regression to damaged or defective self-concepts on the occasions of loss of those who have functioned as self-objects. When the individual is faced with such stress events as criticism, withdrawal of praise, or humiliation, the information involved may be denied, disavowed, negated, or shifted in meaning to prevent a reactive state of rage, depression, or shame." [Ibid.]***

The second psychological defence mechanism which characterizes the narcissist is the active pursuit of

Narcissistic Supply. The narcissist seeks to secure a reliable and continuous supply of admiration, adulation, affirmation and attention. As opposed to common opinion (which infiltrated literature), the narcissist is content to have any kind of attention - good or bad. If fame cannot be had – notoriety would do. The narcissist is obsessed with his Narcissistic Supply, he is addicted to it. His behaviour in its pursuit is impulsive and compulsive.

*"The hazard is not simply guilt because ideals have not been met. Rather, any loss of a good and coherent self-feeling is associated with intensely experienced emotions such as shame and depression, plus an anguished sense of helplessness and disorientation. To prevent this state, the narcissistic personality slides the meanings of events in order to place the self in a better light. What is good is labelled as being of the self (internalised) Those qualities that are undesirable are excluded from the self by denial of their existence, disavowal of related attitudes, externalisation, and negation of recent self-expressions. Persons who function as accessories to the self may also be idealised by exaggeration of their attributes. Those who counter the self are depreciated; ambiguous attributions of blame and a tendency to self-righteous rage states are a conspicuous aspect of this pattern.*

*Such fluid shifts in meanings permit the narcissistic personality to maintain apparent logical consistency while minimising evil or weakness and exaggerating innocence or control. As part of these manoeuvres, the narcissistic personality may assume attitudes of contemptuous superiority toward others, emotional coldness, or even desperately charming approaches to idealised figures." [Ibid.]*

## *Freud versus Jung*

Freud was the first to present a coherent theory of narcissism. He described transitions from subject-directed libido to object-directed libido through the intermediation and agency of the parents. To be healthy and functional, these transitions must be smooth and unperturbed. Neuroses are the outcomes of bumpy or incomplete transitions.

Freud conceived of each stage as the default (or fallback) of the next one. Thus, if a child reaches out to his objects of desire and fails to attract their love and attention, it regresses to the previous phase, to the narcissistic phase.

The first occurrence of narcissism is adaptative. It "trains" the child to love an object, albeit this object is merely his self. It secures gratification through the availability, predictability and permanence of the loved object (oneself). But regressing to "secondary narcissism" is maladaptive. It is an indication of failure to direct the libido at the "right" targets (at objects, such as the parents).

If this pattern of regression persists and prevails, it leads to a narcissistic neurosis. The narcissist stimulates his self habitually in order to derive pleasure. He prefers this mode of deriving gratification to others. He is "lazy" because he takes the "easy" route of resorting to his self and reinvesting his libidinal resources "in-house" rather than making an effort (and risking failure) to seek out libidinal objects other than his self. The narcissist prefers [fantasyland](#) to reality, [grandiose](#) self-conception to realistic appraisal, masturbation and fantasies to mature adult sex and daydreaming to real life achievements.

Jung suggested a mental picture of the psyche as a giant warehouse of archetypes (the conscious representations of adaptative behaviours). Fantasies to him are just a way of accessing these archetypes and releasing them. Almost by definition, Jungian psychology does not allow for regression.

Any reversion to earlier phases of mental life, to earlier coping strategies, or to earlier choices is interpreted by Jungians as simply the psyche's way of using yet another, hitherto untapped, adaptation strategy. Regressions are compensatory processes intended to enhance adaptation and not methods of obtaining or securing a steady flow of gratification.

It would seem, though, that there is only a semantic difference between Freud and his disciple turned-heretic. When libido investment in objects (esp. the Primary Object) fails to produce gratification, the result is maladaptation. This is dangerous and the default option - secondary narcissism - is activated.

This default enhances adaptation (is adaptative) and is functional. It triggers adaptative behaviours. As a by-product, it secures gratification. We are gratified when we exert reasonable control over our environment, i.e., when our behaviours are adaptative. Thus, the compensatory process has two results: enhanced adaptation and inevitable gratification.

Perhaps the more serious disagreement between Freud and Jung is with regards to introversion.

Freud regards introversion as an instrument in the service of a pathology (introversion is indispensable to

narcissism, as opposed to extroversion which is a necessary condition for libidinal object-orientation).

As opposed to Freud, Jung regards introversion as a useful tool in the service of the psychic quest for adaptation strategies (narcissism being one of them). The Jungian adaptation repertoire does not discriminate against narcissism. To Jung it is as legitimate a choice as any.

But even Jung acknowledged that the very need to look for new adaptation strategies means that adaptation has failed. In other words, the search itself is indicative of a pathological state of affairs. It does seem that introversion per se is not pathological (because no psychological mechanism is pathological per se). Only the use made of it can be pathological. One tends to agree with Freud, though, that when introversion becomes a permanent feature of the psychic landscape of a person – it facilitates pathological narcissism.

Jung distinguished introverts (who habitually concentrate on their selves rather than on outside objects) from extroverts (the converse preference). According to him, not only is introversion a totally normal and natural function, it remains normal and natural even if it predominates one's mental life.

But surely the habitual and predominant focussing of attention upon one's self, to the exclusion of others, is the very definition of pathological narcissism. What differentiates the pathological from the normal and even the welcome is, of course, a matter of degree.

Pathological narcissism is exclusive and all-pervasive. Other forms of narcissism are not. So, although there is no

healthy state of habitual, predominant introversion, it remains a question of form and degree of introversion. Often a healthy, adaptative mechanism goes awry. When it does, as Jung himself recognised, neuroses form.

Last but not least, Freud regards narcissism as a point while Jung regards it as a continuum (from health to sickness). [Modern views of narcissism](#) tend to adopt Jung's view in this respect.

### ***Kohut's Approach***

In a way, Kohut took Jung a step further. He said that pathological narcissism is not the result of excessive narcissism, libido or aggression. It is the result of defective, deformed or incomplete narcissistic (self) structures. Kohut postulated the existence of core constructs which he named the "grandiose exhibitionistic self" and the "idealised parent imago" [see below].

Children entertain notions of greatness (primitive or naive grandiosity) mingled with magical thinking, feelings of omnipotence and omniscience and a belief in their [immunity](#) to the consequences of their actions. These elements and the child's feelings regarding its parents (whom it tars with the same brush of omnipotence and grandiosity) coagulate and form these constructs.

The child's feelings towards its parents are his or her reactions to their responses (affirmation, buffering, modulation or disapproval, punishment, even abuse). These responses help maintain the self-structures. Without appropriate parental responses, infantile grandiosity, for instance, cannot be transformed into healthy adult ambitions and ideals.

To Kohut, grandiosity and idealisation are positive childhood development mechanisms. Even their reappearance in transference should not be considered a pathological narcissistic regression.

***"You see, the actual issue is really a simple one ... a simple change in classical [Freudian] theory, which states that autoeroticism develops into narcissism and that narcissism develops into object love ... there is a contrast and opposition between narcissism and object love. The (forward) movement toward maturation was toward object love. The movement from object love toward narcissism is a (backward) regressive movement toward a fixation point. To my mind (this) viewpoint is a theory built into a non-scientific value judgement ... that has nothing to do with developmental psychology." (H. Kohut. The Chicago Institute Lectures 1972-1976. Marian and Paul Tolpin (Eds.). Analytic Press, 1998)***

Kohut's contention is nothing less than revolutionary. He says that narcissism (subject-love) and object-love coexist and interact throughout life. True, they wear different guises with age and maturation – but they always cohabit.

Kohut:

***"It is not that the self-experiences are given up and replaced by ... a more mature or developmentally more advanced experience of objects." [Ibid.]***

This dichotomy inevitably leads to a dichotomy of disorders. Kohut agreed with Freud that neuroses are conglomerates of defence mechanisms, formations, symptoms, and unconscious conflicts. He even did not

object to identifying unresolved Oedipal conflicts (ungratified unconscious wishes and their objects) as the root of neuroses. But he identified a whole new class of disorders: the self-disorders. These are the result of the perturbed development of narcissism.

It was not a cosmetic or superficial distinction. Self-disorders are the outcomes of childhood traumas very much different to Freud's Oedipal, castration and other conflicts and fears. These are the traumas of the child either not being "seen" (that is not being affirmed by objects, especially the Primary Objects, the parents) – or being regarded merely as an object for gratification or abuse.

Such children grow up to become adults who are not sure that they exist (lack a sense of self-continuity) or that they are worth anything (labile sense of self-worth and fluctuating or bipolar self-esteem). They suffer from depressions, as neurotics do. But the source of these depressions is existential (a gnawing sensation of emptiness) as opposed to the "guilty conscience" depressions of neurotics.

*Such depressions: "...are interrupted by rages because things are not going their way, because responses are not forthcoming in the way they expected and needed. Some of them may even search for conflict to relieve the pain and intense suffering of the poorly established self, the pain of the discontinuous, fragmenting, undercatheted self of the child not seen or responded to as a unit of its own, not recognised as an independent self who wants to feel like somebody, who wants to go its own way [see Lecture 22]. They are individuals whose disorders can be understood and treated only by taking*

*into consideration the formative experiences in childhood of the total body-mind-self and its self-object environment – for instance, the experiences of joy of the total self feeling confirmed, which leads to pride, self-esteem, zest, and initiative; or the experiences of shame, loss of vitality, deadness, and depression of the self who does not have the feeling of being included, welcomed, and enjoyed."*

*(Paul and Marian Tolpin (Eds.). The Preface to the "Chicago Institute Lectures 1972-1976 of H. Kohut", 1996)*

One note: "constructs" or "structures" are permanent psychological patterns. But this is not to say that they do not change, for they are capable of slow change. Kohut and his self-psychology disciples believed that the only viable constructs are comprised of self self-object experiences and that these structures are lifelong ones.

[Melanie Klein](#) believed more in archaic drives, splitting defences and archaic internal objects and part objects. Winnicott [and Balint and other, mainly British researchers] as well as other ego-psychologists thought that only infantile drive wishes and hallucinated oneness with archaic objects qualify as structures.

### ***Karen Horney's Contributions***

Horney is one of the precursors of the "object relations" school of psychodynamics. She observed that one's personality was shaped mostly by one's environment, society, or culture. She believed that one's relationships and interactions with others in one's childhood determine both the shape and functioning of one's personality.

She expanded the psychoanalytic repertoire. She added needs to drives. Where Freud believed in the exclusivity of the sex drive as an agent of transformation (to which he later added other drives) – Horney believed that people (children) needed to feel secure, to be loved, protected, emotionally nourished and so on.

She believed that the satisfaction of these needs or their frustration early in childhood are as important a determinant as any drive. Society came in through the parental door. Biology converged with social injunctions to yield human values such as the nurturance of children.

Horney's great contribution was the concept of anxiety. Freudian anxiety is a rather primitive mechanism, a reaction to imaginary threats arising from early childhood sexual conflicts. Horney argued convincingly that anxiety is a primary reaction to the child's dependence on adults for his survival.

Children are uncertain (of love, protection, nourishment, nurturance) – so they become anxious. They develop psychological defences to compensate for the intolerable and gradual realisation that adults are merely human and are, at times, capricious, arbitrary, unpredictable, unreliable. These defences provide both gratification and a sense of security. The problem of dangerous dependence still exists, but it is "one stage removed". When the defences are attacked or perceived to be attacked (such as in therapy) – anxiety is reawakened.

***Karen B. Wallant in "Creating Capacity for Attachment: Treating Addictions and the Alienated Self" [Jason Aronson, 1999] wrote:***

*"The capacity to be alone develops out of the baby's ability to hold onto the internalisation of his mother, even during her absences. It is not just an image of mother that he retains but also her loving devotion to him. Thus, when alone, he can feel confident and secure as he continues to infuse himself with her love. The addict has had so few loving attachments in his life that when alone he is returned to his detached, alienated self. This feeling-state can be compared to a young child's fear of monsters without a powerful other to help him, the monsters continue to live somewhere within the child or his environment. It is not uncommon for patients to be found on either side of an attachment pendulum. It is invariably easier to handle patients for whom the transference erupts in the idealising attachment phase than those who view the therapist as a powerful and distrusted intruder."*

So, the child learns to sacrifice a part of his autonomy and of his identity in order to feel secure.

Horney identified three neurotic strategies: submission, aggression and detachment. The choice of strategy determines the type of neurotic personality. The submissive (or compliant) type is a fake. He hides aggression beneath a facade of friendliness. The aggressive type is fake as well: at heart he is submissive. The detached neurotic [withdraws](#) from people. This cannot be considered an adaptive strategy.

Horney's is an optimistic outlook. Because biology is only one of the forces shaping our adulthood – culture and society being the predominant ones – she believes in reversibility and in the power of insight to heal. She believes that when an adult understands his problem (his

anxiety), he also acquires the ability to eliminate it altogether.

Yet, clinical experience shows that childhood trauma and abuse are difficult to completely erase. Modern brain research tends to support this sad view and, yet, offer some hope. The brain seems to be more plastic than previously imagined - but no one knows when this "window of plasticity" shuts. What has been established is that the brain is physically impressed with abuse and trauma.

It is conceivable that the brain's plasticity continues well into adulthood and that later "reprogramming" (by loving, caring, compassionate and empathic experiences) can remould the brain permanently. Clearly, the patient has to accept his disorder as a given and work around it rather than confront it directly.

After all, our disorders are adaptative and help us to function. Their removal may not always be wise or necessary to attain a full and satisfactory life. We should not all conform to the same mould and experience life the same. Idiosyncrasies are a good thing, both on the individual level and on the level of the species.

### **C. The Issue of Separation and Individuation**

It is by no means universally accepted that children go through a phase of separation from their parents and through consequent individuation. Most psychodynamic theories [especially Klein, Mahler] are virtually constructed upon this foundation. The child is considered to be merged with his parents until it differentiates itself (through object-relations).

But researchers like Daniel N. Stern dispute this hypothesis. Based on many studies, it appears that, as always, what seems intuitively right is not necessarily right.

In "The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology" [New York, Basic Books – 1985], Stern seems to, inadvertently, support Kohut by concluding that children possess selves and are separate from their caregivers from the very start.

In effect, he says that the picture of the child, as proffered by psychodynamic theories, is biased by the way adults see children and childhood in retrospect. Adult disorders (for instance, the pathological need to merge) are attributed to children and to childhood.

This view is in stark contrast to the belief that children accept any kind of parents (even abusive) because they depend on them for their survival and self-definition. Attachment to and dependence on significant others is the result of the non-separateness of the child, go the classical psychodynamic/object-relations theories.

The self is a construct (in a social context, some add), an assimilation of the oft-imitated and idealised parents plus the internalisation of the way others perceive the child in social interactions. The self is, therefore, an internalised reflection, an imitation, a series of internalised idealisations. This sounds close to pathological narcissism. Perhaps it is really a matter of quantity rather than quality.

#### **D. Childhood Traumas and the Development of the Narcissistic Personality**

Traumas are inevitable. They are an integral and important part of life. But in early childhood, especially in infancy (ages 0 to 4 years), they acquire an ominous aura and an evil interpretation. No matter how innocuous the event and the surrounding circumstances, the child's vivid imagination is likely to embed it in the framework of a highly idiosyncratic horror story.

Parents sometimes have to be absent due to medical or economic conditions. They may be too preoccupied to stay attuned at all times to the child's emotional needs. The family unit itself may be disintegrating with looming divorce or separation. The values of the parent may stand in radical contrast to those of society.

To adults, such traumas do not equate abuse. Verbal and psychological-emotional abuse or neglect are judged by us to be more serious "offences". But this distinction is lost on the child. To him, all traumas - deliberately inflicted or inevitable and inadvertent life crises - are of equal abusive standing, though their severity may differ together with the permanence of their emotional outcomes.

Sometimes even abuse and neglect are the results of circumstances beyond the abusive or neglecting parent's control. Consider a physically or mentally handicapped parent or caregiver, for instance. But the child cannot see this as a mitigating circumstance because he cannot appreciate it or even plainly understand the causal linkage.

Where even a child can tell the difference is with physical and sexual abuse. These are marked by a co-operative effort (offending parent and abused child) at concealment and strong emotions of shame and guilt, repressed to the point of producing anxiety and "neurosis". The child

perceives even the injustice of the situation, though it rarely dares to express its views, lest it be abandoned or severely punished by its abusers.

This type of trauma which involves the child actively or passively is qualitatively different and is bound to yield long-term effects such as dissociation or severe personality disorders. These are violent, premeditated traumas, not traumas by default, and the reaction is bound to be violent and active. The child becomes a reflection of its dysfunctional family – it represses emotions, denies reality, resorts to violence and escapism, disintegrates.

One of the coping strategies is to withdraw inwards, to seek gratification from a secure, reliable and permanently-available source: from one's self. The child, fearful of further rejection and abuse, refrains from further interaction with others. Instead, it builds its own kingdom of grandiose fantasies where it is always loved, respected, and self-sufficient. This is the narcissistic strategy which leads to the development of a narcissistic personality.

#### **E. The Narcissist's Family**

*"For very young children, self-esteem is probably best thought to consist of deep feelings of being loved, accepted, and valued by significant others rather than of feelings derived from evaluating oneself against some external criteria, as in the case of older children. Indeed, the only criterion appropriate for accepting and loving a new-born or infant is that he or she has been born. The unconditional love and acceptance experienced in the first year or two of life lay the foundation for later self-esteem, and probably make it possible for the pre-schooler and older child to withstand occasional*

*criticism and negative evaluations that usually accompany socialisation into the larger community.*

*As children grow beyond the pre-school years, the larger society imposes criteria and conditions upon love and acceptance. If the very early feelings of love and acceptance are deep enough, the child can most likely weather the rebuffs and scoldings of the later years without undue debilitation. With increasing age, however, children begin to internalise criteria of self-worth and a sense of the standards to be attained on the criteria from the larger community they observe and in which they are beginning to participate. The issue of criteria of self-esteem is examined more closely below.*

*Cassidy's [1988] study of the relationship between self-esteem at age five and six years and the quality of early mother-child attachment supports Bowlby's theory that construction of the self is derived from early daily experience with attachment figures. The results of the study support Bowlby's conception of the process through which continuity in development occurs, and of the way early child-mother attachment continues to influence the child's conception and estimation of the self across many years. The working models of the self derived from early mother-child inter-action organise and help mould the child's environment 'by seeking particular kinds of people and by eliciting particular behaviour from them' [Cassidy, 1988, p. 133]. Cassidy points out that very young children have few means of learning about themselves other than through experience with attachment figures. She suggests that if infants are valued and given comfort when required, they come to feel valuable; conversely, if they are*

*neglected or rejected, they come to feel worthless and of little value.*

*In an examination of developmental considerations, Bednar, Wells, and Peterson [1989] suggest that feelings of competence and the self-esteem associated with them are enhanced in children when their parents provide an optimum mixture of acceptance, affection, rational limits and controls, and high expectations. In a similar way, teachers are likely to engender positive feelings when they provide such a combination of acceptance, limits, and meaningful and realistic expectations concerning behaviour and effort [Lamborn et al., 1991]. Similarly, teachers can provide contexts for such an optimum mixture of acceptance, limits, and meaningful effort in the course of project work as described by Katz and Chard [1989]."*

*(Lilian G. Katz – Distinctions between Self-Esteem and Narcissism: Implications for Practice – October 1993 – ERIC/EECE Publications)*

#### **F. The Narcissist's Mother - A Suggestion for an Integrative Framework**

The whole structure of the narcissistic disorder reflects the prototypical relationship with frustrating primary objects (usually, the mother or main caregiver).

The narcissist's "mother" is typically inconsistent and frustrating. She thus thwarts the narcissist's ability to [trust](#) others and to feel secure with them. By emotionally abandoning him, she fosters in him fears of being abandoned and the nagging sensation that the world is a dangerous, hostile, and unpredictable place. She becomes

a negative, devaluing voice, which is duly incorporated in the narcissist's Superego.

But there is a less traditional view.

Our natural state is anxiety, the readiness – physiological and mental – to "fight or flight". Research indicates that the Primary Object (PO) is really the child, rather than its mother. The child identifies itself as an object almost at birth. It explores itself, reacts and interacts, it monitors its bodily reactions to internal and external inputs and stimuli. The flow of blood, the peristaltic movement, the swallowing reflex, the texture of saliva, the experience of excretion, being wet, thirsty, hungry or content – all these distinguish the child from its self.

The child assumes the position of observer and integrator early on. As Kohut said, it has both a self and the ability to relate to objects. This intimacy with a familiar and predictable object (oneself) is a primary source of security and the precursor to emerging narcissism. The mother is only a Secondary Object (SO). It is this secondary object that the child learns to relate to and it has the indispensable developmental advantage of being transcendental, external to the child. All meaningful others are Auxiliary Objects (AO).

A "good enough" SO helps the child to extend the lessons he had learned from his interaction with the PO (his self) and apply them to the world at large. The child learns that the external environment can be as predictable and safe as the internal one.

This titillating discovery leads to a modification of naive or primitive narcissism. It recedes to the background

allowing more prominent and adaptative strategies to the fore. In due time, and subject to an accumulation of the right positively reinforcing experiences, a higher form of narcissism develops: [self-love](#), a stable sense of self-worth, and self-esteem.

If, however, SO fails or is abusive, the child reverts back to the PO and to its primitive form of narcissism. This is regression in the chronological sense. But it is also an adaptative strategy.

The emotional consequences of rejection and abuse are too difficult to contemplate. Narcissism ameliorates them by providing a substitute object. This is an adaptative, survival-orientated act. It provides the child with time to "come to grips with its thoughts and feelings" and perhaps to revert with a different strategy more suited to the new – unpleasant and threatening – data.

So the interpretation of this regression as a failure of object love may be wrong. The child merely deduces that the SO, the object chosen as the first target of object love, was the wrong object. Object love continues to look for a different, familiar, object. The child merely replaces one object (his mother) with another (his self). The child does not relinquish his capacity for object-love.

If this failure to establish a proper object-relation persists and is not alleviated, all future objects are perceived either as extensions of the Primary Object (the self), or as external objects to be merged with one's self, because they are perceived narcissistically.

There are, therefore, two modes of object perception:

The narcissistic (all objects are perceived as variations of the perceiving self) and the social (all objects are perceived as others or self-objects).

The core (narcissistic) self precedes language or interaction with others. As the core self matures it develops either into a True Self or into a [False Self](#). The two are mutually exclusive (a person possessed by a False Self has no functioning True Self). The distinction of the False Self is that it perceives others narcissistically. As opposed to it, the True Self perceives others socially.

The child constantly compares his first experience with an object (his internalised PO, his self) to his experience with his SO. The internalisations of both the PO and the SO are modified as a result of this process of comparison. The SO is idealised and internalised to form what I call the SEGO (loosely, the equivalent of Freud's Superego plus the internalised outcomes of social interactions throughout life). The internalised PO is constantly modified to justify feedback from the SO (for example: "You are loved", or "You are a bad boy"). This is the process by which the Ideal Ego is created.

The internalisations of the PO, of the SO and of the outcomes of their interactions (for instance, of the results of the aforementioned constant comparison between them) form what Bowlby calls "working models". These are constantly updated representations of both the self and of Meaningful Others (what I call Auxiliary Others).

The narcissist's working models are defective. They pertain both to his self and to **ALL** others. To the narcissist, **ALL** people are meaningful because **NO ONE** really is. This forces the narcissist to resort to crude

abstractions (imagine the number of working models he needs!).

The narcissist is forced to dehumanise, objectify, generalise, idealise, devalue, or [stereotype](#) in order to cope with the sheer volume of potential interactions with meaningful objects (i.e., with everyone!). Trying not to be overwhelmed, the narcissist feels superior and inflated – because he is the only **REAL** three-dimensional character in his mind.

Moreover, the narcissist's working models are rigid and never updated because he does not feel that he is interacting with real objects. How can one feel [empathic](#), for instance, towards a representation or an abstraction or an object of gratification? How can such representations or abstractions grow or change?

Follows a matrix of possible axes (dimensions) of interaction between child and mother.

The first term in each of these equations of interaction describes the child, the second the mother.

***The Mother can be:***

- Accepting ("good enough");
- Domineering;
- Doting/Smothering;
- Indifferent;
- Rejecting;
- Abusive.

***The Child can be:***

- Attracted;
- Repelled (due to unjust mistreatment, for instance).

The possible axes or dimensions are:

### **Child / Mother**

How to read this table - an example:

#### ***Attraction – Attraction/Accepting***

Means that the child is attracted to his mother, his mother is attracted to him and she is a "good enough" (accepting) mother.

1. Attraction – Attraction/Accepting  
(Healthy axis, leads to self-love)
2. Attraction – Attraction/Domineering  
(Could lead to personality disorders - PDs - such as avoidant, or schizoid, or to social phobia, etc.)
3. Attraction – Attraction/Doting or Smothering  
(Could lead to Cluster B Personality Disorders)
4. Attraction – Repulsion/Indifferent  
[passive-aggressive, frustrating]  
(Could lead to narcissism, Cluster B disorders)
5. Attraction – Repulsion/Rejecting  
(Could lead to personality disorders such as paranoid, borderline, etc.)

6. Attraction – Repulsion/Abusive  
(Could lead to DID, ADHD, NPD, BPD, AHD, AsPD, PPD, etc.)
7. Repulsion – Repulsion/Indifferent  
(Could lead to avoidant, schizoid, paranoid, etc. PDs)
8. Repulsion – Repulsion/Rejecting  
(Could lead to personality, mood, anxiety disorders and to impulsive behaviours, such as eating disorders)
9. Repulsion – Attraction/Accepting  
(Could lead to unresolved Oedipal conflicts and to neuroses)
10. Repulsion – Attraction/Domineering  
(Could have the same results as axis 6)
11. Repulsion – Attraction/Doting  
(Could have the same results as axis 9)

This, of course, is a very rough sketch. Many of the axes can be combined to yield more complex clinical pictures.

It provides an initial, coarse, map of the possible interactions between the PO and the SO in early childhood and the unsavoury results of internalised bad objects.

This PO/SO matrix continues to interact with AO to form the person's self-evaluation (self-esteem or sense of self-worth).

This process – the formation of a coherent sense of self-worth – starts with PO/SO interactions within the matrix and continues roughly till the age of 8, all the time gathering and assimilating interactions with AO (=meaningful others).

First, a model of attachment in relationships is formed (approximately the matrix above). This model is based on the internalisation of the Primary Object (later, the self). Attachment interactions with SO follow and in the wake of a critical mass of of interactions with AO, the self is formed.

This process of the formation of self rests on the operation of a few critical principles:

1. The child, as we said earlier, develops a sense of "[mother-constancy](#)". This is crucial. If the child is unable predict the behaviour (let alone the presence) of his mother from one moment to another, it finds it hard to trust anything, predict anything and expect anything. Because the self, to some extent (some say: to a large extent), is comprised of the internalised outcomes of the interactions with others – negative experiences are be incorporated in the budding self as well as positive ones. In other words, a child feels loveable and desirable if it is indeed loved and wanted. If it is rejected, it is bound to feel worthless and worthy only of rejection. In due time, the child develops behaviours which yield rejection by others and the outcomes of which thus conform with his self-perception.

2. The adoption and assimilation of the judgement of others and its incorporation into a coherent sense of self-worth and self-esteem.
3. The discounting or filtering-out of contrarian information. Once Bowlby's "working models" are formed, they act as selective membranes. No amount of external information to the contrary alters these models significantly. Granted, shifts in relative positions may and do occur in later stages of life. A person can feel more or less accepted, more or less competent, more or less integrated into a given social setting. But these are changes in the values of parameters within a set equation (the working model). The equation itself is rarely altered and only by very serious life crises.

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**"For Want of a Better Good"** (In process)

Author: **Alan Challoner MA (Phil) MChS**

(Attachment Theory Researcher Counsellor in Adoption & Fostering, and associated child development issues. MA awarded by thesis on the psychology of handicap – A Culture of Ambiguity; 1992):

"A developmental line for narcissism has been devised by Temeles, and it consists of twelve phases that are characterised by a particular relationship between self-love and object-love and occur in a precise order."

(Temeles, M.S. – A developmental line for narcissism: The path to self-love and object love. In Cohen, Theodore,

B.; Etezady, M. Hossein; & Pacella, B.L. (Eds.) *The Vulnerable Child. Volume 1; The Vulnerable Child.* International Univ. Press; Madison, CT, USA – 1993.)

### ***Proto-Self and Proto-Object***

As the infant is incapable of distinguishing either the self or the object as adults do, this phase is marked by their absence. However he is competent in certain attributes particularly those that allow him to interact with his environment. From birth his moments of pleasure, often the instrument of infant-mother interaction, are high points in the phase. He will try to avoid the low points of un-pleasure by creating a bond that is marked by early maternal intervention to restore the status quo.

### ***Beginning Self-Object Differentiation and Object Preference***

The second phase can begin as early as the third week, and by the fourth month the infant has prescribed his favourite individuals (apart from mother). However he is still not really discriminating between self and subject. He is now ready to engage in a higher state of interaction with others. He babbles and smiles and tries to make some sense out of his local environment. If he should fail to make the sort of contact that he is seeking then he will turn away in a manner that is unequivocal in its meaning. His main social contact at this stage is by the eye, and he makes no bones about his feelings of pleasure or displeasure.

His bond with his mother, at best, is now flowing and, if he is fortunate, there is a mutual admiration society established. This is not however an isolated practice for

there is a narcissistic element on both sides that is reinforced by the strength of the attachment. His continued development allows him to find an increasing number of ways in which he might generate, autonomously, personal pleasure. He finds delight in making new sounds, or indeed doing anything that brings him his mother's approbation. He is now almost ready to see himself in contrast to others.

### ***Self-Constancy and Object-Constancy***

The infant is now becoming able to know himself as "me", as well as being able to know familiar others as "them". His fraternisation with father, siblings and grandparents or any other closely adjacent person, endows this interaction with a tone of special recognition as "one of the gang". This is of vital importance to him because he gains a very special feedback from these people. They love him and they shown their approbation for his every ploy that he constructs in an effort to seal this knot. He is now at the beginning of a period when he starts to feel some early self-esteem. Again if he is lucky, he will be delighted at being himself and in his situation. Also at this stage he can often create a special affinity for the same-sex parent. He throws up expansive gestures of affection, and yet can also become totally self-absorbed in his growing confidence that he is on a "winning streak".

### ***Awareness of a Awareness: Self-Centredness***

This is an extension of the third phase and he is continuously becoming more aware of himself and is adept at gaining the pleasures he seeks. The phase also coincides with the beginning of the decline of maternal feeling that he is the best thing on this earth. His activities

both positive and negative have started to draw on maternal resources to the point where they may at times be sapping. Thus at the beginning of the child's second year the mother starts to realise that the time has come when she must "shout the odds". She begins to make demands of him and, at times, to punish him, albeit in a discrete way. She may not now respond as quickly as she did before, or she may not seem quite so adoring as she was three months ago.

The most dynamic intervention that a child can have at this time is the fear of the loss of love. He needs to be loved so that he can still love himself. This beginning of a time of self-reflection needs him to be aware of being aware. It is now possible for him to be injured narcissistically, for example, perhaps through sibling rivalry. His relationship with his same-sex parent takes on a new importance. It now goes beyond just a "mutuality club". Because he is becoming aware of his limitations, he needs to know through this relationship with the same-sex parent, just what he may become. This allows his narcissistic image of himself to be regularly re-polished after any lapses that might have tarnished it.

### ***Object-Centred Phase: The First Libidinal Disappointment***

This is what has been described as the Oedipal period, when genital and object-directed sexuality comes to the fore. He must continue to recover whenever he receives a blow to his self-esteem; but more, he must learn not to over-compensate. As Temeles puts it, narcissistic supplies from both the adored Oedipal object and also the loved rival are threatened as the child's libidinal investments are sporadically supplanted by negative impulses. [Idem.]

The child will refresh his relationships on a different platform, but nevertheless maintains and is sustained by his attachments to his parents, and other subsidiary figures. At a time when he begins to divest himself of some of the libidinal baggage he may enter into a new "love affair" with a peer. The normal pattern is for these to disintegrate when the child enters the period of latency, and for the interregnum to be typified with a period of sexual segregation. By now he is going to school and is acquiring a new level of self-sufficiency that continues to enhance his narcissism.

### ***Beginning Prominence of Peer Groups: New Objects***

This phase, which begins sometime in the third year, is marked by a resolution of the Oedipal period and a lessening of the infant ties with the parents as the child turns his attention towards his peers and some other special adults (such as teachers or other role models). In some respects these new objects start to replace some of the narcissistic supplies that he continues to gain from his parents.

This of course has its dangers because other objects can be notoriously fickle, especially peers. He is now at a stage where he has journeyed into the outside world and is vulnerable to the inconstancies of those who now are around him in greater numbers. However all is not lost for the world revolves in circles and the input that he requires from others is shared by the input that they need from him.

On an individual basis therefore if he "falls out" with one person then he very quickly will "fall in" with another. The real potential problem here is for him to be disliked

by so many others of his peers that his self-esteem is endangered. Sometimes this can be rectified by his mastery of other elements; particularly if they contribute a steady flow of narcissistic supplies. However the group-ideal is of great significance and seems to have become more so in recent times.

The development of a burgeoning independence together with a sense of group recognition are both in the nature of self-preservation issues. The parental influence, if it has been strong and supportive and consistently streaked with affection and love, will be the launching pad for an adequate personality and a move towards eventual independence.

### ***Beginning Prominence of Self-Assessment: Impact on Self-Love***

This pre-adolescent phase encompasses a child who still needs the reassurance of his peers, and hereabouts his attachments to certain individuals or groups will intensify. The assaults on his self-esteem now come from a different quarter. There is an increased concentration on physical attributes, and other comparisons will be made that might diminish or raise his narcissistic supplies. His self-confidence can be strained at this time, and whilst the same-sex peer is still dominant, the opposite-sex peer starts to catch the corner of his eye.

At this time, when he needs all the support he can gather, he may find to his chagrin that a certain ambivalence is coming to pass in his relationships with his parents. They in turn are discovering a rapidly changing, not so compliant, and more independent child. They may be astounded by the group ideals that he has adopted, and

whilst in reality he still needs to receive from them abundant narcissistic supplies, the affectionate ties may be strained and the expected or desired support may be somewhat withered.

### ***Beginning Sexual Maturity: Importance of the Sexual Object***

At this stage ties with parents continue to slacken, but there is an important change taking place as the affectionate characteristics are converging with libidinal ones. The need to be loved is still there and the adolescent version of narcissism begins to trail its coat. Gradually the narcissistic element is enhanced as the subject becomes more self-assured and develops the need to win the frank admiration of a sexual object. Hormonal mood swings can underlie the degree to which rejection reduces the narcissistic supplies. Where there is a blatant over-valuation of the self it is often the result of a defence mechanism coming in to play to protect the subject. Individual subjects compare themselves with others in their group and may become aware of either shortcomings or advantages that add to the feelings in self-assessment. Over-inflated Ego ideals may bring about a negative assessment, and the need arises for young people to confront themselves with reality. A failure to do this will result in a much more severe assault on their narcissism later.

### ***Resurgence of Master Issues: Impact of Self-Love***

Having now experienced the change of love object, and tasted the new relations that stem from it, there is a need to resume the issues of mastery. These are no longer childhood fantasies but are the basic requirements for a

successful future. On them depend the acquisition of a successfully completed education, skill training and employment. At this stage narcissistic supplies depend upon success, and if this is not obtained legitimately then it may be sought by other means. His culture and to some extent his peer group will tend to dictate what the criteria of success will be. Within some societies there is still a gender difference here but it is reducing with time. Temeles suggests that, If the woman's narcissistic supplies are, in fact, more dependent on maintaining a relationship with the libidinal object, then perhaps it reflects a greater need to maintain more affectionate ties reminiscent of the past. [Idem.]

When the time comes for parenthood earlier ties tend to be reinvigorated; parents become grandparents and the cycle begins again.

### ***The Balance between Self- and Object-Generated Narcissistic Supplies***

Each culture has its unit of social characteristics. These often revolve around family, work, leisure and on the extent to which they are successful will depend the amount of contentment and pride that is generated. A continuance of narcissistic supplies will continue to flow from partners, colleagues, children, parents etc. The more success the greater the flow; and the greater the flow the more success can be achieved and the better the subject will feel about life. The downside of this is when things go wrong. We are in a situation generally where many people have lost jobs and homes; where marriages have broken up and children are separated from one of the parents. This causes great stress, a diminution of self-esteem and a loss of narcissistic supplies. This may result

in the loss of the power to sustain an effective life style and with a continuing diminution of narcissistic supplies the result may bring about a negative aspect to life.

### *Accommodation versus Self-Centredness*

The subject has now arrived at middle age. Whatever success has been achieved it may well be that he will be at the summit of his personal mountain, and the only way forward is down. From here on mastery is waning and there is a tendency to rely more and more on relationships to supply the good feelings. The arrival of grandchildren can herald a return to earlier mutuality and may account for narcissistic supplies for both generations. In the long-term the threat of, or the reality of, a reduction in physical capacity or ill-health may play a part in the reduction of narcissistic supplies.

### *Self versus Object*

Advancing age will develop its threat. Not only is this at a personal and physical level, but often it is at an emotional level. Long gone are the inter-generational family settings. Grand parents, parents and children now not only reside in different houses, but in different counties or even different countries. The more one is separated and possibly alone the more one feels threatened by mortality which is of course the ultimate in the loss of narcissistic supplies. When loved ones disappear it is important to try to create substitute associations either through re-entering into group activities or perhaps the solitary pleasure that can be gained from a domestic pet. Loss of the good feelings that were present in earlier times can lead to depression. This is countered by those who have developed a degree of self-sufficiency and who have maintained interests that

provide a continuance of narcissistic supplies. Once any or all of these start to disappear there enters a factor of dissimulation, and we can no longer reconcile what we were to what we now are. We lose our self-esteem, often our will to live, but even though this is not consonant with a will to die it often leads to a failure to thrive.

*Also Read*

[\*Warped Reality\*](#)

[\*A Letter about Trust\*](#)

[\*Self Love and Narcissism\*](#)

[\*The Delusional Way Out\*](#)

[\*The Discontinuous Narcissist\*](#)

[\*The Dual Role of the False Self\*](#)

[\*The Narcissist's Object Constancy\*](#)

[\*The Narcissist's Reality Substitutes\*](#)

[\*The Narcissist's Confabulated Life\*](#)

[\*Narcissists, Inverted Narcissists and Schizoids\*](#)

[\*Narcissists, Narcissistic Supply and Sources of Supply\*](#)

[\*Pathological Narcissism - A Dysfunction or a Blessing?\*](#)

[\*Back to Table of Contents\*](#)

## ***Born Aliens***

**By: [Dr. Sam Vaknin](#)**

Neonates have no psychology. If operated upon, for instance, they are not supposed to show signs of trauma later on in life. Birth, according to this school of thought is of no psychological consequence to the newborn baby. It is immeasurably more important to his "primary caregiver" (mother) and to her supporters (read: father and other members of the family). It is through them that the baby is, supposedly, effected. This effect is evident in his (I will use the male form only for convenience's sake) ability to bond. The late Karl Sagan professed to possess the diametrically opposed view when he compared the process of death to that of being born. He was commenting upon the numerous testimonies of people brought back to life following their confirmed, clinical death. Most of them shared an experience of traversing a dark tunnel. A combination of soft light and soothing voices and the figures of their deceased nearest and dearest awaited them at the end of this tunnel. All those who experienced it described the light as the manifestation of an omnipotent, benevolent being. The tunnel - suggested Sagan - is a rendition of the mother's tract. The process of birth involves gradual exposure to light and to the figures of humans. Clinical death experiences only recreate birth experiences.

The womb is a self-contained though open (not self-sufficient) ecosystem. The Baby's Planet is spatially confined, almost devoid of light and homeostatic. The

fetus breathes liquid oxygen, rather than the gaseous variant. He is subjected to an unending barrage of noises, most of them rhythmical. Otherwise, there are very few stimuli to elicit any of his fixed action responses. There, dependent and protected, his world lacks the most evident features of ours. There are no dimensions where there is no light. There is no "inside" and "outside", "self" and "others", "extension" and "main body", "here" and "there". Our Planet is exactly converse. There could be no greater disparity. In this sense - and it is not a restricted sense at all - the baby is an alien. He has to train himself and to learn to become human. Kittens, whose eyes were tied immediately after birth - could not "see" straight lines and kept tumbling over tightly strung cords. Even sense data involve some modicum and modes of conceptualization (see: ["Appendix 5 - The Manifold of Sense"](#)).

Even lower animals (worms) avoid unpleasant corners in mazes in the wake of nasty experiences. To suggest that a human neonate, equipped with hundreds of neural cubic feet does not recall migrating from one planet to another, from one extreme to its total opposition - stretches credulity. Babies may be asleep 16-20 hours a day because they are shocked and depressed. These abnormal spans of sleep are more typical of major depressive episodes than of vigorous, vivacious, vibrant growth. Taking into consideration the mind-boggling amounts of information that the baby has to absorb just in order to stay alive - sleeping through most of it seems like an inordinately inane strategy. The baby seems to be awake in the womb more than he is outside it. Cast into the outer light, the baby tries, at first, to ignore reality. This is our first defence line. It stays with us as we grow up.

It has long been noted that pregnancy continues outside the womb. The brain develops and reaches 75% of adult size by the age of 2 years. It is completed only by the age of 10. It takes, therefore, ten years to complete the development of this indispensable organ – almost wholly outside the womb. And this "external pregnancy" is not limited to the brain only. The baby grows by 25 cm and by 6 kilos in the first year alone. He doubles his weight by his fourth month and triples it by his first birthday. The development process is not smooth but by fits and starts. Not only do the parameters of the body change – but its proportions do as well. In the first two years, for instance, the head is larger in order to accommodate the rapid growth of the Central Nervous System. This changes drastically later on as the growth of the head is dwarfed by the growth of the extremities of the body. The transformation is so fundamental, the plasticity of the body so pronounced – that in most likelihood this is the reason why no operative sense of identity emerges until after the fourth year of childhood. It calls to mind Kafka's Gregor Samsa (who woke up to find that he is a giant cockroach). It is identity shattering. It must engender in the baby a sense of self-estrangement and loss of control over who is and what he is.

The motor development of the baby is heavily influenced both by the lack of sufficient neural equipment and by the ever-changing dimensions and proportions of the body. While all other animal cubs are fully motoric in their first few weeks of life – the human baby is woefully slow and hesitant. The motor development is proximodistal. The baby moves in ever widening concentric circles from itself to the outside world. First the whole arm, grasping, then the useful fingers (especially the thumb and forefinger combination), first batting at random, then

reaching accurately. The inflation of its body must give the baby the impression that he is in the process of devouring the world. Right up to his second year the baby tries to assimilate the world through his mouth (which is the prima causa of his own growth). He divides the world into "suckable" and "insuckable" (as well as to "stimuli-generating" and "not generating stimuli"). His mind expands even faster than his body. He must feel that he is all-encompassing, all-inclusive, all-engulfing, all-pervasive. This is why a baby has no object permanence. In other words, a baby finds it hard to believe the existence of other objects if he does not see them (=if they are not IN his eyes). They all exist in his outlandishly exploding mind and only there. The universe cannot accommodate a creature, which doubles itself physically every 4 months as well as objects outside the perimeter of such an inflationary being, the baby "believes". The inflation of the body has a correlate in the inflation of consciousness. These two processes overwhelm the baby into a passive absorption and inclusion mode.

To assume that the child is born a "tabula rasa" is superstition. Cerebral processes and responses have been observed in utero. Sounds condition the EEG of fetuses. They startle at loud, sudden noises. This means that they can hear and interpret what they hear. Fetuses even remember stories read to them while in the womb. They prefer these stories to others after they are born. This means that they can tell auditory patterns and parameters apart. They tilt their head at the direction sounds are coming from. They do so even in the absence of visual cues (e.g., in a dark room). They can tell the mother's voice apart (perhaps because it is high pitched and thus recalled by them). In general, babies are tuned to human speech and can distinguish sounds better than adults do.

Chinese and Japanese babies react differently to "pa" and to "ba", to "ra" and to "la". Adults do not – which is the source of numerous jokes.

The equipment of the newborn is not limited to the auditory. He has clear smell and taste preferences (he likes sweet things a lot). He sees the world in three dimensions with a perspective (a skill which he could not have acquired in the dark womb). Depth perception is well developed by the sixth month of life.

Expectedly, it is vague in the first four months of life. When presented with depth, the baby realizes that something is different – but not what. Babies are born with their eyes open as opposed to most other animal young ones. Moreover, their eyes are immediately fully functional. It is the interpretation mechanism that is lacking and this is why the world looks fuzzy to them. They tend to concentrate on very distant or on very close objects (their own hand getting closer to their face). They see very clearly objects 20-25 cm away. But visual acuity and focusing improve in a matter of days. By the time the baby is 6 to 8 months old, he sees as well as many adults do, though the visual system – from the neurological point of view – is fully developed only at the age of 3 or 4 years. The neonate discerns some colours in the first few days of his life: yellow, red, green, orange, gray – and all of them by the age of four months. He shows clear preferences regarding visual stimuli: he is bored by repeated stimuli and prefers sharp contours and contrasts, big objects to small ones, black and white to coloured (because of the sharper contrast), curved lines to straight ones (this is why babies prefer human faces to abstract paintings). They prefer their mother to strangers. It is not clear how they come to recognize the mother so quickly.

To say that they collect mental images which they then arrange into a prototypical scheme is to say nothing (the question is not "what" they do but "how" they do it). This ability is a clue to the complexity of the internal mental world of the neonate, which far exceeds our learned assumptions and theories. It is inconceivable that a human is born with all this exquisite equipment while incapable of experiencing the birth trauma or the even the bigger trauma of his own inflation, mental and physical.

As early as the end of the third month of pregnancy, the fetus moves, his heart beats, his head is enormous relative to his size. His size, though, is less than 3 cm. Ensnared in the placenta, the fetus is fed by substances transmitted through the mother's blood vessels (he has no contact with her blood, though). The waste that he produces is carried away in the same venue. The composition of the mother's food and drink, what she inhales and injects – all are communicated to the embryo. There is no clear relationship between sensory inputs during pregnancy and later life development. The levels of maternal hormones do effect the baby's subsequent physical development but only to a negligible extent. Far more important is the general state of health of the mother, a trauma, or a disease of the fetus. It seems that the mother is less important to the baby than the romantics would have it – and cleverly so. A too strong attachment between mother and fetus would have adversely affected the baby's chances of survival outside the uterus. Thus, contrary to popular opinion, there is no evidence whatsoever that the mother's emotional, cognitive, or attitudinal state effects the fetus in any way. The baby is effected by viral infections, obstetric complications, by protein malnutrition and by the mother's alcoholism. But these – at least in the West – are rare conditions.

In the first three months of the pregnancy, the central nervous system "explodes" both quantitatively and qualitatively. This process is called metaplasia. It is a delicate chain of events, greatly influenced by malnutrition and other kinds of abuse. But this vulnerability does not disappear until the age of 6 years out of the womb. There is a continuum between womb and world. The newborn is almost a very developed kernel of humanity. He is definitely capable of experiencing substantive dimensions of his own birth and subsequent metamorphoses. Neonates can immediately track colours – therefore, they must be immediately able to tell the striking differences between the dark, liquid placenta and the colourful maternity ward. They go after certain light shapes and ignore others. Without accumulating any experience, these skills improve in the first few days of life, which proves that they are inherent and not contingent (learned). They seek patterns selectively because they remember which pattern was the cause of satisfaction in their very brief past. Their reactions to visual, auditory and tactile patterns are very predictable. Therefore, they must possess a MEMORY, however primitive.

But – even granted that babies can sense, remember and, perhaps emote – what is the effect of the multiple traumas they are exposed to in the first few months of their lives?

We mentioned the traumas of birth and of self-inflation (mental and physical). These are the first links in a chain of traumas, which continues throughout the first two years of the baby's life. Perhaps the most threatening and destabilizing is the trauma of separation and individuation.

The baby's mother (or caregiver – rarely the father, sometimes another woman) is his auxiliary ego. She is also the world; a guarantor of livable (as opposed to unbearable) life, a (physiological or gestation) rhythm (=predictability), a physical presence and a social stimulus (an other).

To start with, the delivery disrupts continuous physiological processes not only quantitatively but also qualitatively. The neonate has to breathe, to feed, to eliminate waste, to regulate his body temperature – new functions, which were previously performed by the mother. This physiological catastrophe, this schism increases the baby's dependence on the mother. It is through this bonding that he learns to interact socially and to trust others. The baby's lack of ability to tell the inside world from the outside only makes matters worse. He "feels" that the upheaval is contained in himself, that the tumult is threatening to tear him apart, he experiences implosion rather than explosion. True, in the absence of evaluative processes, the quality of the baby's experience will be different to ours. But this does not disqualify it as a PSYCHOLOGICAL process and does not extinguish the subjective dimension of the experience. If a psychological process lacks the evaluative or analytic elements, this lack does not question its existence or its nature. Birth and the subsequent few days must be a truly terrifying experience.

Another argument raised against the trauma thesis is that there is no proof that cruelty, neglect, abuse, torture, or discomfort retard, in any way, the development of the child. A child – it is claimed – takes everything in stride and reacts "naturally" to his environment, however deprived and deprived.

This may be true – but it is irrelevant. It is not the child's development that we are dealing with here. It is its reactions to a series of existential traumas. That a process or an event has no influence later – does not mean that it has no effect at the moment of occurrence. That it has no influence at the moment of occurrence – does not prove that it has not been fully and accurately registered. That it has not been interpreted at all or that it has been interpreted in a way different from ours – does not imply that it had no effect. In short: there is no connection between experience, interpretation and effect. There can exist an interpreted experience that has no effect. An interpretation can result in an effect without any experience involved. And an experience can effect the subject without any (conscious) interpretation. This means that the baby can experience traumas, cruelty, neglect, abuse and even interpret them as such (i.e., as bad things) and still not be effected by them. Otherwise, how can we explain that a baby cries when confronted by a sudden noise, a sudden light, wet diapers, or hunger? Isn't this proof that he reacts properly to "bad" things and that there is such a class of things ("bad things") in his mind?

Moreover, we must attach some epigenetic importance to some of the stimuli. If we do, in effect we recognize the effect of early stimuli upon later life development.

At their beginning, neonates are only vaguely aware, in a binary sort of way.

1. "Comfortable/uncomfortable", "cold/warm", "wet/dry", "colour/absence of colour", "light/dark", "face/no face" and so on. There are grounds to believe that the distinction between the outer world and the inner one is vague at best. Natal fixed action patterns (rooting, sucking,

postural adjustment, looking, listening, grasping, and crying) invariably provoke the caregiver to respond. The newborn, as we said earlier, is able to relate to physical patterns but his ability seems to extend to the mental as well. He sees a pattern: fixed action followed by the appearance of the caregiver followed by a satisfying action on the part of the caregiver. This seems to him to be an inviolable causal chain (though precious few babies would put it in these words). Because he is unable to distinguish his inside from the outside – the newborn "believes" that his action evoked the caregiver from the inside (in which the caregiver is contained). This is the kernel of both magical thinking and Narcissism. The baby attributes to himself magical powers of omnipotence and of omnipresence (action-appearance). It also loves itself very much because it is able to thus satisfy himself and his needs. He loves himself because he has the means to make himself happy. The tension-relieving and pleasurable world comes to life through the baby and then he swallows it back through his mouth. This incorporation of the world through the sensory modalities is the basis for the "oral stage" in the psychodynamic theories.

This self-containment and self-sufficiency, this lack of recognition of the environment are why children until their third year of life are such a homogeneous group (allowing for some variance). Infants show a characteristic style of behaviour (one is almost tempted to say, a universal character) in as early as the first few weeks of their lives. The first two years of life witness the crystallization of consistent behavioural patterns, common to all children. It is true that even newborns have an innate temperament but not until an interaction with the outside environment is established – do the traits of individual diversity appear.

At birth, the newborn shows no attachment but simple dependence. It is easy to prove: the child indiscriminately reacts to human signals, scans for patterns and motions, enjoys soft, high pitched voices and cooing, soothing sounds. Attachment starts physiologically in the fourth week. The child turns clearly towards his mother's voice, ignoring others. He begins to develop a social smile, which is easily distinguishable from his usual grimace. A virtuous circle is set in motion by the child's smiles, gurgles and coos. These powerful signals release social behaviour, elicit attention, loving responses. This, in turn, drives the child to increase the dose of his signaling activity. These signals are, of course, reflexes (fixed action responses, exactly like the palmar grasp). Actually, until the 18th week of his life, the child continues to react to strangers favourably. Only then does the child begin to develop a budding social-behavioural system based on the high correlation between the presence of his caregiver and gratifying experiences. By the third month there is a clear preference of the mother and by the sixth month, the child wants to venture into the world. At first, the child grasps things (as long as he can see his hand). Then he sits up and watches things in motion (if not too fast or noisy). Then the child clings to the mother, climbs all over her and explores her body. There is still no object permanence and the child gets perplexed and loses interest if a toy disappears under a blanket, for instance. The child still associates objects with satisfaction/non-satisfaction. His world is still very much binary.

As the child grows, his attention narrows and is dedicated first to the mother and to a few other human figures and, by the age of 9 months, only to the mother. The tendency to seek others virtually disappears (which is reminiscent of imprinting in animals). The infant tends to equate his

movements and gestures with their results – that is, he is still in the phase of magical thinking.

The separation from the mother, the formation of an individual, the separation from the world (the "spewing out" of the outside world) – are all tremendously traumatic.

The infant is afraid to lose his mother physically (no "mother permanence") as well as emotionally (will she be angry at this new found autonomy?). He goes away a step or two and runs back to receive the mother's reassurance that she still loves him and that she is still there. The tearing up of one's self into my SELF and the OUTSIDE WORLD is an unimaginable feat. It is equivalent to discovering irrefutable proof that the universe is an illusion created by the brain or that our brain belongs to a universal pool and not to us, or that we are God (the child discovers that he is not God, it is a discovery of the same magnitude). The child's mind is shredded to pieces: some pieces are still HE and others are NOT HE (=the outside world). This is an absolutely psychedelic experience (and the root of all psychoses, probably).

If not managed properly, if disturbed in some way (mainly emotionally), if the separation – individuation process goes awry, it could result in serious psychopathologies. There are grounds to believe that several personality disorders (Narcissistic and Borderline) can be traced to a disturbance in this process in early childhood.

Then, of course, there is the on-going traumatic process that we call "life".

## ***Parenting - The Irrational Vocation***

By: [Dr. Sam Vaknin](#)

The advent of cloning, surrogate motherhood, and the donation of gametes and sperm have shaken the traditional biological definition of parenthood to its foundations. The social roles of parents have similarly been recast by the decline of the nuclear family and the surge of alternative household formats.

Why do people become parents in the first place?

Raising children comprises equal measures of satisfaction and frustration. Parents often employ a psychological defense mechanism - known as "cognitive dissonance" - to suppress the negative aspects of parenting and to deny the unpalatable fact that raising children is time consuming, exhausting, and strains otherwise pleasurable and tranquil relationships to their limits.

Not to mention the fact that the gestational mother experiences "***considerable discomfort, effort, and risk in the course of pregnancy and childbirth***" (Narayan, U., and J.J. Bartkowiak (1999) ***Having and Raising Children: Unconventional Families, Hard Choices, and the Social Good*** University Park, PA: The Pennsylvania State University Press, Quoted in the Stanford Encyclopedia of Philosophy).

Parenting is possibly an irrational vocation, but humanity keeps breeding and procreating. It may well be the call of nature. All living species reproduce and most of them

parent. Is maternity (and paternity) proof that, beneath the ephemeral veneer of civilization, we are still merely a kind of beast, subject to the impulses and hard-wired behavior that permeate the rest of the animal kingdom?

In his seminal tome, "*The Selfish Gene*", Richard Dawkins suggested that we copulate in order to preserve our genetic material by embedding it in the future gene pool. Survival itself - whether in the form of DNA, or, on a higher-level, as a species - determines our parenting instinct. Breeding and nurturing the young are mere safe conduct mechanisms, handing the precious cargo of genetics down generations of "organic containers".

Yet, surely, to ignore the epistemological and emotional realities of parenthood is misleadingly reductionistic. Moreover, Dawkins commits the scientific faux-pas of teleology. Nature has no purpose "in mind", mainly because it has no mind. Things simply are, period. That genes end up being forwarded in time does not entail that Nature (or, for that matter, "God") planned it this way. Arguments from design have long - and convincingly - been refuted by countless philosophers.

Still, human beings do act intentionally. Back to square one: why bring children to the world and burden ourselves with decades of commitment to perfect strangers?

First hypothesis: offspring allow us to "delay" death. Our progeny are the medium through which our genetic material is propagated and immortalized. Additionally, by remembering us, our children "keep us alive" after physical death.

These, of course, are self-delusional, self-serving, illusions.

Our genetic material gets diluted with time. While it constitutes 50% of the first generation - it amounts to a measly 6% three generations later. If the everlastingness of one's unadulterated DNA was the paramount concern – incest would have been the norm.

As for one's enduring memory - well, do you recall or can you name your maternal or paternal great great grandfather? Of course you can't. So much for that. Intellectual feats or architectural monuments are far more potent mementos.

Still, we have been so well-indoctrinated that this misconception - that children equal immortality - yields a baby boom in each post war period. Having been existentially threatened, people multiply in the vain belief that they thus best protect their genetic heritage and their memory.

Let's study another explanation.

The utilitarian view is that one's offspring are an asset - kind of pension plan and insurance policy rolled into one. Children are still treated as a yielding property in many parts of the world. They plough fields and do menial jobs very effectively. People "hedge their bets" by bringing multiple copies of themselves to the world. Indeed, as infant mortality plunges - in the better-educated, higher income parts of the world - so does fecundity.

In the Western world, though, children have long ceased to be a profitable proposition. At present, they are more of

an economic drag and a liability. Many continue to live with their parents into their thirties and consume the family's savings in college tuition, sumptuous weddings, expensive divorces, and parasitic habits. Alternatively, increasing mobility breaks families apart at an early stage. Either way, children are not longer the founts of emotional sustenance and monetary support they allegedly used to be.

How about this one then:

Procreation serves to preserve the cohesiveness of the family nucleus. It further bonds father to mother and strengthens the ties between siblings. Or is it the other way around and a cohesive and warm family is conducive to reproduction?

Both statements, alas, are false.

Stable and functional families sport far fewer children than abnormal or dysfunctional ones. Between one third and one half of all children are born in single parent or in other non-traditional, non-nuclear - typically poor and under-educated - households. In such families children are mostly born unwanted and unwelcome - the sad outcomes of accidents and mishaps, wrong fertility planning, lust gone awry and misguided turns of events.

The more sexually active people are and the less safe their desirous exploits – the more they are likely to end up with a bundle of joy (the American saccharine expression for a newborn). Many children are the results of sexual ignorance, bad timing, and a vigorous and undisciplined sexual drive among teenagers, the poor, and the less educated.

Still, there is no denying that most people want their kids and love them. They are attached to them and experience grief and bereavement when they die, depart, or are sick. Most parents find parenthood emotionally fulfilling, happiness-inducing, and highly satisfying. This pertains even to unplanned and initially unwanted new arrivals.

Could this be the missing link? Do fatherhood and motherhood revolve around self-gratification? Does it all boil down to the pleasure principle?

Childrearing may, indeed, be habit forming. Nine months of pregnancy and a host of social positive reinforcements and expectations condition the parents to do the job. Still, a living tot is nothing like the abstract concept. Babies cry, soil themselves and their environment, stink, and severely disrupt the lives of their parents. Nothing too enticing here.

One's spawns are a risky venture. So many things can and do go wrong. So few expectations, wishes, and dreams are realized. So much pain is inflicted on the parents. And then the child runs off and his procreators are left to face the "empty nest". The emotional "returns" on a child are rarely commensurate with the magnitude of the investment.

If you eliminate the impossible, what is left - however improbable - must be the truth. People multiply because it provides them with [narcissistic supply](#).

A [Narcissist](#) is a person who projects a (false) image unto others and uses the interest this generates to regulate a labile and grandiose sense of self-worth. The reactions garnered by the narcissist - attention, unconditional

acceptance, adulation, admiration, affirmation - are collectively known as "narcissistic supply". The narcissist objectifies people and treats them as mere instruments of gratification.

Infants go through a phase of unbridled fantasy, tyrannical behavior, and perceived omnipotence. An adult narcissist, in other words, is still stuck in his "terrible twos" and is possessed with the emotional maturity of a toddler. To some degree, we are all narcissists. Yet, as we grow, we learn to empathize and to love ourselves and others.

This edifice of maturity is severely tested by newfound parenthood.

Babies evokes in the parent the most primordial drives, protective, animalistic instincts, the desire to merge with the newborn and a sense of terror generated by such a desire (a fear of vanishing and of being assimilated). Neonates engender in their parents an emotional regression.

The parents find themselves revisiting their own childhood even as they are caring for the newborn. The crumbling of decades and layers of personal growth is accompanied by a resurgence of the aforementioned early infancy narcissistic defenses. Parents - especially new ones - are gradually transformed into narcissists by this encounter and find in their children the perfect sources of narcissistic supply, euphemistically known as love. Really it is a form of symbiotic codependence of both parties.

Even the most balanced, most mature, most psychodynamically stable of parents finds such a flood of narcissistic supply irresistible and addictive. It enhances

his or her self-confidence, buttresses self esteem, regulates the sense of self-worth, and projects a complimentary image of the parent to himself or herself.

It fast becomes indispensable, especially in the emotionally vulnerable position in which the parent finds herself, with the reawakening and repetition of all the unresolved conflicts that she had with her own parents.

If this theory is true, if breeding is merely about securing prime quality narcissistic supply, then the higher the self confidence, the self esteem, the self worth of the parent, the clearer and more realistic his self image, and the more abundant his other sources of narcissistic supply - the fewer children he will have. These predictions are borne out by reality.

The higher the education and the income of adults – and, consequently, the firmer their sense of self worth - the fewer children they have. Children are perceived as counter-productive: not only is their output (narcissistic supply) redundant, they hinder the parent's professional and pecuniary progress.

The more children people can economically afford – the fewer they have. This gives the lie to the Selfish Gene hypothesis. The more educated they are, the more they know about the world and about themselves, the less they seek to procreate. The more advanced the civilization, the more efforts it invests in preventing the birth of children. Contraceptives, family planning, and abortions are typical of affluent, well informed societies.

The more plentiful the narcissistic supply afforded by other sources – the lesser the emphasis on breeding. Freud

described the mechanism of sublimation: the sex drive, the Eros (libido), can be "converted", "sublimated" into other activities. All the sublimatory channels - politics and art, for instance - are narcissistic and yield narcissistic supply. They render children superfluous. Creative people have fewer children than the average or none at all. This is because they are narcissistically self sufficient.

The key to our determination to have children is our wish to experience the same unconditional love that we received from our mothers, this intoxicating feeling of being adored without caveats, for what we are, with no limits, reservations, or calculations. This is the most powerful, crystallized form of narcissistic supply. It nourishes our self-love, self worth and self-confidence. It infuses us with feelings of omnipotence and omniscience. In these, and other respects, parenthood is a return to infancy.

*Also read*

[\*Beware the Children\*](#)

[\*The Narcissist's Mother\*](#)

[\*Born Alien\*](#)

[\*The Development of Narcissists and Schizoids\*](#)

[\*Back to Table of Contents\*](#)

## *Narcissists, Inverted Narcissists and Schizoids*

By: [Dr. Sam Vaknin](#)

### *Question:*

Some narcissists are not gregarious. They avoid social events and are stay-at-home recluses. Doesn't this behaviour go against the grain of narcissism?

### *Answer:*

Click [here](#) to read the definition of the [Schizoid Personality Disorder \(SPD\)](#) in the DSM-IV-TR [2000].

Or, as the Howard H. Goldman (Ed.) in the "Review of General Psychiatry" [4th Edition. London, Prentice Hall International, 1995] puts it:

***"The person with Schizoid Personality Disorder sustains a fragile emotional equilibrium by avoiding intimate personal contact and thereby minimising conflict that is poorly tolerated."***

Schizoids are often described, even by their nearest and dearest, in terms of [automata](#) ("robots"). They are uninterested in social relationships or interactions and have a very limited emotional repertoire. It is not that they do not have emotions, but they express them poorly and intermittently. They appear cold and stunted, flat, and "zombie"-like.

Consequently, these people are loners. They confide only in first-degree relatives, but maintain no close bonds or associations, not even with their immediate family. Naturally, they gravitate into solitary activities and find solace and safety in being constantly alone. Their sexual experiences are sporadic and limited and, finally, they cease altogether.

Schizoids are anhedonic - find nothing pleasurable and attractive - but not necessarily dysphoric (sad or depressed). They pretend to be indifferent to praise, criticism, disagreement, and corrective advice (though, deep inside, they are not). They are creatures of habit, frequently succumbing to rigid, predictable, and narrowly restricted routines.

Intuitively, a connection between SPD and the [Narcissistic Personality Disorder \(NPD\)](#) seems plausible. After all, narcissists are people who self-sufficiently withdraw from others. They love themselves in lieu of loving others. Lacking [empathy](#), they regard others as mere instruments, objectified "Sources" of [Narcissistic Supply](#).

[The inverted narcissist \(IN\)](#) is a narcissist who "projects" his narcissism onto another narcissist. The mechanism of projective identification allows the IN to experience his own narcissism vicariously, through the agency of a classic narcissist. But the IN is no less a narcissist than the classical one. He is no less socially reclusive.

A distinction must be made between social interactions and social relationships. The schizoid, the narcissist and the inverted narcissist – all interact socially. But they fail to form human and social relationships (bonds). The

schizoid is uninterested and the narcissist is both uninterested and incapable to due to his lack of empathy and pervasive sense of [grandiosity](#).

The ethno-psychologist George Devereux [Basic Problems of Ethno-Psychiatry, University of Chicago Press, 1980] proposed to divide the unconscious into the Id (the part that is instinctual and unconscious) and the "ethnic unconscious" (repressed material that was once conscious). The latter includes all the defence mechanisms and most of the Superego.

Culture dictates what is to be repressed. [Mental illness](#) is either idiosyncratic (cultural directives are not followed and the individual is unique, eccentric, and schizophrenic) – or conformist, abiding by the cultural dictates of what is allowed and disallowed.

Our culture, according to [Christopher Lasch](#), teaches us to withdraw inwards when confronted with stressful situations. It is a vicious circle. One of the main stressors of modern society is alienation and a pervasive sense of isolation. The solution our culture offers – to further withdraw – only exacerbates the problem.

Richard Sennett expounded on this theme in "The Fall of Public Man: On the Social Psychology of Capitalism" [Vintage Books, 1978]. One of the chapters in Devereux's aforementioned tome is entitled "Schizophrenia: An Ethnic Psychosis, or Schizophrenia without Tears". To him, the United States is afflicted by what came later to be called a "schizoid disorder".

C. Fred Alford [in *Narcissism: Socrates, the Frankfurt School and Psychoanalytic Theory*, Yale University Press, 1988] enumerates the symptoms:

***"...withdrawal, emotional aloofness, hyporeactivity (emotional flatness), sex without emotional involvement, segmentation and partial involvement (lack of interest and commitment to things outside oneself), fixation on oral-stage issues, regression, infantilism and depersonalisation. These, of course, are many of the same designations that Lasch employs to describe the culture of narcissism. Thus, it appears, that it is not misleading to equate narcissism with schizoid disorder."***  
[Page 19]

The first to seriously consider the similarity, if not outright identity, between the schizoid and the narcissistic disorders was Melanie Klein. She broke ranks with Freud in that she believed that we are born with a fragile, brittle, weak and unintegrated Ego. The most primordial human fear is the fear of disintegration (death), according to Klein.

Thus, the infant is forced to employ primitive defence mechanisms such as splitting, projection and introjection to cope with this fear (actually, with the result of aggression generated by the Ego). The Ego splits and projects this part (death, disintegration, aggression). It does the same with the life-related, constructive, integrative part of itself.

As a result of all these mechanics, the infant views the world as either "good" (satisfying, complying, responding, gratifying) – or bad (frustrating). Klein called it the good and the bad "breasts". The child then proceeds to introject

(internalise and assimilate) the good object while keeping out (defending against) the bad objects. The good object becomes the nucleus of the forming Ego. The bad object is felt as fragmented. But it has not vanished, it is there.

The fact that the bad object is "out there", persecutory, threatening – gives rise to the first schizoid defence mechanisms, foremost amongst them the mechanism of "projective identification" (so often employed by narcissists). The infant projects parts of himself (his organs, his behaviours, his traits) unto the bad object. This is the famous Kleinian "paranoid-schizoid position". The Ego is split.

This is as terrifying as it sounds but it allows the baby to make a clear distinction between the "good object" (inside him) and the "bad object" (out there, split from him). If this phase is not transcended the individual develops schizophrenia and a fragmentation of the self.

Around the third or fourth month of life, the infant realises that the good and the bad objects are really facets of one and the same object. He develops the depressive position. This depression [Klein believes that the two positions continue throughout life] is a reaction of fear and anxiety.

The infant feels guilty (at his own rage) and anxious (lest his aggression harms the object and eliminates the source of good things). He experiences the loss of his own omnipotence since the object is now outside his self. The infant wishes to erase the results of his own aggression by "making the object whole again". By recognising the wholeness of other objects, the infant comes to realise and to experience his own wholeness. The Ego re-integrates.

But the transition from the paranoid-schizoid position to the depressive one is by no means smooth and assured. Excess anxiety and envy can delay it or prevent it altogether. Envy seeks to destroy all good objects, so that others don't have them. It, therefore, hinders the split between the good and the bad "breasts". Envy destroys the good object but leaves the persecutory, bad object intact.

Moreover, envy does not allow re-integration ["reparation" in Kleinian jargon] to take place. The more whole the object – the greater the destructive envy. Thus, envy feeds on its own outcomes. The more envy, the less integrated the Ego is, the weaker and more inadequate it is – and the more reason for envying the good object and other people.

Both the narcissist and the schizoid are examples of development arrested due to envy and other [transformations of aggression](#).

Consider pathological narcissism.

[Envy](#) is the hallmark of narcissism and the prime source of what is known as narcissistic rage. The schizoid self – fragmented, weak, primitive – is intimately connected with narcissism through envy. Narcissists prefer to destroy themselves and to deny themselves rather than endure someone else's happiness, wholeness and "triumph".

The narcissist fails his exams in order to frustrate the teacher he adores and envies. He aborts his therapy in order not to give the therapist a reason to feel gratified. By [self-defeating and self-destructing](#), narcissists deny the worth of others. If the narcissist fails in therapy – his

analyst must be inept. If he destroys himself by consuming drugs – his parents are blameworthy and should feel guilty and bad. One cannot exaggerate the importance of envy as a motivating power in the narcissist's life.

The psychodynamic connection is obvious. Envy is a rage reaction to not controlling or "having" or engulfing the good, desired object. Narcissists defend themselves against this acidulous, corroding sensation by pretending that they do control, possess and engulf the good object. This are the narcissist's "grandiose fantasies (of omnipotence or omniscience)".

But, in doing so, the narcissist must deny the existence of any good outside himself. The narcissist defends himself against raging, all consuming envy – by solipsistically claiming to be the only good object in the world. This is an object that cannot be had by anyone, except the narcissist and, therefore, is immune to the narcissist's threatening, annihilating envy.

In order to refrain from being "owned" by anyone (and, thus, avoid self-destruction in the hands of his own envy), the narcissist reduces others to "non-entities" (the narcissistic solution), or completely avoids all meaningful contact with them (the schizoid solution).

The suppression of envy is at the core of the narcissist's being. If he fails to convince his self that he is the only good object in the universe, he is bound to be exposed to his own murderous envy. If there are others out there who are better than him, he envies them, he lashes out at them ferociously, uncontrollably, madly, hatefully and spitefully, he tries to eliminate them.

If someone tries to get emotionally intimate with the narcissist, she threatens the grandiose belief that no one but the narcissist can possess the good object (that is the narcissist himself). Only the narcissist can own himself, have access to himself, possess himself. This is the only way to avoid seething envy and certain self-annihilation. Perhaps it is clearer now why narcissists react as raving madmen to anything, however minute, however remote that seems to threaten their grandiose fantasies, the only protective barrier between themselves and their lethal, seething envy.

There is nothing new in trying to link narcissism to schizophrenia. Freud did as much in his "On Narcissism" [1914]. Klein's contribution was the introduction of immediately post-natal internal objects. Schizophrenia, she proposed, was a narcissistic and intense relationship with internal objects (such as fantasies or images, including fantasies of grandeur). She proposed a new language.

Freud suggested a transition from (primary, object-less) narcissism (self-directed libido) to objects relations (objects directed libido). Klein suggested a transition from internal objects to external ones. While Freud thought that the denominator common to narcissism and schizoid phenomena is a withdrawal of libido from the world – Klein suggested it was a fixation on an early phase of relating to internal objects.

But is the difference not merely semantic?

***"The term 'narcissism' tends to be employed diagnostically by those proclaiming loyalty to the drive model [Otto Kernberg and Edith Jacobson, for instance***

*– SV] and mixed model theorists [Kohut], who are interested in preserving a tie to drive theory. 'Schizoid' tends to be employed diagnostically by adherents of relational models [Fairbairn, Guntrip], who are interested in articulating their break with drive theory... These two differing diagnoses and accompanying formulations are applied to patients who are essentially similar, by theorists who start with very different conceptual premises and ideological affiliations."*

**(Greenberg and Mitchell. Object Relations in Psychoanalytic Theory. Harvard University Press, 1983)**

Klein, in effect, said that drives (e.g., the libido) are relational flows. A drive is the mode of relationship between an individual and his objects (internal and external). Thus, a retreat from the world [Freud] into internal objects [as postulated by object relations theorists and especially the British school of Fairbairn and Guntrip] – is the drive itself.

Drives are orientations (to external or internal objects). Narcissism is an orientation (a preference, we could say) towards internal objects – the very definition of schizoid phenomena as well. This is why narcissists feel empty, fragmented, "unreal", and diffuse. It is because their Ego is still split (never integrated) and because they had withdrawn from the world (of external objects).

Kernberg identifies these internal objects with which the narcissist maintains a special relationship with the idealised, grandiose images of the narcissist's parents. He believes that the narcissist's very Ego (self-representation) had fused with these parental images.

Fairbairn's work – even more than Kernberg's, not to mention Kohut's – integrates all these insights into a coherent framework. Guntrip elaborated on it and together they created one of the most impressive theoretical bodies in the history of psychology.

Fairbairn internalised Klein's insights that drives are object-orientated and their goal is the formation of relationships and not primarily the attainment of pleasure. Pleasurable sensations are the means to achieve relationships. The Ego does not seek to be stimulated and pleased but to find the right, "good", supporting object. The infant is fused with his Primary Object, the mother.

Life is not about using objects for pleasure under the supervision of the Ego and Superego, as Freud suggested. Life is about separating, differentiating, individuating, and achieving independence from the Primary Object and the initial state of fusion with it. Dependence on internal objects is narcissism. Freud's post-narcissistic (anaclitic) phase of life can be either dependent (immature) or mature.

The newborn's Ego is looking for objects with which to form relationships. Inevitably, some of these objects and some of these relationships frustrate the infant and disappoint him. He compensates for these setbacks by creating compensatory internal objects. The initially unitary Ego thus fragments into a growing group of internal objects. Reality breaks our hearts and minds, according to Fairbairn. The Ego and its objects are "twinned" and the Ego is split in three [or four, according to Guntrip, who introduced a fourth Ego]. A schizoid state ensues.

The "original" (Freudian or libidinal) Ego is unitary, instinctual, needy and object seeking. It then fragments as a result of the three typical interactions with the mother (gratification, disappointment and deprivation). The central Ego idealises the "good" parents. It is conformist and obedient. The antilibidinal Ego is a reaction to frustrations. It is rejecting, harsh, unsatisfying, dead set against one's natural needs. The libidinal Ego is the seat of cravings, desires and needs. It is active in that it keeps seeking objects to form relationships with. Guntrip added the regressed Ego, which is the True Self in "cold storage", the "lost heart of the personal self".

Fairbairn's definition of psychopathology is quantitative. How much of the Ego is dedicated to relationships with internal objects rather than with external ones (e.g., real people)? In other words: how fragmented (how schizoid) is the Ego?

To achieve a successful transition from focusing on internal objects to seeking external ones, the child needs to have the right parents (in Winnicott's parlance, the "good enough mother" – not perfect, but "good enough"). The child internalises the bad aspects of his parents in the form of internal, bad objects and then proceeds to suppress them, together ("twinned") with portions of his Ego.

Thus, his parents become a part of the child (though a repressed part). The more bad objects are repressed, the "less Ego is left" for healthy relationships with external objects. To Fairbairn, the source of all psychological disturbances is in these schizoid phenomena. Later developments (such as the Oedipus Complex) are less crucial.

Fairbairn and Guntrip think that if a person is too attached to his compensatory internal objects – he finds it hard to mature psychologically. Maturing is about letting go of internal objects. Some people just don't want to mature, or are reluctant to do so, or are ambivalent about it. This reluctance, this withdrawal to an internal world of representations, internal objects and broken Ego – is narcissism itself. Narcissists simply don't know how to be themselves, how to be and act independent while managing their relationships with other people.

Both Otto Kernberg and Franz Kohut contended that narcissism is somewhere between neurosis and psychosis. Kernberg thought that it was a borderline phenomenon, on the verge of psychosis (where the Ego is completely shattered). In this respect Kernberg, more than Kohut, identifies narcissism with schizoid phenomena and with schizophrenia. This is not the only difference between them.

They also disagree on the developmental locus of narcissism. Kohut thinks that narcissism is an early phase of development, fossilised, and doomed to be repeated (a repetition complex) while Kernberg maintains that the narcissistic self is pathological from its very inception.

Kohut believes that the narcissist's parents failed to provide him with assurances that he does possess a self (in his words, they failed to endow him with a self-object). They did not explicitly recognise the child's nascent self, its separate existence, and its boundaries. The child learned to have a schizoid, split, fragmented self, rather than a coherent and integrated one. To Kohut, narcissism is really all-pervasive, at the very core of being (whether in

its mature form, as self-love, or in its regressive, infantile form as a narcissistic disorder).

Kernberg regards "mature narcissism" (also espoused by neo-Freudians like Grunberger and Chasseguet-Smirgel) as a contradiction in terms, an oxymoron. He observes that narcissists are already grandiose and schizoid (detached, cold, aloof, asocial) at an early age (when they are three years old, according to him!).

Like Klein, Kernberg believes that narcissism is a last ditch effort (defence) to halt the emergence of the paranoid-schizoid position described by Klein. In an adult such an emergence is known as "psychosis" and this is why Kernberg classifies narcissists as borderline (almost) psychotics.

Even Kohut, who is an opponent of Kernberg's classification, uses Eugene O'Neill's famous sentence [in "The Great God Brown"]: "Man is born broken. He lives by mending. The grace of God is glue." Kernberg himself sees a clear connection between schizoid phenomena (such as alienation in modern society and subsequent withdrawal) and narcissistic phenomena (inability to form relationships or to make commitments or to empathise).

Fred Alford in "Narcissism: Socrates, the Frankfurt School and Psychoanalytic Theory" [Yale University Press, 1988] wrote:

***"Fairbairn and Guntrip represent the purest expression of object relations theory, which is characterised by the insight that real relationships with real people build psychic structure. Although they rarely mention narcissism, they see a schizoid split in the self as***

*characteristic of virtually all-emotional disorder. It is Greenberg and Mitchell, in Object Relations in Psychoanalytic Theory who establish the relevance of Fairbairn and Guntrip ... by pointing out that what American analysts label 'narcissism', British analysts tend to call 'Schizoid Personality Disorder'. This insight allows us to connect the symptomatology of narcissism – feelings of emptiness, unreality, alienation and emotional withdrawal – with a theory that sees such symptoms as an accurate reflection of the experience of being split-off from a part of oneself. That narcissism is such a confusing category is in large part because its drive-theoretic definition, the libidinal cathexis of the self – in a word, self-love – seems far removed from the experience of narcissism, as characterised by a loss of, or split-in, the self. Fairbairn's and Guntrip's view of narcissism as an excessive attachment of the Ego to internal objects (roughly analogous to Freud's narcissistic, as opposed to object, love), resulting in various splits in the Ego necessary to maintain these attachments, allows us to penetrate this confusion."*  
[Page 67]

*Also read*

[\*On Empathy\*](#)

[\*To Age with Grace\*](#)

[\*Collective Narcissism\*](#)

[\*Narcissist, the Machine\*](#)

[\*Narcissistic Confinement\*](#)

[\*The Delusional Way Out\*](#)

[\*The Narcissist in the Workplace\*](#)

[\*Narcissists and Social Institutions\*](#)

[\*Grandiosity Hangover and Narcissistic Baiting\*](#)

[\*Back to Table of Contents\*](#)

## *Serial Killers*

By: [Dr. Sam Vaknin](#)

Countess Erszebet Bathory was a breathtakingly beautiful, unusually well-educated woman, married to a descendant of Vlad Dracula of Bram Stoker fame. In 1611, she was tried - though, being a noblewoman, not convicted - in Hungary for slaughtering 612 young girls. The true figure may have been 40-100, though the Countess recorded in her diary more than 610 girls and 50 bodies were found in her estate when it was raided.

The Countess was notorious as an inhuman sadist long before her hygienic fixation. She once ordered the mouth of a talkative servant sewn. It is rumoured that in her childhood she witnessed a gypsy being sewn into a horse's stomach and left to die.

The girls were not killed outright. They were kept in a dungeon and repeatedly pierced, prodded, pricked, and cut. The Countess may have bitten chunks of flesh off their bodies while alive. She is said to have bathed and showered in their blood in the mistaken belief that she could thus slow down the aging process.

Her servants were executed, their bodies burnt and their ashes scattered. Being royalty, she was merely confined to her bedroom until she died in 1614. For a hundred years after her death, by royal decree, mentioning her name in Hungary was a crime.

Cases like Barothy's give the lie to the assumption that serial killers are a modern - or even post-modern - phenomenon, a cultural-societal construct, a by-product of urban alienation, [Althusserian interpellation](#), and media glamorization. Serial killers are, indeed, largely [made, not born](#). But they are spawned by every culture and society, molded by the idiosyncrasies of every period as well as by their personal circumstances and genetic makeup.

Still, every crop of serial killers mirrors and reifies the pathologies of the milieu, the depravity of the Zeitgeist, and the malignancies of the Leitkultur. The choice of weapons, the identity and range of the victims, the methodology of murder, the disposal of the bodies, the geography, the sexual perversions and paraphilias - are all informed and inspired by the slayer's environment, upbringing, community, socialization, education, peer group, sexual orientation, religious convictions, and personal narrative. Movies like "Born Killers", "Man Bites Dog", "Copycat", and the Hannibal Lecter series captured this truth.

Serial killers are the quiddity and quintessence of malignant narcissism.

Yet, to some degree, we all are narcissists. Primary narcissism is a universal and inescapable developmental phase. Narcissistic traits are common and often culturally condoned. To this extent, serial killers are merely our reflection through a glass darkly.

In their book *"Personality Disorders in Modern Life"*, Theodore Millon and Roger Davis attribute pathological narcissism to *"a society that stresses individualism and self-gratification at the expense of community ... In an*

*individualistic culture, the narcissist is 'God's gift to the world'. In a collectivist society, the narcissist is 'God's gift to the collective'".*

Lasch described the narcissistic landscape thus (in "*The Culture of Narcissism: American Life in an age of Diminishing Expectations*", 1979):

*"The new narcissist is haunted not by guilt but by anxiety. He seeks not to inflict his own certainties on others but to find a meaning in life. Liberated from the superstitions of the past, he doubts even the reality of his own existence ... His sexual attitudes are permissive rather than puritanical, even though his emancipation from ancient taboos brings him no sexual peace.*

*Fiercely competitive in his demand for approval and acclaim, he distrusts competition because he associates it unconsciously with an unbridled urge to destroy ... He (harbours) deeply antisocial impulses. He praises respect for rules and regulations in the secret belief that they do not apply to himself. Acquisitive in the sense that his cravings have no limits, he ... demands immediate gratification and lives in a state of restless, perpetually unsatisfied desire."*

The narcissist's pronounced lack of empathy, off-handed exploitativeness, grandiose fantasies and uncompromising sense of entitlement make him treat all people as though they were objects (he "objectifies" people). The narcissist regards others as either useful conduits for and sources of narcissistic supply (attention, adulation, etc.) - or as extensions of himself.

Similarly, serial killers often mutilate their victims and abscond with trophies - usually, body parts. Some of them have been known to eat the organs they have ripped - an act of merging with the dead and assimilating them through digestion. They treat their victims as some children do their rag dolls.

Killing the victim - often capturing him or her on film before the murder - is a form of exerting unmitigated, absolute, and irreversible control over it. The serial killer aspires to "freeze time" in the still perfection that he has choreographed. The victim is motionless and defenseless. The killer attains long sought "object permanence". The victim is unlikely to run on the serial assassin, or vanish as earlier objects in the killer's life (e.g., his parents) have done.

In malignant narcissism, the true self of the narcissist is replaced by a false construct, imbued with omnipotence, omniscience, and omnipresence. The narcissist's thinking is magical and infantile. He feels immune to the consequences of his own actions. Yet, this very source of apparently superhuman fortitude is also the narcissist's Achilles heel.

The narcissist's personality is chaotic. His defense mechanisms are primitive. The whole edifice is precariously balanced on pillars of denial, splitting, projection, rationalization, and projective identification. Narcissistic injuries - life crises, such as abandonment, divorce, financial difficulties, incarceration, public opprobrium - can bring the whole thing tumbling down. The narcissist cannot afford to be rejected, spurned, insulted, hurt, resisted, criticized, or disagreed with.

Likewise, the serial killer is trying desperately to avoid a painful relationship with his object of desire. He is terrified of being abandoned or humiliated, exposed for what he is and then discarded. Many killers often have sex - the ultimate form of intimacy - with the corpses of their victims. Objectification and mutilation allow for unchallenged possession.

Devoid of the ability to empathize, permeated by haughty feelings of superiority and uniqueness, the narcissist cannot put himself in someone else's shoes, or even imagine what it means. The very experience of being human is alien to the narcissist whose invented False Self is always to the fore, cutting him off from the rich panoply of human emotions.

Thus, the narcissist believes that all people are narcissists. Many serial killers believe that killing is the way of the world. Everyone would kill if they could or were given the chance to do so. Such killers are convinced that they are more honest and open about their desires and, thus, morally superior. They hold others in contempt for being conforming hypocrites, cowed into submission by an overweening establishment or society.

The narcissist seeks to adapt society in general - and meaningful others in particular - to his needs. He regards himself as the epitome of perfection, a yardstick against which he measures everyone, a benchmark of excellence to be emulated. He acts the guru, the sage, the "psychotherapist", the "expert", the objective observer of human affairs. He diagnoses the "faults" and "pathologies" of people around him and "helps" them "improve", "change", "evolve", and "succeed" - i.e., conform to the narcissist's vision and wishes.

Serial killers also "improve" their victims - slain, intimate objects - by "purifying" them, removing "imperfections", depersonalizing and dehumanizing them. This type of killer saves its victims from degeneration and degradation, from evil and from sin, in short: from a fate worse than death.

The killer's megalomania manifests at this stage. He claims to possess, or have access to, higher knowledge and morality. The killer is a special being and the victim is "chosen" and should be grateful for it. The killer often finds the victim's ingratitude irritating, though sadly predictable.

In his seminal work, "Aberrations of Sexual Life" (originally: "Psychopathia Sexualis"), quoted in the book "Jack the Ripper" by Donald Rumbelow, Kraft-Ebbing offers this observation:

*"The perverse urge in murders for pleasure does not solely aim at causing the victim pain and - most acute injury of all - death, but that the real meaning of the action consists in, to a certain extent, imitating, though perverted into a monstrous and ghastly form, the act of defloration. It is for this reason that an essential component ... is the employment of a sharp cutting weapon; the victim has to be pierced, slit, even chopped up ... The chief wounds are inflicted in the stomach region and, in many cases, the fatal cuts run from the vagina into the abdomen. In boys an artificial vagina is even made ... One can connect a fetishistic element too with this process of hacking ... inasmuch as parts of the body are removed and ... made into a collection."*

Yet, the sexuality of the serial, psychopathic, killer is self-directed. His victims are props, extensions, aides, objects, and symbols. He interacts with them ritually and, either before or after the act, transforms his diseased inner dialog into a self-consistent extraneous catechism. The narcissist is equally auto-erotic. In the sexual act, he merely masturbates with other - living - people's bodies.

The narcissist's life is a giant repetition complex. In a doomed attempt to resolve early conflicts with significant others, the narcissist resorts to a restricted repertoire of coping strategies, defense mechanisms, and behaviors. He seeks to recreate his past in each and every new relationship and interaction. Inevitably, the narcissist is invariably confronted with the same outcomes. This recurrence only reinforces the narcissist's rigid reactive patterns and deep-set beliefs. It is a vicious, intractable, cycle.

Correspondingly, in some cases of serial killers, the murder ritual seemed to have recreated earlier conflicts with meaningful objects, such as parents, authority figures, or peers. The outcome of the replay is different to the original, though. This time, the killer dominates the situation.

The killings allow him to inflict abuse and trauma on others rather than be abused and traumatized. He outwits and taunts figures of authority - the police, for instance. As far as the killer is concerned, he is merely "getting back" at society for what it did to him. It is a form of poetic justice, a balancing of the books, and, therefore, a "good" thing. The murder is cathartic and allows the killer to release hitherto repressed and pathologically

transformed aggression - in the form of hate, rage, and envy.

But repeated acts of escalating gore fail to alleviate the killer's overwhelming anxiety and depression. He seeks to vindicate his negative introjects and sadistic superego by being caught and punished. The serial killer tightens the proverbial noose around his neck by interacting with law enforcement agencies and the media and thus providing them with clues as to his identity and whereabouts. When apprehended, most serial assassins experience a great sense of relief.

Serial killers are not the only objectifiers - people who treat others as objects. To some extent, leaders of all sorts - political, military, or corporate - do the same. In a range of demanding professions - surgeons, medical doctors, judges, law enforcement agents - objectification efficiently fends off attendant horror and anxiety.

Yet, serial killers are different. They represent a dual failure - of their own development as full-fledged, productive individuals - and of the culture and society they grow in. In a pathologically narcissistic civilization - social anomies proliferate. Such societies breed malignant objectifiers - people devoid of empathy - also known as "narcissists".

*Click [here](#) to read the DSM-IV-TR (2000) diagnostic criteria for the [Narcissistic Personality Disorder](#)*

*Click [here](#) to read [my analysis](#) of the DSM-IV-TR and ICD-10 diagnostic criteria for the Narcissistic Personality Disorder*

*Read about the serial killer Edward (Ed or Eddie) Gein -  
Click [HERE](#).*

*Read this for in-depth information - [A Primer on  
Narcissism](#)*

*[Back to Table of Contents](#)*

## *Sex or Gender*

By: [Dr. Sam Vaknin](#)

***"One is not born, but rather becomes, a woman."***

***Simone de Beauvoir, The Second Sex (1949)***

In nature, male and female are distinct. She-elephants are gregarious, he-elephants solitary. Male zebra finches are loquacious - the females mute. Female green spoon worms are 200,000 times larger than their male mates. These striking differences are biological - yet they lead to differentiation in social roles and skill acquisition.

Alan Pease, author of a book titled "Why Men Don't Listen and Women Can't Read Maps", believes that women are spatially-challenged compared to men. The British firm, Admiral Insurance, conducted a study of half a million claims. They found that "women were almost twice as likely as men to have a collision in a car park, 23 percent more likely to hit a stationary car, and 15 percent more likely to reverse into another vehicle" (Reuters).

Yet gender "differences" are often the outcomes of bad scholarship. Consider Admiral insurance's data. As Britain's Automobile Association (AA) correctly pointed out - women drivers tend to make more short journeys around towns and shopping centers and these involve frequent parking. Hence their ubiquity in certain kinds of claims. Regarding women's alleged spatial deficiency, in Britain, girls have been outperforming boys in scholastic

aptitude tests - including geometry and maths - since 1988.

In an Op-Ed published by the New York Times on January 23, 2005, Olivia Judson cited this example

***"Beliefs that men are intrinsically better at this or that have repeatedly led to discrimination and prejudice, and then they've been proved to be nonsense. Women were thought not to be world-class musicians. But when American symphony orchestras introduced blind auditions in the 1970's - the musician plays behind a screen so that his or her gender is invisible to those listening - the number of women offered jobs in professional orchestras increased. Similarly, in science, studies of the ways that grant applications are evaluated have shown that women are more likely to get financing when those reading the applications do not know the sex of the applicant."***

On the other wing of the divide, Anthony Clare, a British psychiatrist and author of "On Men" wrote:

***"At the beginning of the 21st century it is difficult to avoid the conclusion that men are in serious trouble. Throughout the world, developed and developing, antisocial behavior is essentially male. Violence, sexual abuse of children, illicit drug use, alcohol misuse, gambling, all are overwhelmingly male activities. The courts and prisons bulge with men. When it comes to aggression, delinquent behavior, risk taking and social mayhem, men win gold."***

Men also mature later, die earlier, are more susceptible to infections and most types of cancer, are more likely to be

dyslexic, to suffer from a host of mental health disorders, such as Attention Deficit Hyperactivity Disorder (ADHD), and to commit suicide.

In her book, "Stiffed: The Betrayal of the American Man", Susan Faludi describes a crisis of masculinity following the breakdown of manhood models and work and family structures in the last five decades. In the film "Boys don't Cry", a teenage girl binds her breasts and acts the male in a caricatural relish of stereotypes of virility. Being a man is merely a state of mind, the movie implies.

But what does it really mean to be a "male" or a "female"? Are gender identity and sexual preferences genetically determined? Can they be reduced to one's sex? Or are they amalgams of biological, social, and psychological factors in constant interaction? Are they immutable lifelong features or dynamically evolving frames of self-reference?

In the aforementioned New York Times Op-Ed, Olivia Judson opines:

***"Many sex differences are not, therefore, the result of his having one gene while she has another. Rather, they are attributable to the way particular genes behave when they find themselves in him instead of her. The magnificent difference between male and female green spoon worms, for example, has nothing to do with their having different genes: each green spoon worm larva could go either way. Which sex it becomes depends on whether it meets a female during its first three weeks of life. If it meets a female, it becomes male and prepares to regurgitate; if it doesn't, it becomes female and settles into a crack on the sea floor."***

Yet, certain traits attributed to one's sex are surely better accounted for by the demands of one's environment, by cultural factors, the process of socialization, gender roles, and what George Devereux called "ethnopsychiatry" in "Basic Problems of Ethnopsychiatry" (University of Chicago Press, 1980). He suggested to divide the unconscious into the id (the part that was always instinctual and unconscious) and the "ethnic unconscious" (repressed material that was once conscious). The latter is mostly molded by prevailing cultural mores and includes all our defense mechanisms and most of the superego.

So, how can we tell whether our sexual role is mostly in our blood or in our brains?

The scrutiny of borderline cases of human sexuality - notably the transgendered or intersexed - can yield clues as to the distribution and relative weights of biological, social, and psychological determinants of gender identity formation.

The results of a study conducted by Uwe Hartmann, Hinnerk Becker, and Claudia Rueffer-Hesse in 1997 and titled "Self and Gender: Narcissistic Pathology and Personality Factors in Gender Dysphoric Patients", published in the "International Journal of Transgenderism", "indicate significant psychopathological aspects and narcissistic dysregulation in a substantial proportion of patients." Are these "psychopathological aspects" merely reactions to underlying physiological realities and changes? Could social ostracism and labeling have induced them in the "patients"?

The authors conclude:

"The cumulative evidence of our study ... is consistent with the view that gender dysphoria is a disorder of the sense of self as has been proposed by Beitel (1985) or Pfäfflin (1993). The central problem in our patients is about identity and the self in general and the transsexual wish seems to be an attempt at reassuring and stabilizing the self-coherence which in turn can lead to a further destabilization if the self is already too fragile. In this view the body is instrumentalized to create a sense of identity and the splitting symbolized in the hiatus between the rejected body-self and other parts of the self is more between good and bad objects than between masculine and feminine."

Freud, Kraft-Ebbing, and Fliess suggested that we are all bisexual to a certain degree. As early as 1910, Dr. Magnus Hirschfeld argued, in Berlin, that absolute genders are "abstractions, invented extremes". The consensus today is that one's sexuality is, mostly, a psychological construct which reflects gender role orientation.

Joanne Meyerowitz, a professor of history at Indiana University and the editor of *The Journal of American History* observes, in her recently published tome, "How Sex Changed: A History of Transsexuality in the United States", that the very meaning of masculinity and femininity is in constant flux.

Transgender activists, says Meyerowitz, insist that gender and sexuality represent "distinct analytical categories". The *New York Times* wrote in its review of the book: "Some male-to-female transsexuals have sex with men and call themselves homosexuals. Some female-to-male transsexuals have sex with women and call themselves lesbians. Some transsexuals call themselves asexual."

So, it is all in the mind, you see.

This would be taking it too far. A large body of scientific evidence points to the genetic and biological underpinnings of sexual behavior and preferences.

The German science magazine, "Geo", reported recently that the males of the fruit fly "drosophila melanogaster" switched from heterosexuality to homosexuality as the temperature in the lab was increased from 19 to 30 degrees Celsius. They reverted to chasing females as it was lowered.

The brain structures of homosexual sheep are different to those of straight sheep, a study conducted recently by the Oregon Health & Science University and the U.S. Department of Agriculture Sheep Experiment Station in Dubois, Idaho, revealed. Similar differences were found between gay men and straight ones in 1995 in Holland and elsewhere. The preoptic area of the hypothalamus was larger in heterosexual men than in both homosexual men and straight women.

According an article, titled "When Sexual Development Goes Awry", by Suzanne Miller, published in the September 2000 issue of the "World and I", various medical conditions give rise to sexual ambiguity. Congenital adrenal hyperplasia (CAH), involving excessive androgen production by the adrenal cortex, results in mixed genitalia. A person with the complete androgen insensitivity syndrome (AIS) has a vagina, external female genitalia and functioning, androgen-producing, testes - but no uterus or fallopian tubes.

People with the rare 5-alpha reductase deficiency syndrome are born with ambiguous genitalia. They appear at first to be girls. At puberty, such a person develops testicles and his clitoris swells and becomes a penis. Hermaphrodites possess both ovaries and testicles (both, in most cases, rather undeveloped). Sometimes the ovaries and testicles are combined into a chimera called ovotestis.

Most of these individuals have the chromosomal composition of a woman together with traces of the Y, male, chromosome. All hermaphrodites have a sizable penis, though rarely generate sperm. Some hermaphrodites develop breasts during puberty and menstruate. Very few even get pregnant and give birth.

Anne Fausto-Sterling, a developmental geneticist, professor of medical science at Brown University, and author of "Sexing the Body", postulated, in 1993, a continuum of 5 sexes to supplant the current dimorphism: males, merms (male pseudohermaphrodites), herms (true hermaphrodites), fermes (female pseudohermaphrodites), and females.

Intersexuality (hermpahroditism) is a natural human state. We are all conceived with the potential to develop into either sex. The embryonic developmental default is female. A series of triggers during the first weeks of pregnancy places the fetus on the path to maleness.

In rare cases, some women have a male's genetic makeup (XY chromosomes) and vice versa. But, in the vast majority of cases, one of the sexes is clearly selected. Relics of the stifled sex remain, though. Women have the clitoris as a kind of symbolic penis. Men have breasts (mammary glands) and nipples.

The Encyclopedia Britannica 2003 edition describes the formation of ovaries and testes thus:

***"In the young embryo a pair of gonads develop that are indifferent or neutral, showing no indication whether they are destined to develop into testes or ovaries. There are also two different duct systems, one of which can develop into the female system of oviducts and related apparatus and the other into the male sperm duct system. As development of the embryo proceeds, either the male or the female reproductive tissue differentiates in the originally neutral gonad of the mammal."***

Yet, sexual preferences, genitalia and even secondary sex characteristics, such as facial and pubic hair are first order phenomena. Can genetics and biology account for male and female behavior patterns and social interactions ("gender identity")? Can the multi-tiered complexity and richness of human masculinity and femininity arise from simpler, deterministic, building blocks?

Sociobiologists would have us think so.

For instance: the fact that we are mammals is astonishingly often overlooked. Most mammalian families are composed of mother and offspring. Males are peripatetic absentees. Arguably, high rates of divorce and birth out of wedlock coupled with rising promiscuity merely reinstate this natural "default mode", observes Lionel Tiger, a professor of anthropology at Rutgers University in New Jersey. That three quarters of all divorces are initiated by women tends to support this view.

Furthermore, gender identity is determined during gestation, claim some scholars.

Milton Diamond of the University of Hawaii and Dr. Keith Sigmundson, a practicing psychiatrist, studied the much-celebrated John/Joan case. An accidentally castrated normal male was surgically modified to look female, and raised as a girl but to no avail. He reverted to being a male at puberty.

His gender identity seems to have been inborn (assuming he was not subjected to conflicting cues from his human environment). The case is extensively described in John Colapinto's tome "As Nature Made Him: The Boy Who Was Raised as a Girl".

HealthScoutNews cited a study published in the November 2002 issue of "Child Development". The researchers, from City University of London, found that the level of maternal testosterone during pregnancy affects the behavior of neonatal girls and renders it more masculine. "High testosterone" girls "enjoy activities typically considered male behavior, like playing with trucks or guns". Boys' behavior remains unaltered, according to the study.

Yet, other scholars, like John Money, insist that newborns are a "blank slate" as far as their gender identity is concerned. This is also the prevailing view. Gender and sex-role identities, we are taught, are fully formed in a process of socialization which ends by the third year of life. The Encyclopedia Britannica 2003 edition sums it up thus:

"Like an individual's concept of his or her sex role, gender identity develops by means of parental example, social reinforcement, and language. Parents teach sex-appropriate behavior to their children from an early age, and this behavior is reinforced as the child grows older and enters a wider social world. As the child acquires language, he also learns very early the distinction between "he" and "she" and understands which pertains to him- or herself."

So, which is it - nature or nurture? There is no disputing the fact that our sexual physiology and, in all probability, our sexual preferences are determined in the womb. Men and women are different - physiologically and, as a result, also psychologically.

Society, through its agents - foremost amongst which are family, peers, and teachers - represses or encourages these genetic propensities. It does so by propagating "gender roles" - gender-specific lists of alleged traits, permissible behavior patterns, and prescriptive morals and norms. Our "gender identity" or "sex role" is shorthand for the way we make use of our natural genotypic-phenotypic endowments in conformity with social-cultural "gender roles".

Inevitably as the composition and bias of these lists change, so does the meaning of being "male" or "female". Gender roles are constantly redefined by tectonic shifts in the definition and functioning of basic social units, such as the nuclear family and the workplace. The cross-fertilization of gender-related cultural memes renders "masculinity" and "femininity" fluid concepts.

One's sex equals one's bodily equipment, an objective, finite, and, usually, immutable inventory. But our endowments can be put to many uses, in different cognitive and affective contexts, and subject to varying exegetic frameworks. As opposed to "sex" - "gender" is, therefore, a socio-cultural narrative. Both heterosexual and homosexual men ejaculate. Both straight and lesbian women climax. What distinguishes them from each other are subjective introjects of socio-cultural conventions, not objective, immutable "facts".

In "The New Gender Wars", published in the November/December 2000 issue of "Psychology Today", Sarah Blustein sums up the "bio-social" model proposed by Mice Eagly, a professor of psychology at Northwestern University and a former student of his, Wendy Wood, now a professor at the Texas A&M University:

"Like (the evolutionary psychologists), Eagly and Wood reject social constructionist notions that all gender differences are created by culture. But to the question of where they come from, they answer differently: not our genes but our roles in society. This narrative focuses on how societies respond to the basic biological differences - men's strength and women's reproductive capabilities - and how they encourage men and women to follow certain patterns.

'If you're spending a lot of time nursing your kid', explains Wood, 'then you don't have the opportunity to devote large amounts of time to developing specialized skills and engaging tasks outside of the home'. And, adds Eagly, 'if women are charged with caring for infants, what happens is that women are more nurturing. Societies have to make

the adult system work [so] socialization of girls is arranged to give them experience in nurturing'.

According to this interpretation, as the environment changes, so will the range and texture of gender differences. At a time in Western countries when female reproduction is extremely low, nursing is totally optional, childcare alternatives are many, and mechanization lessens the importance of male size and strength, women are no longer restricted as much by their smaller size and by child-bearing. That means, argue Eagly and Wood, that role structures for men and women will change and, not surprisingly, the way we socialize people in these new roles will change too. (Indeed, says Wood, 'sex differences seem to be reduced in societies where men and women have similar status,' she says. If you're looking to live in more gender-neutral environment, try Scandinavia.)"

*Also Read*

[\*Gender and the Narcissist\*](#)

[\*The Roots of Pedophilia\*](#)

[\*The Pathology of Love\*](#)

[\*The Natural Roots of Sexuality\*](#)

[\*The Offspring of Aeolus: On the Incest Taboo\*](#)

[\*Ethical Relativism and Absolute Taboos\*](#)

[\*Homosexual and Transsexual Narcissists\*](#)

[\*Back to Table of Contents\*](#)

## *The Natural Roots of Sexuality*

By: [Dr. Sam Vaknin](#)

Recent studies in animal sexuality serve to dispel two common myths: that sex is exclusively about reproduction and that homosexuality is an unnatural sexual preference. It now appears that sex is also about recreation as it frequently occurs out of the mating season. And same-sex copulation and bonding are common in hundreds of species, from bonobo apes to gulls.

Moreover, homosexual couples in the Animal Kingdom are prone to behaviors commonly - and erroneously - attributed only to heterosexuals. The New York Times reported in its February 7, 2004 issue about a couple of gay penguins who are desperately and recurrently seeking to incubate eggs together.

In the same article ("Love that Dare not Squeak its Name"), Bruce Bagemihl, author of the groundbreaking *"Biological Exuberance: Animal Homosexuality and Natural Diversity"*, defines homosexuality as *"any of these behaviors between members of the same sex: long-term bonding, sexual contact, courtship displays or the rearing of young."*

Still, that a certain behavior occurs in nature (is "natural") does not render it moral. Infanticide, patricide, suicide, gender bias, and substance abuse - are all to be found in various animal species. It is futile to argue for homosexuality or against it based on zoological observations. Ethics is about surpassing nature - not about emulating it.

The more perplexing question remains: what are the evolutionary and biological advantages of recreational sex and homosexuality? Surely, both entail the waste of scarce resources.

Convoluting explanations, such as the one proffered by Marlene Zuk (homosexuals contribute to the gene pool by nurturing and raising young relatives) defy common sense, experience, and the calculus of evolution. There are no field studies that show conclusively or even indicate that homosexuals tend to raise and nurture their younger relatives more than straights do.

Moreover, the arithmetic of genetics would rule out such a stratagem. If the aim of life is to pass on one's genes from one generation to the next, the homosexual would have been far better off raising his own children (who carry forward half his DNA) - rather than his nephew or niece (with whom he shares merely one quarter of his genetic material.)

What is more, though genetically-predisposed, homosexuality may be partly acquired, the outcome of environment and nurture, rather than nature.

An oft-overlooked fact is that recreational sex and homosexuality have one thing in common: they do not lead to reproduction. Homosexuality may, therefore, be a form of pleasurable sexual play. It may also enhance same-sex bonding and train the young to form cohesive, purposeful groups (the army and the boarding school come to mind).

Furthermore, homosexuality amounts to the culling of 10-15% of the gene pool in each generation. The genetic

material of the homosexual is not propagated and is effectively excluded from the big roulette of life. Growers - of anything from cereals to cattle - similarly use random culling to improve their stock. As mathematical models show, such repeated mass removal of DNA from the common brew seems to optimize the species and increase its resilience and efficiency.

It is ironic to realize that homosexuality and other forms of non-reproductive, pleasure-seeking sex may be key evolutionary mechanisms and integral drivers of population dynamics. Reproduction is but one goal among many, equally important, end results. Heterosexuality is but one strategy among a few optimal solutions. Studying biology may yet lead to greater tolerance for the vast repertory of human sexual foibles, preferences, and predilections. Back to nature, in this case, may be forward to civilization.

### **Suggested Literature**

Bagemihl, Bruce - "*Biological Exuberance: Animal Homosexuality and Natural Diversity*" - St. Martin's Press, 1999

De-Waal, Frans and Lanting, Frans - "*Bonobo: The Forgotten Ape*" - University of California Press, 1997

De Waal, Frans - "*Bonobo Sex and Society*" - March 1995 issue of Scientific American, pp. 82-88

Trivers, Robert - "*Natural Selection and Social Theory: Selected Papers*" - Oxford University Press, 2002

Zuk, Marlene - *"Sexual Selections: What We Can and Can't Learn About Sex From Animals"* - University of California Press, 2002

*Also Read*

[\*Sex or Gender\*](#)

[\*Gender and the Narcissist\*](#)

[\*The Roots of Pedophilia\*](#)

[\*The Pathology of Love\*](#)

[\*The Natural Roots of Sexuality\*](#)

[\*Ethical Relativism and Absolute Taboos\*](#)

[\*Homosexual and Transsexual Narcissists\*](#)

[\*The Offspring of Aeolus: On the Incest Taboo\*](#)

[\*Homosexual and Transsexual Narcissists\*](#)

[\*Back to Table of Contents\*](#)

***On the Incest Taboo  
The Offspring of Aeolus  
Incest as an Autoerotic Social and Cultural Act***

By: [Dr. Sam Vaknin](#)

***"...An experience with an adult may seem merely a curious and pointless game, or it may be a hideous trauma leaving lifelong psychic scars. In many cases the reaction of parents and society determines the child's interpretation of the event. What would have been a trivial and soon-forgotten act becomes traumatic if the mother cries, the father rages, and the police interrogate the child."***

***(Encyclopedia Britannica, 2004 Edition)***

In contemporary thought, incest is invariably associated with child abuse and its horrific, long-lasting, and often irreversible consequences. Incest is not such a clear-cut matter as it has been made out to be over millennia of taboo. Many participants claim to have enjoyed the act and its physical and emotional consequences. It is often the result of seduction. In some cases, two consenting and fully informed adults are involved.

Many types of relationships, which are defined as incestuous, are between genetically unrelated parties (a stepfather and a daughter), or between fictive kin or between classificatory kin (that belong to the same matriline or patriline). In certain societies (the Native American or the Chinese) it is sufficient to carry the same family name (=to belong to the same clan) and marriage is forbidden.

Some incest prohibitions relate to sexual acts - others to marriage. In some societies, incest is mandatory or prohibited, according to the social class (Bali, Papua New Guinea, Polynesian and Melanesian islands). In others, the Royal House started a tradition of incestuous marriages, which was later imitated by lower classes (Ancient Egypt, Hawaii, Pre-Columbian Mixtec). Some societies are more tolerant of consensual incest than others (Japan, India until the 1930's, Australia).

The list is long and it serves to demonstrate the diversity of attitudes towards this most universal of taboos. Generally put, we can say that a prohibition to have sex with or marry a related person should be classified as an incest prohibition.

Perhaps the strongest feature of incest has been hitherto downplayed: that it is, essentially, an *autoerotic act*.

Having sex with a first-degree blood relative is like having sex with oneself. It is a Narcissistic act and like all acts Narcissistic, it involves the objectification of the partner. The incestuous Narcissist over-values and then devalues his sexual partner. He is devoid of empathy (cannot see the other's point of view or put himself in her shoes).

For an in depth treatment of Narcissism and its psychosexual dimension, see: "[Malignant Self Love - Narcissism Revisited](#)" and "[Frequently Asked Questions](#)".

Paradoxically, it is the reaction of society that transforms incest into such a disruptive phenomenon. The condemnation, the horror, the revulsion and the attendant social sanctions interfere with the internal processes and

dynamics of the incestuous family. It is from society that the child learns that something is horribly wrong, that he should feel guilty, and that the offending parent is a defective role model.

As a direct result, the formation of the child's Superego is stunted and it remains infantile, ideal, sadistic, perfectionist, demanding and punishing. The child's Ego, on the other hand, is likely to be replaced by a False Ego version, whose job it is to suffer the social consequences of the hideous act.

To sum up: society's reactions in the case of incest are pathogenic and are most likely to produce a Narcissistic or a Borderline patient. Dysempathic, exploitative, emotionally labile, immature, and in eternal search for Narcissistic Supply – the child becomes a replica of his incestuous and socially-castigated parent.

If so, why did human societies develop such pathogenic responses? In other words, why is incest considered a taboo in all known human collectives and cultures? Why are incestuous liaisons treated so harshly and punitively?

Freud said that incest provokes horror because it touches upon our forbidden, ambivalent emotions towards members of our close family. This ambivalence covers both aggression towards other members (forbidden and punishable) and (sexual) attraction to them (doubly forbidden and punishable).

Edward Westermarck proffered an opposite view that the domestic proximity of the members of the family breeds sexual repulsion (the epigenetic rule known as the Westermarck effect) to counter naturally occurring

genetic sexual attraction. The incest taboo simply reflects emotional and biological realities within the family rather than aiming to restrain the inbred instincts of its members, claimed Westermarck.

Though much-disputed by geneticists, some scholars maintain that the incest taboo may have been originally designed to prevent the degeneration of the genetic stock of the clan or tribe through intra-family breeding (closed endogamy). But, even if true, this no longer applies. In today's world incest rarely results in pregnancy and the transmission of genetic material. Sex today is about recreation as much as procreation.

Good contraceptives should, therefore, encourage incestuous, couples. In many other species inbreeding or straightforward incest are the norm. Finally, in most countries, incest prohibitions apply also to non-genetically-related people.

It seems, therefore, that the incest taboo was and is aimed at one thing in particular: to preserve the family unit and its proper functioning.

Incest is more than a mere manifestation of a given personality disorder or a paraphilia (incest is considered by many to be a subtype of pedophilia). It harks back to the very nature of the family. It is closely entangled with its functions and with its contribution to the development of the individual within it.

The family is an efficient venue for the transmission of accumulated property as well as information - both horizontally (among family members) and vertically (down the generations). The process of socialization

largely relies on these familial mechanisms, making the family the most important agent of socialization by far.

The family is a mechanism for the allocation of genetic and material wealth. Worldly goods are passed on from one generation to the next through succession, inheritance and residence. Genetic material is handed down through the sexual act. It is the mandate of the family to increase both by accumulating property and by marrying outside the family (exogamy).

Clearly, incest prevents both. It preserves a limited genetic pool and makes an increase of material possessions through intermarriage all but impossible.

The family's roles are not merely materialistic, though.

One of the main businesses of the family is to teach to its members self control, self regulation and healthy adaptation. Family members share space and resources and siblings share the mother's emotions and attention. Similarly, the family educates its young members to master their drives and to postpone the self-gratification which attaches to acting upon them.

The incest taboo conditions children to control their erotic drive by abstaining from ingratiating themselves with members of the opposite sex within the same family. There could be little question that incest constitutes a lack of control and impedes the proper separation of impulse (or stimulus) from action.

Additionally, incest probably interferes with the defensive aspects of the family's existence. It is through the family that aggression is legitimately channeled, expressed and

externalized. By imposing discipline and hierarchy on its members, the family is transformed into a cohesive and efficient war machine. It absorbs economic resources, social status and members of other families. It forms alliances and fights other clans over scarce goods, tangible and intangible.

This efficacy is undermined by incest. It is virtually impossible to maintain discipline and hierarchy in an incestuous family where some members assume sexual roles not normally theirs. Sex is an expression of power – emotional and physical. The members of the family involved in incest surrender power and assume it out of the regular flow patterns that have made the family the formidable apparatus that it is.

These new power politics weaken the family, both internally and externally. Internally, emotive reactions (such as the jealousy of other family members) and clashing authorities and responsibilities are likely to undo the delicate unit. Externally, the family is vulnerable to ostracism and more official forms of intervention and dismantling.

Finally, the family is an identity endowment mechanism. It bestows identity upon its members. Internally, the members of the family derive meaning from their position in the family tree and its "organization chart" (which conform to societal expectations and norms). Externally, through exogamy, by incorporating "strangers", the family absorbs other identities and thus enhances social solidarity (Claude Levy-Strauss) at the expense of the solidarity of the nuclear, original family.

Exogamy, as often noted, allows for the creation of extended alliances. The "identity creep" of the family is in total opposition to incest. The latter increases the solidarity and cohesiveness of the incestuous family – but at the expense of its ability to digest and absorb other identities of other family units. Incest, in other words, adversely affects social cohesion and solidarity.

Lastly, as aforementioned, incest interferes with well-established and rigid patterns of inheritance and property allocation. Such disruption is likely to have led in primitive societies to disputes and conflicts - including armed clashes and deaths. To prevent such recurrent and costly bloodshed was one of the intentions of the incest taboo.

The more primitive the society, the more strict and elaborate the set of incest prohibitions and the fiercer the reactions of society to violations. It appears that the less violent the dispute settlement methods and mechanisms in a given culture – the more lenient the attitude to incest.

The incest taboo is, therefore, a cultural trait. Protective of the efficient mechanism of the family, society sought to minimize disruption to its activities and to the clear flows of authority, responsibilities, material wealth and information horizontally and vertically.

Incest threatened to unravel this magnificent creation - the family. Alarmed by the possible consequences (internal and external feuds, a rise in the level of aggression and violence) – society introduced the taboo. It came replete with physical and emotional sanctions: stigmatization, revulsion and horror, imprisonment, the demolition of the errant and socially mutant family cell.

As long as societies revolve around the relegation of power, its sharing, its acquisition and dispensation – there will always exist an incest taboo. But in a different societal and cultural setting, it is conceivable not to have such a taboo. We can easily imagine a society where incest is extolled, taught, and practiced - and out-breeding is regarded with horror and revulsion.

The incestuous marriages among members of the royal households of Europe were intended to preserve the familial property and expand the clan's territory. They were normative, not aberrant. Marrying an outsider was considered abhorrent.

An incestuous society - where incest is the norm - is conceivable even today.

Two out of many possible scenarios:

### ***1. "The Lot Scenario"***

A plague or some other natural disaster decimate the population of planet Earth. People remain alive only in isolated clusters, co-habiting only with their closest kin. Surely incestuous procreation is preferable to virtuous extermination. Incest becomes normative.

Incest is as entrenched a taboo as cannibalism. Yet, it is better to eat the flesh of your dead football team mates than perish high up on the Andes (a harrowing tale of survival recounted in the book and eponymous film, "Alive").

### ***2. The Egyptian Scenario***

Resources become so scarce that family units scramble to keep them exclusively within the clan.

Exogamy - marrying outside the clan - amounts to a unilateral transfer of scarce resources to outsiders and strangers. Incest becomes an economic imperative.

An incestuous society would be either utopian or dystopian, depending on the reader's point of view - but that it is possible is doubtless.

*Also Read*

[\*Sex or Gender\*](#)

[\*The Narcissist's Family\*](#)

[\*The Roots of Pedophilia\*](#)

[\*The Pathology of Love\*](#)

[\*The Natural Roots of Sexuality\*](#)

[\*Parenting - The Irrational Vocation\*](#)

[\*Ethical Relativism and Absolute Taboos\*](#)

[\*Back to Table of Contents\*](#)

## *The Roots of Pedophilia*

By: [Dr. Sam Vaknin](#)

Pedophiles are attracted to prepubescent children and act on their sexual fantasies. It is a startling fact that the etiology of this paraphilia is unknown. Pedophiles come from all walks of life and have no common socio-economic background. Contrary to media-propagated myths, most of them had not been sexually abused in childhood and the vast majority of pedophiles are also drawn to adults of the opposite sex (are heterosexuals).

Only a few belong to the Exclusive Type - the ones who are tempted solely by kids. Nine tenths of all pedophiles are male. They are fascinated by preteen females, teenage males, or (more rarely) both.

Moreover, at least one fifth (and probably more) of the population have pedophilic fantasies. The prevalence of child pornography and child prostitution prove it. Pedophiles start out as "normal" people and are profoundly shocked and distressed to discover their illicit sexual preference for the prepubertal. The process and mechanisms of transition from socially acceptable sexuality to much-condemned (and criminal) pedophilia are still largely mysterious.

Pedophiles seem to have [narcissistic](#) and [antisocial](#) ([psychopathic](#)) traits. They lack [empathy](#) for their victims and express no remorse for their actions. They are in [denial](#) and, being [pathological confabulators](#), they rationalize their transgressions, claiming that the children were merely being educated for their own good and, anyhow, derived great pleasure from it.

The pedophile's ego-syntony rests on his [alloplastic defenses](#). He generally tends to blame others (or the world or the "system") for his misfortunes, failures, and deficiencies. Pedophiles frequently accuse their victims of acting promiscuously, of "coming on to them", of actively tempting, provoking, and luring (or even trapping) them.

The pedophile - similar to the [autistic patient](#) - misinterprets the child's body language and inter-personal cues. His social communication skills are impaired and he fails to adjust information gained to the surrounding circumstances (for instance, to the kid's age and maturity).

Coupled with his lack of empathy, this recurrent inability to truly comprehend others cause the pedophile to objectify the targets of his lasciviousness. Pedophilia is, in essence, auto-erotic. The pedophile uses children's bodies to masturbate with. Hence the success of the Internet among pedophiles: it offers disembodied, anonymous, masturbatory sex. Children in cyberspace are mere representations - often nothing more than erotic photos and screen names.

It is crucial to realize that pedophiles are not enticed by the children themselves, by their bodies, or by their budding and nubile sexuality (remember Nabokov's *Lolita*?). Rather, pedophiles are drawn to what children symbolize, to what preadolescents stand for and represent.

To the pedophile ...

### ***I. Sex with children is "free" and "daring"***

Sex with subteens implies freedom of action with impunity. It enhances the pedophile's magical sense of

[omnipotence](#) and [immunity](#). By defying the authority of the state and the edicts of his culture and society, the pedophile experiences an [adrenaline rush](#) to which he gradually becomes addicted. Illicit sex becomes the outlet for his urgent need to live [dangerously and recklessly](#).

The pedophile is on a quest to reassert control over his life. Studies have consistently shown that pedophilia is associated with anomic states (war, famine, epidemics) and with major life crises (failure, relocation, infidelity of spouse, separation, divorce, unemployment, bankruptcy, illness, death of the offender's nearest and dearest).

It is likely - though hitherto unsubstantiated by research - that the typical pedophile is depressive and with a borderline personality (low organization and fuzzy personal boundaries). Pedophiles are reckless and emotionally labile. The pedophile's sense of self-worth is volatile and dysregulated. He is likely to suffer from abandonment anxiety and be a [codependent or counterdependent](#).

Paradoxically, it is by seemingly losing control in one aspect of his life (sex) that the pedophile re-acquires a sense of mastery. The same mechanism is at work in the development of [eating disorders](#). An inhibitory deficit is somehow magically perceived as omnipotence.

## ***II. Sex with children is corrupt and decadent***

The pedophile makes frequent (though unconscious) use of projection and projective identification in his relationships with children. He makes his victims treat him the way he views himself - or attributes to them traits and behaviors that are truly his.

The pedophile is aware of society's view of his actions as vile, corrupt, forbidden, evil, and decadent (especially if the pedophiliac act involves incest). He derives pleasure from the sleazy nature of his pursuits because it tends to sustain his view of himself as "bad", "a failure", "deserving of punishment", and "guilty".

In extreme (mercifully uncommon) cases, the pedophile projects these torturous feelings and self-perceptions onto his victims. The children defiled and abused by his sexual attentions thus become "rotten", "bad objects", guilty and punishable. This leads to [sexual sadism](#), lust rape, and snuff murders.

### ***III. Sex with children is a reenactment of a painful past***

Many pedophile truly bond with their prey. To them, children are the reification of innocence, genuineness, trust, and faithfulness - qualities that the pedophile wishes to nostalgically recapture.

The relationship with the child provides the pedophile with a "safe passage" to his own, repressed and fearful, inner child. Through his victim, the pedophile gains access to his suppressed and thwarted emotions. It is a fantasy-like second chance to reenact his childhood, this time benignly. The pedophile's dream to make peace with his past comes true transforming the interaction with the child to an exercise in wish fulfillment.

### ***IV. Sex with children is a shared psychosis***

The pedophile treats "his" chosen child as an object, an extension of himself, devoid of a separate existence and denuded of distinct needs. He finds the child's

submissiveness and gullibility gratifying. He frowns on any sign of personal autonomy and regards it as a threat. By intimidating, cajoling, charming, and making false promises, the abuser isolates his prey from his family, school, peers, and from the rest of society and, thus, makes the child's dependence on him total.

To the pedophile, the child is a "transitional object" - a training ground on which to exercise his adult relationship skills. The pedophile erroneously feels that the child will never betray and abandon him, therefore guaranteeing "object constancy".

The pedophile – stealthily but unfailingly – exploits the vulnerabilities in the psychological makeup of his victim. The child may have low self-esteem, a fluctuating sense of self-worth, primitive defence mechanisms, phobias, mental health problems, a disability, a history of failure, bad relations with parents, siblings, teachers, or peers, or a tendency to blame herself, or to feel inadequate (autoplatic neurosis). The kid may come from an abusive family or environment – which conditioned her or him to expect abuse as inevitable and "normal". In extreme and rare cases – the victim is a masochist, possessed of an urge to seek ill-treatment and pain.

The pedophile is the guru at the center of a cult. Like other gurus, he demands complete obedience from his "partner". He feels entitled to adulation and special treatment by his child-mate. He punishes the wayward and the straying lambs. He enforces discipline.

The child finds himself in a twilight zone. The pedophile imposes on him a shared psychosis, replete with persecutory delusions, "enemies", mythical narratives, and

apocalyptic scenarios if he is flouted. The child is rendered the joint guardian of a horrible secret.

The pedophile's control is based on ambiguity, unpredictability, fuzziness, and [ambient abuse](#). His ever-shifting whims exclusively define right versus wrong, desirable and unwanted, what is to be pursued and what to be avoided. He alone determines rights and obligations and alters them at will.

The typical pedophile is a micro-manager. He exerts control over the minutest details and behaviors. He punishes severely and abuses withholders of information and those who fail to conform to his wishes and goals.

The pedophile does not respect the boundaries and privacy of the (often reluctant and terrified) child. He ignores his or her wishes and treats children as objects or instruments of gratification. He seeks to control both situations and people compulsively.

The pedophile acts in a patronizing and condescending manner and criticizes often. He alternates between emphasizing the minutest faults (devalues) and exaggerating the looks, talents, traits, and skills (idealizes) of the child. He is wildly unrealistic in his expectations – which legitimizes his subsequent abusive conduct.

Narcissistic pedophiles claim to be infallible, superior, talented, skillful, omnipotent, and omniscient. They often lie and confabulate to support these unfounded claims and to justify their actions. Most pedophiles suffer from cognitive deficits and reinterpret reality to fit their fantasies.

In extreme cases, the pedophile feels above the law – any kind of law. This grandiose and haughty conviction leads to [criminal acts](#), [incestuous](#) or polygamous relationships, and recurrent friction with the authorities.

#### ***V. The pedophile regards sex with children as an ego-booster***

Subteen children are, by definition, "inferior". They are physically weaker, dependent on others for the fulfillment of many of their needs, cognitively and emotionally immature, and easily manipulated. Their fund of knowledge is limited and their skills restricted. His relationships with children buttress the pedophile's twin grandiose delusions of omnipotence and omniscience. Compared to his victims, the pedophiles is always the stronger, the wiser, the most skillful and well-informed.

#### ***VI. Sex with children guarantees companionship***

Inevitably, the pedophile considers his child-victims to be his best friends and companions. Pedophiles are lonely, erotomaniac, people.

The pedophile believes that he is in love with (or simply loves) the child. Sex is merely one way to communicate his affection and caring. But there are other venues.

To show his keen interest, the common pedophile keeps calling the child, dropping by, writing e-mails, giving gifts, providing services, doing unsolicited errands "on the kid's behalf", getting into relationships with the preteen's parents, friends, teachers, and peers, and, in general, making himself available (stalking) at all times. The

pedophile feels free to make legal, financial, and emotional decisions for the child.

The pedophile intrudes on the victim's privacy, disrespects the child's express wishes and personal boundaries and ignores his or her emotions, needs, and preferences. To the pedophile, "[love](#)" means enmeshment and clinging coupled with an overpowering separation anxiety (fear of being abandoned).

Moreover, no amount of denials, chastising, threats, and even outright hostile actions convince the erotomaniac that the child not in love with him. He knows better and will make the world see the light as well. The child and his guardians are simply unaware of what is good for the kid. The pedophile determinedly sees it as his or her task to bring life and happiness into the child's dreary and unhappy existence.

Thus, regardless of overwhelming evidence to the contrary, the pedophile is convinced that his feelings are reciprocated - in other words, that the child is equally infatuated with him or her. He interprets everything the child does (or refrains from doing) as [coded messages](#) confessing to and conveying the child's interest in and eternal devotion to the pedophile and to the "relationship".

Some (by no means all) pedophiles are socially-inapt, awkward, [schizoid](#), and suffer from a host of [mood](#) and anxiety disorders. They may also be legitimately involved with the child (e.g., stepfather, former spouse, teacher, gym instructor, sibling) - or with his parents (for instance, a former boyfriend, a one night stand, colleagues or co-workers). They are driven by their all-consuming loneliness and all-pervasive fantasies.

Consequently, pedophiles [react badly](#) to any perceived rejection by their victims. They turn on a dime and become dangerously [vindictive](#), out to destroy the source of their mounting frustration. When the "relationship" looks hopeless, some pedophiles violently embark on a spree of self-destruction.

Pedophilia is to some extent a culture-bound syndrome, defined as it is by the chronological age of the child involved. Ephebophilia, for instance - the exclusive sexual infatuation with teenagers - is not considered to be a form of pedophilia (or even paraphilia).

In some cultures, societies and countries (Afghanistan, for instance) the age of consent is as low as 12. The marriageable age in Britain until the end of the nineteenth century was 10. Pedophilia is a common and socially-condoned practice in certain tribal societies and isolated communities (the Island of Pitcairn).

It would, therefore, be wise to redefine pedophilia as an attraction to or sexual acts with prepubescent children or with people of the equivalent mental age (e.g., retarded) in contravention of social, legal, and cultural accepted practices.

*Also Read*

[\*Sex or Gender\*](#)

[\*The Narcissist's Family\*](#)

[\*The Pathology of Love\*](#)

[\*The Natural Roots of Sexuality\*](#)

[\*Parenting - The Irrational Vocation\*](#)

[\*Ethical Relativism and Absolute Taboos\*](#)

[\*The Offspring of Aeolus: On the Incest Taboo\*](#)

[\*Back to Table of Contents\*](#)

## *Homosexual and Transsexual Narcissists*

By: [Dr. Sam Vaknin](#)

### *Question:*

What is the typical profile of a homosexual narcissist? Why is he always on a lookout for new victims? Is he lying or is he telling the truth when he says that he "wants to get laid" by one and all? If he is not suicidal, is he not afraid of AIDS?

### *Answer:*

I am a heterosexual and thus deprived of an intimate acquaintance with certain psychological processes, which allegedly are unique to homosexuals. I find it hard to believe that there are such processes, to begin with. [Research failed to find](#) any substantive difference between the psychological make-up of a narcissist who happens to have homosexual preferences – and a heterosexual narcissist.

They both are predators, devouring Narcissistic Supply Sources as they go. Narcissists look for new victims, the way tigers look for prey – they are hungry. Hungry for adoration, admiration, acceptance, approval, and any other kind of attention. Old sources die easy – once taken for granted, the narcissistic element of conquest vanishes.

Conquest is important because it proves the superiority of the narcissist. The very act of subduing, subjugating, or acquiring the power to influence someone provides the narcissist with Narcissistic Supply. The newly conquered idolise the narcissist and serve as a trophies.

The act of conquering and subordinating is epitomized by the sexual encounter - an objective and atavistic interaction. Making love to someone means that the consenting partner finds the narcissist (or one or more of his traits, such as his intelligence, his physique, even his money) irresistible.

The distinction between passive and active sexual partners is mechanical, false, superfluous and superficial. Penetration does not make one of the parties "the stronger one". To cause someone to have sex with you is a powerful stimulus – and always provokes a sensation of omnipotence. Whether one is physically passive or active – one is always psychosexually active.

Anyone who has unsafe sex is gambling with his life – though the odds are much smaller than public hysteria would have us believe. Reality does not matter, though – it is the perception of reality that matters. Getting this close to (perceived) danger is the equivalent of engaging in self-destruction (suicide). Narcissists are, at times, suicidal and are always [self-destructive](#).

There is, however, one element, which might be unique to homosexuals: the fact that their self-definition hinges on their sexual identity. I know of no heterosexual who would use his sexual preferences to define himself almost fully. Homosexuality has been inflated to the level of a sub-culture, a separate psychology, or a myth. This is typical of persecuted minorities. However, it does have an influence on the individual. Preoccupation with body and sex makes most homosexual narcissists **SOMATIC** narcissists.

Moreover, the homosexual makes love to a person of the *SAME* sex – in a way, to his *REFLECTION*. In this respect, homosexual relations are highly narcissistic and autoerotic affairs.

The somatic narcissist directs his libido at his body (as opposed to the cerebral narcissist, who concentrates upon his intellect). He cultivates it, nourishes and nurtures it, is often an hypochondriac, dedicates an inordinate amount of time to its needs (real and imaginary). It is through his body that this type of narcissist tracks down and captures his Supply Sources.

The supply that the somatic narcissist so badly requires is derived from his form, his shape, his build, his profile, his beauty, his physical attractiveness, his health, his age. He downplays Narcissistic Supply directed at other traits. He uses sex to reaffirm his prowess, his attractiveness, or his youth. Love, to him, is synonymous with sex and he focuses his learning skills on the sexual act, the foreplay and the coital aftermath.

Seduction becomes addictive because it leads to a quick succession of Supply Sources. Naturally, boredom (a form of transmuted aggression) sets in once the going gets routine. [Routine is counter-narcissistic](#) by definition because it threatens the narcissist's sense of [uniqueness](#).

An interesting side issue relates to transsexuals.

Philosophically, there is little difference between a narcissist who seeks to avoid his True Self (and positively to become his False Self) – and a transsexual who seeks to discard his true gender. But this similarity, though superficially appealing, is questionable.

People sometimes seek sex reassignment because of advantages and opportunities which, they believe, are enjoyed by the other sex. This rather unrealistic (fantastic) view of the other is faintly narcissistic. It includes elements of idealised over-valuation, of self-preoccupation, and of objectification of one's self. It demonstrates a deficient ability to empathise and some grandiose sense of entitlement ("I deserve to be taken care of") and omnipotence ("I can be whatever I want to be – despite nature/God").

This feeling of entitlement is especially manifest in some gender dysphoric individuals who aggressively pursue hormonal or surgical treatment. They feel that it is their inalienable right to receive it on demand and without any strictures or restrictions. For instance, they oftentimes refuse to undergo psychological evaluation or treatment as a condition for the hormonal or surgical treatment.

It is interesting to note that both narcissism and gender dysphoria are early childhood phenomena. This could be explained by problematic Primary Objects, dysfunctional families, or a common genetic or biochemical problem. It is too early to say which. As yet, there isn't even an agreed typology of gender identity disorders – let alone an in-depth comprehension of their sources.

A radical view, proffered by Ray Blanchard, seems to indicate that pathological narcissism is more likely to be found among non-core, ego-dystonic, autogynephilic transsexuals and among heterosexual transvestites. It is less manifest in core, ego-syntonic, homosexual transsexuals.

Autogynephilic transsexuals are subject to an intense urge to become the opposite sex and, thus, to be rendered the sexual object of their own desire. In other words, they are so sexually attracted to themselves that they wish to become both lovers in the romantic equation - the male and the female. It is the fulfilment of the ultimate narcissistic fantasy with the False Self as a fetish ("narcissistic fetish").

Autogynephilic transsexuals start off as heterosexuals and end up as either bisexual or homosexual. By shifting his/her attentions to men, the male autogynephilic transsexual "proves" to himself that he has finally become a "true" and desirable woman.

*Also Read*

[\*The Natural Roots of Sexuality\*](#)

[\*Gender and the Narcissist\*](#)

[\*Sex and Gender\*](#)

[\*Dr. Jackal and Mr. Hide\*](#)

[\*The World of the Narcissist\*](#)

[\*The Narcissistic Couple\*](#)

[\*Physique Dismorphique\*](#)

[\*Narcissists and Women\*](#)

[\*The Two Loves of the Narcissist\*](#)

[\*Portrait of the Narcissist as a Young Man\*](#)

*That Thing Between a Man and a Woman*

*Back to Table of Contents*

## *The Insanity of the Defense*

By: [Dr. Sam Vaknin](#)

*"You can know the name of a bird in all the languages of the world, but when you're finished, you'll know absolutely nothing whatever about the bird... So let's look at the bird and see what it's doing – that's what counts. I learned very early the difference between knowing the name of something and knowing something."*

Richard Feynman, Physicist and 1965 Nobel Prize laureate (1918-1988)

*"You have all I dare say heard of the animal spirits and how they are transfused from father to son etcetera etcetera – well you may take my word that nine parts in ten of a man's sense or his nonsense, his successes and miscarriages in this world depend on their motions and activities, and the different tracks and trains you put them into, so that when they are once set a-going, whether right or wrong, away they go cluttering like hey-go-mad."*

Lawrence Sterne (1713-1758), "The Life and Opinions of Tristram Shandy, Gentleman" (1759)

### *I. The Insanity Defense*

*"It is an ill thing to knock against a deaf-mute, an imbecile, or a minor. He that wounds them is culpable, but if they wound him they are not culpable." (Mishna, Babylonian Talmud)*

If mental illness is culture-dependent and mostly serves as an organizing social principle - what should we make of the insanity defense (NGRI- Not Guilty by Reason of Insanity)?

A person is held not responsible for his criminal actions if s/he cannot tell right from wrong ("lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct" - diminished capacity), did not intend to act the way he did (absent "mens rea") and/or could not control his behavior ("irresistible impulse"). These handicaps are often associated with "mental disease or defect" or "mental retardation".

Mental health professionals prefer to talk about an impairment of a "[person's perception or understanding of reality](#)". They hold a "guilty but mentally ill" verdict to be contradiction in terms. All "mentally-ill" people operate within a (usually coherent) worldview, with consistent internal logic, and rules of right and wrong (ethics). Yet, these rarely conform to the way most people perceive the world. The mentally-ill, therefore, cannot be guilty because s/he has a tenuous grasp on reality.

Yet, experience teaches us that a criminal maybe mentally ill even as s/he maintains a perfect reality test and thus is held criminally responsible (Jeffrey Dahmer comes to mind). The "perception and understanding of reality", in other words, can and does co-exist even with the severest forms of mental illness.

This makes it even more difficult to comprehend what is meant by "mental disease". If some mentally ill maintain a grasp on reality, know right from wrong, can anticipate the outcomes of their actions, are not subject to irresistible

impulses (the official position of the American Psychiatric Association) - in what way do they differ from us, "normal" folks?

This is why the insanity defense often sits ill with mental health pathologies deemed socially "acceptable" and "normal" - such as religion or [love](#).

Consider the following case:

A mother bashes the skulls of her three sons. Two of them die. She claims to have acted on instructions she had received from God. She is found not guilty by reason of insanity. The jury determined that she ["did not know right from wrong during the killings."](#)

But why exactly was she judged insane?

***Her belief in the existence of God - a being with inordinate and inhuman attributes - may be irrational.***

But it does not constitute insanity in the strictest sense because it conforms to social and cultural creeds and codes of conduct in her milieu. Billions of people faithfully subscribe to the same ideas, adhere to the same transcendental rules, observe the same mystical rituals, and claim to go through the same experiences. This shared psychosis is so widespread that it can no longer be deemed pathological, statistically speaking.

***She claimed that God has spoken to her.***

As do numerous other people. Behavior that is considered psychotic (paranoid-schizophrenic) in other contexts is lauded and admired in religious circles. Hearing voices

and seeing visions - auditory and visual delusions - are considered rank manifestations of righteousness and sanctity.

Perhaps it was the content of her hallucinations that proved her insane?

***She claimed that God had instructed her to kill her boys. Surely, God would not ordain such evil?***

Alas, the Old and New Testaments both contain examples of God's appetite for human sacrifice. Abraham was ordered by God to sacrifice Isaac, his beloved son (though this savage command was rescinded at the last moment). Jesus, the son of God himself, was crucified to atone for the sins of humanity.

A divine injunction to slay one's offspring would sit well with the Holy Scriptures and the Apocrypha as well as with millennia-old Judeo-Christian traditions of martyrdom and sacrifice.

***Her actions were wrong and incommensurate with both human and divine (or natural) laws.***

Yes, but they were perfectly in accord with a literal interpretation of certain divinely-inspired texts, millennial scriptures, apocalyptic thought systems, and fundamentalist religious ideologies (such as the ones espousing the imminence of "rapture"). Unless one declares these doctrines and writings insane, her actions are not.

we are forced to the conclusion that the murderous mother is perfectly sane. Her frame of reference is different to

ours. Hence, her definitions of right and wrong are idiosyncratic. To her, killing her babies was the right thing to do and in conformity with valued teachings and her own epiphany. Her grasp of reality - the immediate and later consequences of her actions - was never impaired.

It would seem that sanity and insanity are relative terms, dependent on frames of cultural and social reference, and statistically defined. There isn't - and, in principle, can never emerge - an "objective", medical, scientific test to determine mental health or disease unequivocally.

## **II. The Concept of Mental Disease - An Overview**

Someone is considered mentally "ill" if:

1. His conduct rigidly and consistently deviates from the typical, average behaviour of all other people in his culture and society that fit his profile (whether this conventional behaviour is moral or rational is immaterial), or
2. His judgment and grasp of objective, physical reality is impaired, and
3. His conduct is not a matter of choice but is innate and irresistible, and
4. His behavior causes him or others discomfort, and is
5. Dysfunctional, self-defeating, and self-destructive even by his own yardsticks.

Descriptive criteria aside, what is the *essence* of mental disorders? Are they merely physiological disorders of the brain, or, more precisely of its chemistry? If so, can they be cured by restoring the balance of substances and secretions in that mysterious organ? And, once

equilibrium is reinstated – is the illness "gone" or is it still lurking there, "under wraps", waiting to erupt? Are psychiatric problems inherited, rooted in faulty genes (though amplified by environmental factors) – or brought on by abusive or wrong nurturance?

These questions are the domain of the "medical" school of mental health.

Others cling to the spiritual view of the human psyche. They believe that mental ailments amount to the metaphysical discomposure of an unknown medium – the soul. Theirs is a holistic approach, taking in the patient in his or her entirety, as well as his milieu.

The members of the functional school regard mental health disorders as perturbations in the proper, statistically "normal", behaviours and manifestations of "healthy" individuals, or as dysfunctions. The "sick" individual – ill at ease with himself (ego-dystonic) or making others unhappy (deviant) – is "mended" when rendered functional again by the prevailing standards of his social and cultural frame of reference.

In a way, the three schools are akin to the trio of blind men who render disparate descriptions of the very same elephant. Still, they share not only their subject matter – but, to a counter intuitively large degree, a faulty methodology.

As the renowned anti-psychiatrist, Thomas Szasz, of the State University of New York, notes in his article "***The Lying Truths of Psychiatry***", mental health scholars, regardless of academic predilection, infer the etiology of

mental disorders from the success or failure of treatment modalities.

This form of "reverse engineering" of scientific models is not unknown in other fields of science, nor is it unacceptable if the experiments meet the criteria of the scientific method. The theory must be all-inclusive (anamnetic), consistent, falsifiable, logically compatible, monovalent, and parsimonious. Psychological "theories" – even the "medical" ones (the role of serotonin and dopamine in mood disorders, for instance) – are usually none of these things.

The outcome is a bewildering array of ever-shifting mental health "diagnoses" expressly centred around Western civilisation and its standards (example: the ethical objection to suicide). Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud.

### ***III. Personality Disorders***

Indeed, personality disorders are an excellent example of the kaleidoscopic landscape of "objective" psychiatry.

The classification of Axis II personality disorders – deeply ingrained, maladaptive, lifelong behavior patterns – in the Diagnostic and Statistical Manual, fourth edition, text revision [American Psychiatric Association. DSM-IV-TR, Washington, 2000] – or the DSM-IV-TR for short – has come under sustained and serious criticism from its inception in 1952, in the first edition of the DSM.

The DSM IV-TR adopts a categorical approach, postulating that personality disorders are "*qualitatively distinct clinical syndromes*" (p. 689). This is widely doubted. Even the distinction made between "normal" and "disordered" personalities is increasingly being rejected. The "diagnostic thresholds" between normal and abnormal are either absent or weakly supported.

The polythetic form of the DSM's Diagnostic Criteria – only a subset of the criteria is adequate grounds for a diagnosis – generates unacceptable diagnostic heterogeneity. In other words, people diagnosed with the same personality disorder may share only one criterion or none.

The DSM fails to clarify the exact relationship between Axis II and Axis I disorders and the way chronic childhood and developmental problems interact with personality disorders.

The differential diagnoses are vague and the personality disorders are insufficiently demarcated. The result is excessive co-morbidity (multiple Axis II diagnoses).

The DSM contains little discussion of what distinguishes normal character (personality), personality traits, or personality style (Millon) – from personality disorders.

A dearth of documented clinical experience regarding both the disorders themselves and the utility of various treatment modalities.

Numerous personality disorders are "not otherwise specified" – a catchall, basket "category".

Cultural bias is evident in certain disorders (such as the Antisocial and the Schizotypal).

The emergence of dimensional alternatives to the categorical approach is acknowledged in the DSM-IV-TR itself:

***“An alternative to the categorical approach is the dimensional perspective that Personality Disorders represent maladaptive variants of personality traits that merge imperceptibly into normality and into one another”*** (p.689)

The following issues – long neglected in the DSM – are likely to be tackled in future editions as well as in current research. But their omission from official discourse hitherto is both startling and telling:

- The longitudinal course of the disorder(s) and their temporal stability from early childhood onwards;
- The genetic and biological underpinnings of personality disorder(s);
- The development of personality psychopathology during childhood and its emergence in adolescence;
- The interactions between physical health and disease and personality disorders;
- The effectiveness of various treatments – talk therapies as well as psychopharmacology.

#### ***IV. The Biochemistry and Genetics of Mental Health***

Certain mental health afflictions are either correlated with a statistically abnormal biochemical activity in the brain – or are ameliorated with medication. Yet the two *facts* are not ineludibly facets of *the same* underlying phenomenon. In other words, that a given medicine reduces or abolishes certain symptoms does not necessarily mean they were *caused* by the processes or substances affected by the drug administered. Causation is only one of many possible connections and chains of events.

To designate a pattern of behaviour as a mental health disorder is a value judgment, or at best a statistical observation. Such designation is effected regardless of the facts of brain science. Moreover, correlation is not causation. Deviant brain or body biochemistry (once called "polluted animal spirits") do exist – but are they truly the roots of mental perversion? Nor is it clear which triggers what: do the aberrant neurochemistry or biochemistry cause mental illness – or the other way around?

That psychoactive medication alters behaviour and mood is indisputable. So do illicit and legal drugs, certain foods, and all interpersonal interactions. That the changes brought about by prescription are desirable – is debatable and involves tautological thinking. If a certain pattern of behaviour is described as (socially) "dysfunctional" or (psychologically) "sick" – clearly, every change would be welcomed as "healing" and every agent of transformation would be called a "cure".

The same applies to the alleged heredity of mental illness. Single genes or gene complexes are frequently "associated" with mental health diagnoses, personality traits, or behaviour patterns. But too little is known to

establish irrefutable sequences of causes-and-effects. Even less is proven about the interaction of nature and nurture, genotype and phenotype, the plasticity of the brain and the psychological impact of trauma, abuse, upbringing, role models, peers, and other environmental elements.

Nor is the distinction between psychotropic substances and talk therapy that clear-cut. Words and the interaction with the therapist also affect the brain, its processes and chemistry - albeit more slowly and, perhaps, more profoundly and irreversibly. Medicines – as David Kaiser reminds us in "*Against Biologic Psychiatry*" (Psychiatric Times, Volume XIII, Issue 12, December 1996) – treat symptoms, not the underlying processes that yield them.

#### ***V. The Variance of Mental Disease***

If mental illnesses are bodily and empirical, they should be invariant both temporally and spatially, across cultures and societies. This, to some degree, is, indeed, the case. Psychological diseases are not context dependent – but the pathologizing of certain behaviours is. Suicide, substance abuse, narcissism, eating disorders, antisocial ways, schizotypal symptoms, depression, even psychosis are considered sick by some cultures – and utterly normative or advantageous in others.

This was to be expected. The human mind and its dysfunctions are alike around the world. But values differ from time to time and from one place to another. Hence, disagreements about the propriety and desirability of human actions and inaction are bound to arise in a symptom-based diagnostic system.

As long as the *pseudo-medical* definitions of mental health disorders continue to rely exclusively on signs and symptoms – i.e., mostly on observed or reported behaviours – they remain vulnerable to such discord and devoid of much-sought universality and rigor.

#### ***VI. Mental Disorders and the Social Order***

The mentally sick receive the same treatment as carriers of AIDS or SARS or the Ebola virus or smallpox. They are sometimes quarantined against their will and coerced into involuntary treatment by medication, psychosurgery, or electroconvulsive therapy. This is done in the name of the greater good, largely as a preventive policy.

Conspiracy theories notwithstanding, it is impossible to ignore the enormous interests vested in psychiatry and psychopharmacology. The multibillion dollar industries involving drug companies, hospitals, managed healthcare, private clinics, academic departments, and law enforcement agencies rely, for their continued and exponential growth, on the propagation of the concept of "mental illness" and its corollaries: treatment and research.

#### ***VII. Mental Ailment as a Useful Metaphor***

Abstract concepts form the core of all branches of human knowledge. No one has ever seen a quark, or untangled a chemical bond, or surfed an electromagnetic wave, or visited the unconscious. These are useful metaphors, theoretical entities with explanatory or descriptive power.

"Mental health disorders" are no different. They are shorthand for capturing the unsettling quiddity of "the

Other". Useful as taxonomies, they are also tools of social coercion and conformity, as Michel Foucault and [Louis Althusser](#) observed. Relegating both the dangerous and the idiosyncratic to the collective fringes is a vital technique of social engineering.

The aim is progress through social cohesion and the regulation of innovation and creative destruction. Psychiatry, therefore, reifies society's preference of evolution to revolution, or, worse still, to mayhem. As is often the case with human endeavor, it is a noble cause, unscrupulously and dogmatically pursued.

*Also Read*

[\*On Disease\*](#)

[\*The Myth of Mental Illness\*](#)

[\*In Defense of Psychoanalysis\*](#)

[\*The Metaphors of the Mind - Part I \(The Brain\)\*](#)

[\*The Metaphors of the Mind - Part II \(Psychotherapy\)\*](#)

[\*The Metaphors of the Mind - Part III \(Dreams\)\*](#)

[\*The Use and Abuse of Differential Diagnoses\*](#)

[\*Althusser, Competing Interpellations and the Third Text\*](#)

[\*Back to Table of Contents\*](#)

# ***THE AUTHOR***

**Shmuel (Sam) Vaknin**

Curriculum Vitae

Born in 1961 in Qiryat-Yam, Israel.

Served in the Israeli Defence Force (1979-1982) in training and education units.

## ***Education***

Graduated a few semesters in the Technion – Israel Institute of Technology, Haifa.

Ph.D. in Philosophy (major: Philosophy of Physics) – Pacific Western University, California, USA.

Graduate of numerous courses in Finance Theory and International Trading.

Certified [E-Commerce Concepts Analyst](#) by [Brainbench](#).

Certified in [Psychological Counselling Techniques](#) by [Brainbench](#).

Certified [Financial Analyst](#) by [Brainbench](#).

Full proficiency in Hebrew and in English.

## ***Business Experience***

### **1980 to 1983**

Founder and co-owner of a chain of computerized information kiosks in Tel-Aviv, Israel.

### **1982 to 1985**

Senior positions with the Nessim D. Gaon Group of Companies in Geneva, Paris and New-York (NOGA and APROFIM SA):

– Chief Analyst of Edible Commodities in the Group's Headquarters in Switzerland

- Manager of the Research and Analysis Division
- Manager of the Data Processing Division
- Project Manager of the Nigerian Computerized Census
- Vice President in charge of RND and Advanced Technologies
- Vice President in charge of Sovereign Debt Financing

**1985 to 1986**

Represented Canadian Venture Capital Funds in Israel.

**1986 to 1987**

General Manager of IPE Ltd. in London. The firm financed international multi-lateral countertrade and leasing transactions.

**1988 to 1990**

Co-founder and Director of "Mikbats-Tesuah", a portfolio management firm based in Tel-Aviv.

Activities included large-scale portfolio management, underwriting, forex trading and general financial advisory services.

**1990 to Present**

Freelance consultant to many of Israel's Blue-Chip firms, mainly on issues related to the capital markets in Israel, Canada, the UK and the USA.

Consultant to foreign RND ventures and to governments on macro-economic matters.

Freelance journalist and analyst for various media in the USA.

**1990 to 1995**

President of the Israel chapter of the Professors World Peace Academy (PWPA) and (briefly) Israel representative of the "Washington Times".

**1993 to 1994**

Co-owner and Director of many business enterprises:

- The Omega and Energy Air-Conditioning Concern
- AVP Financial Consultants
- Handiman Legal Services – Total annual turnover of the group: 10 million USD.

Co-owner, Director and Finance Manager of COSTI Ltd. – Israel's largest computerized information vendor and developer. Raised funds through a series of private placements locally in the USA, Canada and London.

**1993 to 1996**

Publisher and Editor of a Capital Markets Newsletter distributed by subscription only to dozens of subscribers countrywide.

In a legal precedent in 1995 – studied in business schools and law faculties across Israel – was tried for his role in an attempted takeover of Israel's Agriculture Bank.

Was interned in the State School of Prison Wardens.

Managed the Central School Library, wrote, published and lectured on various occasions.

Managed the Internet and International News Department of an Israeli mass media group, "Ha-Tikshoret and Namer".

Assistant in the Law Faculty in Tel-Aviv University (to Prof. S.G. Shoham).

**1996 to 1999**

Financial consultant to leading businesses in Macedonia, Russia and the Czech Republic.

Economic commentator in "[Nova Makedonija](#)", "[Dnevnik](#)", "Makedonija Denes", "Izvestia", "Argumenti i Fakti", "The Middle East Times", "[The New Presence](#)", "[Central Europe Review](#)", and other periodicals, and in the economic programs on various channels of Macedonian Television.

Chief Lecturer in Macedonia in courses organized by the Agency of Privatization, by the Stock Exchange, and by the Ministry of Trade.

**1999 to 2002**

Economic Advisor to the Government of the Republic of Macedonia and to the Ministry of Finance.

**2001 to 2003**

Senior Business Correspondent for [United Press International \(UPI\)](#).

***Web and Journalistic Activities***

Author of extensive Web sites in:

- Psychology ("[Malignant Self Love](#)") – An [Open Directory Cool Site](#),
- Philosophy ("[Philosophical Musings](#)"),
- Economics and Geopolitics ("[World in Conflict and Transition](#)").

Owner of the [Narcissistic Abuse Study List](#) and the [Abusive Relationships Newsletter](#) (more than 6000 members).

Owner of the [Economies in Conflict and Transition Study List](#), the [Toxic Relationships Study List](#), and the [Link and Factoid Study List](#).

Editor of mental health disorders and Central and Eastern Europe categories in various Web directories ([Open Directory](#), [Search Europe](#), [Mentalhelp.net](#)).

Editor of the [Personality Disorders](#), [Narcissistic Personality Disorder](#), the [Verbal and Emotional Abuse](#), and the [Spousal \(Domestic\) Abuse and Violence](#) topics on Suite 101 and [Bellaonline](#).

Columnist and commentator in "The New Presence", [United Press International \(UPI\)](#), [InternetContent](#), [eBookWeb](#), [PopMatters](#), "[Global Politician](#)", [eBookNet](#), and "[Central Europe Review](#)".

### ***Publications and Awards***

"Managing Investment Portfolios in States of Uncertainty", Limon Publishers, Tel-Aviv, 1988

"The Gambling Industry", Limon Publishers, Tel-Aviv, 1990

"[Requesting My Loved One – Short Stories](#)", Yedioth Aharonot, Tel-Aviv, 1997

"[The Suffering of Being Kafka](#)" (electronic book of Hebrew and English Short Fiction), Prague and Skopje, 1998-2004

"The Macedonian Economy at a Crossroads – On the Way to a Healthier Economy" (dialogues with [Nikola Gruevski](#)), Skopje, 1998

"[The Exporters' Pocketbook](#)", Ministry of Trade, Republic of Macedonia, Skopje, 1999

"[Malignant Self Love – Narcissism Revisited](#)", Narcissus Publications, Prague and Skopje, 1999-2007

[The Narcissism Series](#) (e-books regarding relationships with abusive narcissists), Skopje, 1999-2007

"[After the Rain – How the West Lost the East](#)", Narcissus Publications in association with [Central Europe Review/CEENMI](#), Prague and Skopje, 2000

Winner of numerous awards, among them [Israel's Council of Culture and Art Prize for Maiden Prose](#) (1997), The Rotary Club Award for Social Studies (1976), and the Bilateral Relations Studies Award of the American Embassy in Israel (1978).

Hundreds of professional articles in all fields of finances and the economy, and numerous articles dealing with geopolitical and political economic issues published in both print and Web periodicals in many countries.

Many appearances in the electronic media on subjects in philosophy and the sciences, and concerning economic matters.

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***My Web Sites:***

***Economy/Politics:*** <http://ceeandbalkan.tripod.com/>

***Psychology:*** <http://www.narcissistic-abuse.com/>

***Philosophy:*** <http://philosophos.tripod.com/>

***Poetry:*** <http://samvak.tripod.com/contents.html>

***Fiction:*** <http://samvak.tripod.com/sipurim.html>

*Abused? Stalked? Harassed? Bullied? Victimized?  
Afraid? Confused? Need HELP? DO SOMETHING ABOUT IT!*

Had a Narcissistic Parent?

Married to a Narcissist – or Divorcing One?

Afraid your children will turn out the same?

Want to cope with this pernicious, baffling condition?

OR

Are You a Narcissist – or suspect that You are one...

This book will teach you how to...

Cope, Survive, and Protect Your Loved Ones!

You should read...

**"Malignant Self Love – Narcissism Revisited"**

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Sam Vaknin published the EIGHTH, REVISED IMPRESSION of his book about relationships with abusive narcissists, "**Malignant Self Love – Narcissism Revisited**".

The book deals with the Narcissistic Personality Disorder and its effects on the narcissist and his nearest and dearest – in 102 frequently asked questions and two essays – a total of 600 pages!

### **Print Edition from BARNES AND NOBLE and AMAZON**

**Barnes and Noble** – "Malignant Self Love – Narcissism Revisited" EIGHTH, Revised, Impression (January 2007)

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"Malignant Self Love – Narcissism Revisited" is now available from **Amazon Canada** – Click on this link:

<http://www.amazon.ca/exec/obidos/tg/detail/-/8023833847/new/>

And from **Amazon.com** – Click on this link:

<http://www.amazon.com/exec/obidos/tg/detail/-/8023833847/>

"**After the Rain – How the West Lost the East**" – Click on this link:

<http://barnesandnoble.bfast.com/booklink/click?ISBN=802385173X>

### **Print Edition from the PUBLISHER**

The previous revised impression of Sam Vaknin's "Malignant Self – Love – Narcissism Revisited".

Comes with an exclusive BONUS PACK (not available through Barnes and Noble or Amazon).

Contains the entire text: essays, frequently asked questions and appendices regarding pathological narcissism and the Narcissistic Personality Disorder (NPD).

The publisher charges the full list price – but throws into the bargain a bonus pack with hundreds of additional pages.

Click on this link:

[http://www.ccnw.com/cgi-local/cart.cgi?vaksam\\_MSL](http://www.ccnw.com/cgi-local/cart.cgi?vaksam_MSL)

Free excerpts from the EIGHTH, Revised Impression of "**Malignant Self Love – Narcissism Revisited**" are available as well as a free NEW EDITION of the Narcissism Book of Quotes

Click on this link to download the files:

<http://www.narcissistic-abuse.com/freebooks.html>

#### **"After the Rain – How the West Lost the East"**

The history, cultures, societies, and economies of countries in transition in the Balkans.

Click on this link to purchase this print book:

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### **Electronic Books (e-books) from the Publisher**

An *electronic book* is a computer file, sent to you as an attachment to an e-mail message. Just save it to your hard disk and click on the file to open, read, and learn!

#### 1. "**Malignant Self Love – Narcissism Revisited**"

Eighth, Revised Edition (January 2007)

The e-book version of Sam Vaknin's "Malignant Self – Love – Narcissism Revisited". Contains the entire text: essays, frequently asked questions (FAQs) and appendices regarding pathological narcissism and the Narcissistic Personality Disorder (NPD).

Click on this link to purchase the e-book:

[http://www.ccnw.com/cgi-local/cart.cgi?vaksam\\_MSL-EBOOK](http://www.ccnw.com/cgi-local/cart.cgi?vaksam_MSL-EBOOK)

2. **"The Narcissism Series"**

Eighth, Revised Edition (January 2007)

EIGHT e-books (more than 2500 pages), including the full text of "Malignant Self Love – Narcissism Revisited", regarding Pathological Narcissism, relationships with abusive narcissists and psychopaths, and the Narcissistic Personality Disorder (NPD).

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3. **"Toxic Relationships – Abuse and its Aftermath"**

Fourth Edition (February 2006)

How to identify abuse, cope with it, survive it, and deal with your abuser and with the system in divorce and custody issues.

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4. **"The Narcissist and Psychopath in the Workplace"**

(September 2006)

Identify abusers, bullies, and stalkers in the workplace (bosses, colleagues, suppliers, and authority figures) and learn how to cope with them effectively.

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5. **"Abusive Relationships Workbook"** (February 2006)

Self-assessment questionnaires, tips, and tests for victims of abusers, batterers, and stalkers in various types of relationships.

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6. **"Pathological Narcissism FAQs"**

Eighth, Revised Edition (January 2007)

Dozens of Frequently Asked Questions regarding Pathological Narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder.

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7. **"The World of the Narcissist"**

Eighth, Revised Edition (January 2007)

A book-length psychodynamic study of pathological narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder, using a new vocabulary.

Click on this link to purchase the e-book:

[http://www.ccnw.com/cgi-local/cart.cgi?vaksam\\_ESSAY](http://www.ccnw.com/cgi-local/cart.cgi?vaksam_ESSAY)

8. **"Excerpts from the Archives of the Narcissism List"**

Hundreds of excerpts from the archives of the Narcissistic Abuse Study List regarding Pathological Narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder (NPD).

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9. **"Diary of a Narcissist"** (November 2005)

The anatomy of one man's mental illness – its origins, its unfolding, its outcomes.

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10. **"After the Rain – How the West Lost the East"**

The history, cultures, societies, and economies of countries in transition in the Balkans.

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### **More about the Books and Additional Resources**

The Eighth, Revised Impression (January 2007) of the Print Edition of "**Malignant Self Love – Narcissism Revisited**" includes:

- The full text of "Malignant Self Love – Narcissism Revisited"
- The full text of 102 Frequently Asked Questions and Answers
- Covering all the dimensions of Pathological Narcissism and Abuse in Relationships
- An Essay – The Narcissist's point of view
- Bibliography
- 600 printed pages in a quality paper book
- Digital Bonus Pack! (available only when you purchase the previous edition from the Publisher) – Bibliography, three e-books, additional FAQs, appendices and more – hundreds of additional pages!

### **Testimonials and Additional Resources**

You can read Readers' Reviews at the Barnes and Noble Web page dedicated to "Malignant Self Love" – HERE:

<http://barnesandnoble.bfast.com/booklink/click?ISBN=8023833847>

### **Dozens of Links and Resources**

Click on these links:

The Narcissistic Abuse Study List

<http://groups.yahoo.com/group/narcissisticabuse>

The Toxic Relationships Study List

<http://groups.yahoo.com/group/toxicrelationships>

Abusive Relationships Newsletter

<http://groups.google.com/group/narcissisticabuse>

**Participate in Discussions about Abusive Relationships**

<http://personalitydisorders.suite101.com/discussions.cfm>

[http://groups.yahoo.com/group/Narcissistic\\_Personality\\_Disorder](http://groups.yahoo.com/group/Narcissistic_Personality_Disorder)

<http://groups.msn.com/NARCISSISTICPERSONALITYDISORDER>

**Links to Therapist Directories, Psychological Tests, NPD Resources,  
Support Groups for Narcissists and Their Victims, and Tutorials**

<http://www.suite101.com/links.cfm/npd>

**Support Groups for Victims of Narcissists and Narcissists**

[http://dmoz.org/Health/Mental\\_Health/Disorders/Personality/Narcissistic](http://dmoz.org/Health/Mental_Health/Disorders/Personality/Narcissistic)

<http://www.narcissistic-abuse.com/freebooks.html>

***BE WELL, SAFE AND WARM WHEREVER YOU ARE!***

**Sam Vaknin**

# *Malignant Self Love*

## Narcissism Revisited

### **The Book**

*"Narcissists live in a state of constant rage, repressed aggression, envy and hatred. They firmly believe that everyone is like them. As a result, they are paranoid, aggressive, haughty and erratic. Narcissists are forever in pursuit of Narcissistic Supply.*

*They know no past or future, are not constrained by any behavioural consistency, 'rules' of conduct or moral considerations. You signal to a narcissist that you are a willing source – and he is bound to extract his supply from you.*

*This is a reflex.*

*He would have reacted absolutely the same to any other source. If what is needed to obtain supply from you is intimations of intimacy – he will supply them liberally."*

This book is comprised of two parts.

The first part contains 102 Frequently Asked Questions related to the various aspects of pathological narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder (NPD).

The second part is an exposition of the various psychodynamic theories regarding pathological narcissism and a proposed new vocabulary.

### **The Author**

Sam Vaknin was born in Israel in 1961. A financial consultant and columnist, he lived (and published) in 12 countries. He is a published and awarded author of short fiction and reference and an editor of mental health categories in various Web directories. This is his twelfth book.