

Malignant Self-love

Narcissism Revisited

By Sam Vaknin



Narcissists, Psychopaths, and Abusive Relationships

Malignant Self-love

Narcissism Revisited

1st EDITION
10th Revised Impression

EXCERPTS ONLY
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Sam Vaknin

The Author is NOT a Mental Health Professional.

"Malignant Self-love: Narcissism Revisited" is based on correspondence since 1996 with hundreds of people diagnosed with Narcissistic and Antisocial Personality Disorders (narcissists and psychopaths) and with thousands of family members, friends, therapists, and colleagues.

Editing and Design:
Lidija Rangelovska

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Warning and Disclaimer

The contents of this book are not meant to substitute for professional help and counselling. The readers are discouraged from using it for diagnostic or therapeutic ends. The diagnosis and treatment of Narcissistic Personality Disorder can only be done by professionals specifically trained and qualified to do so - which the author is not. The author is NOT a mental health professional.

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This book is dedicated to Lidija,
my wife, my life, and my muse,
who made this tome possible
and much more besides.

History of the Book

In April 1997, we uploaded to the Web a free Internet edition of Sam's book "*Malignant Self-love: Narcissism Revisited*", written in 1995. It is still available here: <http://www.narcissistic-abuse.com>.

It generated an outpouring of anguish and relief from both narcissists and victims of abuse, who now could put a label to their misery and suffering. Thus, we followed up with the first print edition of the book in 1999.

At the time, with the exception of a handful of scholars, no one had even heard of pathological narcissism. Sam had to come up with a whole new vocabulary to describe the pernicious disorder and its insidious effects. He coined phrases such as Somatic and Cerebral Narcissist, narcissistic abuse, No Contact, devalued and discarded, cold empathy, and dozens of others. Sometimes, he had to imbue moribund phrases from the 1930s and 1970s with new meaning: Narcissistic Supply and False Self are two examples of many.

20 years later, narcissism is a cultural meme, a buzzword, and a leading topic of study in academe. Yet, it is precisely this popularity that threatens to obscure the true nature of Narcissistic Personality Disorder.

This tenth, definitive, revised printing aims to remind everyone not to bandy narcissism about as a mere invective. It provides a coherent and rigorous framework for the discussion of pathological narcissism in all its manifestations, individual and social.

**Lidija Rangelovska
Skopje, March 2015**

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TESTIMONIALS

What the Media Have to Say

"Few people can claim to have increased the public awareness of NPDP to such a degree."

*Adrian Tampany, [Financial Times Weekend Magazine](#),
September 4-5, 2010*

"Malignant Self-love (is a) ... magnum opus."

Yvonne Roberts, [Sunday Times](#), September 16, 2007

"Sam Vaknin is the world's leading expert on narcissism."

Tim Hall, [New York Press](#), Volume 16, Issue 7, February 12, 2003

"Vaknin's a respected expert on malignant narcissists ... He set about to know everything there is about the psychopathic narcissist."

Ian Walker, [ABC Radio National Background Briefing](#), July 18, 2004

Additional interviews with New-York Times, New-York Post, Washington Post, UPI, Sunday Times, Financial Times, and other major media available in Sam Vaknin's [Media Kit](#).

What Mental Health Professionals and Authors Have to Say

"Among many books published on the topic of pathological narcissism, this is by far the best. It is highly recommended not only for the general public but also for professional therapists."

Akira Otani, Ed.D., ABPH, University of Maryland

"Sam Vaknin's book is THE bible on Narcissism!"

Mary Jo Fay, author of 'When Your Perfect Partner Goes Perfectly Wrong - Loving or Leaving the Narcissist in Your Life'

"Sam is doing a great work on pathological narcissism. His book 'Malignant Self-love' is our first guideline in handling malignant types of patients in the forensic setting."

*Dr. Sanja Radeljak, M.D., Ph.D.
Psychiatrist and forensic expert witness*

"Sam Vaknin is extremely impressive and the author of 'Malignant Self-love: Narcissism Revisited', which is a seminal work on narcissism. Buy Vaknin's book because it will teach you every single thing in the world about narcissists. This guy invented how we think about narcissism."

Dr. Samantha Rodman, DrPsychMom.com

"The book penetrates deeply into the narcissist's mind and is filled with myriad gripping novel insights. It gives the reader a great insight into the fears, desires, defences, and motives of the narcissist, as well as those in relationship with the narcissist."

Alison Poulsen, Ph.D.

"Brilliant, insightful, extremely relevant, not only clinically, but practically, on a day to day basis. This work can be immediately applied and be of assistance to our society at large."

*Cyndie Spanier, Ph.D.
Deputy Director at Pittsburgh Behavioural Medicine, LLC*

"Sam is a genius his work most inspiring not only to myself but to my colleagues as well."

*Joan Jutta Lachkar, Ph.D, Affiliate Member of the New Centre for
Psychoanalysis and author of: 'How to Talk to a Narcissist',
'How to Talk to a Borderline', 'Narcissistic/Borderline Couples'*

"I consider this book to be the compass for Narcissistic Personality Disorder education."

Jen Emmerich, LMSW, ACSW

"There is no more important work than this one on the subject ... You may very well discover yourself."

Heyward Bruce Ewart, III, Ph.D., author of 'Am I Bad'

"Read Malignant Self-love so you will understand that you are NOT crazy, you are just embedded in a crazy making relationship."

Liane J. Leedom, M.D., author of 'Just Like His Father?'

"I was stimulated just as I was challenged and enlightened."

Robert L. Mueller, author of 'Bullying Bosses'

"Vaknin's depth and breadth are unmatched anywhere else and by anyone else. He knows everything there is to know about narcissistic and psychopathic abusers and how to cope with them effectively."

Yomtov Barak, family therapist

"The only source of such vast, serious, elaborated and thorough first-hand information about Narcissism available. Useful for victims as well as therapists."

Dr. Nili Raam, author

"Provides the partners, family and friends of NPD sufferers, and the sufferers themselves, with deep insight into the numerous expressions of this devastating and often insidious disorder."

Esther Veltheim, author of 'Beyond Concepts'

"One powerful healing tool in our therapy with these people is Dr. Vaknin's book. The most accurate portrayal of the 'typical' cult leader we have ever seen."

Robert Pardon, Director of MeadowHaven

"A must read for psychologists, social workers, and all individuals who want to learn how to deal with the narcissists in their lives."

Laurie Anthony, teacher and author

"Required reading for any codependent - to understand how the other side works."

Dr. Irene Matiatos, psychologist and Webmistress of drirene.com

"If you wish to get under the skin of a Narcissist, if you wish to get to know how he thinks and feels and why he behaves as he does, then this is the book for you."

Dr. Anthony Benis, Mount Sinai Hospital, New York, and author of 'Towards Self and Sanity - On the Genetic Origins of the Human Character'

"Sam Vaknin is a leading authority on the topic of narcissism."

Lisa Angelettie M.S.W., former editor of BellaOnline's [Mental Health](#), ['What is Narcissistic Personality Disorder'](#)

"(T)his book is a must read and will give you insight into the emotionally destructive people in your workplace, your family and among your friends. Sam Vaknin clears up the questions, confusion, and effects of dealing with narcissists: the book is well written, informative, and therapeutic."

Carolyn Reilly, MSW San Jose, Costa Rica

"I cannot recommend this book enough to those of you who have this disorder, to families and friends who are trying to understand."

Patty Pheil, MSW, [Mental Health Today](#)

Other Testimonials

"...This book has an important purpose. I am sure it will be appreciated in a library, classroom or among the mental health profession."

Katherine Theriault, [Inscriptions Magazine](#), Vol. 2, Issue 20

"Now, for the first time, a much-needed first hand account of what Narcissistic Personality Disorder is like. Offers insight and clarity."

Howard Brown, [4Therapy](#)

"Sam Vaknin's study of narcissism is truly insightful. The author has done probably more than anyone else to educate others to this poorly understood condition. In this, his twelfth book, he shares his considerable knowledge and experience of narcissism in a comprehensive yet easy to read style."

The late Tim Field, Author and Webmaster of [Bully Online](#)

"Sam has plugged all the loopholes, exposed all the plots, and introduced a new language to confront the Narcissist. A 'hands-on' tool that can immediately bring relief. If you want to breathe again, if you are at your wits end, if everything has been tried and failed, if you NEED a change, then Malignant Self-love can give you your life back. This book is a lifesaver!"

Kathy Stringer, [ToddlerTime](#)

210+ FIVE STAR reviews in Barnes and Noble!

<http://search.barnesandnoble.com/bookSearch/isbnInquiry.asp?r=1&ISBN=9788023833843>

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FOREWORD

*Sin of self-love possesseth all mine eye
And all my soul and all my every part;
And for this sin there is no remedy,
It is so grounded inward in my heart.
Methinks no face so gracious is as mine,
No shape so true, no truth of such account;
And for myself mine own worth do define,
As I all other in all worths surmount.
But when my glass shows me myself indeed,
Beated and chopp'd with tann'd antiquity,
Mine own self-love quite contrary I read;
Self so self-loving were iniquity.
Tis thee, myself, that for myself I praise,
Painting my age with beauty of thy days.*
[Sonnet 62, William Shakespeare]

Hello. Recognize me? No? Well, you see me all the time. You read my books, watch me on the big screen, feast on my art, cheer at my games, use my inventions, vote me into office, follow me into battle, take notes at my lectures, laugh at my jokes, marvel at my successes, admire my appearance, listen to my stories, discuss my politics, enjoy my music, excuse my faults, envy me my blessings. No? Still doesn't ring a bell? Well, you have seen me. Of that I am positive. In fact, if there is one thing I am absolutely sure of, it is that. You have seen me.

Perhaps our paths crossed more privately. Perhaps I am the one who came along and built you up when you were down, employed you when you needed a job, showed the way when you were lost, offered confidence when you were doubting, made you laugh when you were blue, sparked your interest when you were bored, listened to you and understood, saw you for what you really are, felt your pain and found the answers, made you want to be alive. Of course you recognize me. I am your inspiration, your role model, your saviour, your leader, your

best friend, the one you aspire to emulate, the one whose favour makes you glow.

But I can also be your worst nightmare. First I build you up because that's what you need. Your skies are blue. Then, out of the blue, I start tearing you down. You let me do it because that's what you are used to. You are dumbfounded. But I was wrong to take pity on you. You really ARE incompetent, untrustworthy, disrespectful, immoral, ignorant, inept, egotistical, constrained, disgusting. You are a social embarrassment, an unappreciative partner, an inadequate parent, a disappointment, a sexual flop, a financial liability.

I tell you this to your face. I must. It is my right, because it is. I behave, at home and away, in any way I want to, with total disregard for conventions, mores, or the feelings of others. It is my right, because it is. I lie to your face, without a twitch or a twitter, and there is absolutely nothing you can do about it. In fact, my lies are not lies at all. They are the truth, my truth. And you believe them, because you do, because they do not sound or feel like lies, because to do otherwise would make you question your own sanity, which you have a tendency to do anyway, because from the very beginning of our relationship you placed your trust and hopes in me, derived your energy, direction, stability, and confidence from me and from your association with me. So what's the problem if the safe haven I provide comes with a price? Surely I am worth it and then some.

Run to our friends. Go. See what that will get you. Ridicule. People believe what they see and what they see is the same wonderful me that you also saw and still do. What they also see is the very mixed up person that you have obviously become. The more you plead for understanding, the more convinced they are that the crazy one is you, the more isolated you feel, and the harder you try to make things right again, not by changing me but by accepting my criticisms and by striving to improve yourself. Could it be that you were wrong about me in the beginning? So wrong as that? How do you think our friends will react if you insist that they are also wrong about me? After all, they know that it really is you who have thwarted my progress, tainted my reputation, and thrown me off course.

I disappoint you? Outrageous! You are the one who have disappointed me. Look at all the frustrations you cause me. Lucky for you, I have an escape from all this, and fortunately my reputation provides enough insulation from the outside world so I can indulge in this escape with impunity. What escape? Why, those eruptions of rage you dread and fear. Ah, it feels so good to rage. It is the expression of and the confirmation of my power over you, my absolute superiority. Lying feels good too, for the same reason, but nothing compares to

the pleasure of exploding for no material reason and venting my anger with total abandon, all the time a spectator at my own show and at your helplessness, pain, fear, frustration, and dependence.

In fact my raging is precisely what allows me to stay with you. Go ahead. Tell our friends about it. See if they can imagine what it's like, let alone believe it. The more outrageous the things you say about me, the more convinced they are that it is you who have taken a turn for the worse. And don't expect much more from your therapist either. You may tell him this or that, but what he sees when I visit him is something quite different. So what's the therapist to believe? After all, it was you who came for help. No! That's what this is all about. No! That simple two-letter word that, regardless of how bad I am, you simply cannot say. Who knows? You might even acquire some of my behaviour yourself.

But you know what? This may come as a shock, but I can also be my own worst nightmare. I can and I am. You see, at heart my life is nothing more than illusion-clad confusion. I have no idea why I do what I do, nor do I care to find out. In fact, the mere notion of asking the question is so repulsive to me that I employ all of my resources to repel it. I reconstruct facts, fabricate illusions, act them out, and thus create my own reality. It is a precarious state of existence indeed, so I am careful to include enough demonstrable truth in my illusions to ensure their credibility. And I am forever testing that credibility on you and on the reactions of others.

Fortunately my real attributes and accomplishments are in sufficient abundance to fuel my illusions seemingly forever. And modern society, blessed/cursed modern society, values most what I do best and thus serves as my accomplice. Even I get lost in my own illusions, swept away by my own magic.

So, not to worry if you still do not recognize me. I don't recognize me either. In fact, I am not really sure who I am. That's probably a question you never ask of yourself. Yet I wonder about it all the time. Perhaps I am not too different from everyone else, just better. After all, that's the feedback I get. My admirers certainly wish they were me. They just don't have the gifts I have, nor the courage I have to express them. That's what the universe is telling me.

Then again THE universe or MY universe? As long as the magic of my illusions works on me too, there really is no need for distinction. All I need is an abundant fan club to stay on top of it all. So I am constantly taking fan club inventory, testing the loyalty of present members with challenges of abuse, writing off defectors with total indifference, and scouting the landscape for new recruits. Do you see

my dilemma? I use people who are dependent on me to keep my illusions alive. So really it is I who am dependent on them.

Even the rage, that orgasmic release of pain and anger, works better with an audience. On some level I am aware of my illusions, but to admit that would spoil the magic. And that I couldn't bear. So I proclaim that what I do is of no consequence and no different from what others do, and thus I create an illusion about my creating illusions.

So, no, I don't recognize me any better than you do. I wouldn't dare. Like my fans, I marvel at my own being. Then again, sometimes I wish that I were not the person I am. You find that confusing? How do you think it makes me feel? I need my own magic to stay afloat. Sometimes others like me recruit me into their magic. But that's ok. As long as we feed off of each other, who's the worse for wear? It only confirms my illusion about my illusions: that I am no different from most other people, just a bit better.

But I AM different and we both know it, although neither one of us dares to admit it. Therein lies the root of my hostility. I tear you down because in reality I am envious of you BECAUSE I am different. At some haunting level I see my magic for what it is and realize that people around me function just fine WITHOUT any "magic".

This terrifies me. Panic stricken, I try all my old tricks: displays of my talents, unnecessary deceptions, self-serving distortions, skilful seductions, ludicrous projections, frightening rages, whatever. Normally, that works. But if it fails, watch out. Like a solar-powered battery in darkness, my fire goes out and I cease to exist. Destitution sets in.

That is the key to understanding me. Most people strive for goals and feel good when they approach them. They move toward something positive. I move in the same direction but my movement is away from something negative. That's why I never stop, am never content, no matter what I achieve. That negative thing seems to follow me around like a shadow. I douse myself in light and it fades, but that's all it does. Exhausted, I ultimately succumb to it, again and again.

Where did it come from, this negativity? Probably from before I learned to talk. When you were exploring your world for the first time, with the usual little toddler mishaps, your mother kept a careful eye on you, intervened when she saw you heading for danger, and comforted you when you made a mistake, even if you cried.

Well, that's not how it was for me. My mother's expectations of me were much higher. Mistakes were mistakes and crying was not the way to get her approval. That required being perfect, so that's exactly

what I became. Not the little awkward toddler that I was, but my mother's model child. Not the brave and curious little person that I really was, but the fearful personification of my mother's ideal.

What you were experiencing through your little mishaps and mistakes were small doses of shame. What you were learning from your quick recoveries was shame repair. At first your mother did most of the repairing. Through repetition, you gradually learned how to do it by yourself. Shame repair brain circuitry was being laid down that would carry you for the rest of your life. I had no such luck. I simply did not acquire that skill when nature had intended my brain to acquire it. No one enjoys shame. But most people can deal with it. Not me. I fear it the way most people fear snakes.

How many others like me are there? More than you might think, and our numbers are increasing. Take twenty people off the street and you will find one whose mind ticks so much like mine that you could consider us clones. Impossible, you say. It is simply not possible for that many people - highly accomplished, respected, and visible people - to be out there replacing reality with illusions, each in the same way and for reasons they know not. It is simply not possible for so many shame-phobic robots of havoc and chaos, as I describe myself, to function daily midst other educated, intelligent, and experienced individuals, and pass for normal. It is simply not possible for such an aberration of human cognition and behaviour to infiltrate and infect the population in such numbers, virtually undetected by the radar of mental health professionals. It is simply not possible for so much visible positive to contain so much concealed negative. It is simply not possible.

But it is. That is the enlightenment of "Narcissism Revisited" by Sam Vaknin. Sam is himself one such clone. What distinguishes him is his uncharacteristic courage to confront, and his uncanny understanding of, that which makes us tick, himself included. Not only does Sam dare ask and then answer the question we clones avoid like the plague, he does so with relentless, laser-like precision. Read his book. Take your seat at the double-headed microscope and let Sam guide you through the dissection.

Like a brain surgeon operating on himself, Sam explores and exposes the alien among us, hoping beyond hope for a resectable tumour but finding instead each and every cell teeming with the same resistant virus. The operation is long and tedious, and at times frightening and hard to believe. Read on. The parts exposed are as they are, despite what may seem hyperbolic or farfetched. Their validity might not hit home until later, when coupled with memories of past events and experiences.

I am, as I said, my own worst nightmare. True, the world is replete with my contributions, and I am lots of fun to be around. And true, most contributions like mine are not the result of troubled souls. But many more than you might want to believe are. And if by chance you get caught in my web, I can make your life a living hell. But remember this. I am in that web too. The difference between you and me is that you can get out.

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PROLOGUE

I met Sam on an Internet list about 14 years ago. I'd been studying personality disorders and narcissism at the time, looking at it from Jungian, spiritual, and literary points of view as well as psychological, and I was just not too terribly impressed with the psychological state of the art on those topics.

Sam invited me to visit his site, and without knowing him from Adam, I just wrongly assumed that he was one more run-of-the-mill shrink writing standard stuff about narcissism. I replied something like, "No, that won't be necessary, I am the only person in the whole world who truly understands narcissism" - a supremely narcissistic reply, in other words.

I went ahead and visited his site anyway, and was most impressed. I e-mailed him back then, and told him of my mistake, and said I thought his work was way ahead of the standard psychological writings on the subject. You just can't understand something as complex and subtle as narcissism without integrating your feelings, your soul and your heart with it, and the supposedly "objective" stuff written by professionals was just missing key dimensions that made it flat and cold "dead information" instead of "living knowledge".

Sam's writing on the subject pulsed with heat, it ran red with blood, it crackled with flames of passion, it cried out in agony. Sam KNEW narcissism like the fish knows the water and the eagle knows the air, because he had lived it. He described its small insignificant currents, he knew what it does when the weather changes, he knew exactly what happens to little frogs, snakes and crickets whenever they fall into the stream. Most psychologists only know ABOUT narcissism - Sam UNDERSTANDS it.

Paul Shirley, MSW

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INTRODUCTION

The Habit of Identity

In a famous experiment, students were asked to take a lemon home and to get used to it. Three days later, they were able to single out "their" lemon from a pile of rather similar ones. They seemed to have bonded. Is this the true meaning of [love](#), bonding, and coupling? Do we simply get used to other human beings, pets, or objects?

Habit-forming in humans is reflexive. We modify ourselves and our environment in order to attain maximum comfort and well-being. It is the effort that goes into these adaptive processes that forms a habit. The habit is intended to prevent us from constant experimentation and risk-taking. The greater our well-being, the better we function and the longer we survive.

Getting used to something or to someone amounts to getting used to ourselves. In the forming habit we see a part of our own history, of all the time and effort we had put into it. It is an encapsulated version of our acts, intentions, emotions, and reactions. It is a mirror reflecting that part in us which formed the habit in the first place. Hence, the feeling of ease: we really feel comfortable with our own selves through the agency of our habitual objects.

Because of this, we tend to confuse habits with identity. When asked *who* they are, most people resort to communicating their habits. They describe their work, their loved ones, their pets, their hobbies, or their material possessions (Sartre called this propensity "bad faith"). In other words: they refer to their "*derivative or secondary identity*" rather than their "*primary or autonomous identity*", the stable sense of one's kernel of self and of one's self-worth.

Yet, surely, all of these do not constitute one's identity! Removing them does not change it. They are habits and they make people

comfortable and relaxed, but they are not part of one's identity in the truest, deepest sense.

Still, it is this simple mechanism of deception that binds people together. A mother feels that her offspring form a part of her identity because she is so used to them that her well-being depends on their existence. Thus, any threat to her children is perceived by the mother to be a threat to her own self. Her reaction is, therefore, strong and enduring and can be recurrently elicited.

The truth, of course, is that her children *are* a part of the mother's identity in a superficial manner. Removing them will make her a different person, but only in the shallow, phenomenological sense of the word. Her deep-set, true identity will not change as a result. Children do die at times and the mother does go on living, essentially unchanged.

But what is this kernel of identity that I am referring to? This immutable entity which is who we are and what we are and which, ostensibly, is not influenced by the death of our loved ones? What can resist the breakdown of habits that die hard?

It is our personality. This elusive, loosely interconnected, interacting pattern of reactions to our changing environment. Like the [brain](#), it is difficult to define or to capture. Like the soul, many believe that it does not exist, that it is a mere construct or culture-bound convention.

Yet, we know that we do have a personality. We feel it, we experience it. It sometimes encourages us to do things and at other times it prevents us from doing them. It can be supple or rigid, benign or malignant, open or closed. Its power lies in its looseness. It is able to combine, recombine, and permute in hundreds of unforeseeable ways. Its metamorphoses and the constancy of these changes is what gives us a sense of identity.

Actually, when the personality is rigid to the point of being unable to change in reaction to shifting circumstances we say that it is disordered. One has a personality disorder when one's habits substitute for one's identity. Such a person identifies himself with his environment, taking behavioural, emotional, and cognitive cues exclusively from it. His inner world is, in a manner of speaking, vacated, his True Self merely an apparition.

Such a person is incapable of loving and of living. He is incapable of loving because to love another person one must first love oneself. And, in the absence of a self self-love is impossible. And, in the long-term, he is incapable of living because life is a struggle towards multiple goals, a striving, a drive at something. In other words: life is change. He, who cannot change, cannot live.

What is Personality and what is Normal?

In their opus magnum "Personality Disorders in Modern Life", Theodore Millon and Roger Davis define personality as:

"(A) complex pattern of deeply embedded psychological characteristics that are expressed automatically in almost every area of psychological functioning." [p. 2]

The Diagnostic and Statistical Manual (DSM IV-TR, 2000), published by the American Psychiatric Association, defines personality traits as:

"(E)nduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts." [p. 686]

Laymen often confuse and confute "personality" with "character" and "temperament".

Our temperament is the biological-genetic template that interacts with our environment.

Our temperament is a set of in-built dispositions that we are born with. It is mostly unalterable (though recent studies demonstrate that the brain is far more plastic and elastic than we thought).

In other words: our temperament is our nature.

Our character is largely the outcome of the process of socialization, the acts and imprints of our environment and nurture on our psyche during the formative years (0-6 years and in adolescence).

Our character is the set of all acquired characteristics that we possess, often judged in a cultural-social context.

Sometimes the interplay of all these factors results in an abnormal personality.

Personality disorders are dysfunctions of our whole identity, akin to tears in the fabric of who we are. They are all-pervasive because our personality is ubiquitous and permeates each and every one of our mental cells.

What constitutes normal behaviour? Who is normal?

There is the statistical response: the average and the common are normal. But it is an unsatisfactory and incomplete answer. Conforming to social edicts and mores does not guarantee normalcy. Think about anomic societies and periods in history such as Hitler's Germany or Stalin's Russia. Model citizens in these hellish and deviant environments were the criminal and the sadist.

Rather than look to the outside for a clear definition, many mental health professionals ask: is the patient functioning and happy (ego-syntonic)? If so then all is well and normal. Abnormal traits, behaviours, and personalities are, therefore dysfunctional and cause subjective distress.

Yet, many evidently mentally ill people are rather happy and reasonably functional. In which sense are they "abnormal"?

Some scholars reject the concept of "normalcy" altogether. The anti-psychiatry movement vehemently object to the medicalization and pathologization of whole swathes of human conduct. Others prefer to study the disorders themselves rather to "go metaphysical" by trying to distinguish them from an imaginary and ideal state of "mental health". They delve into the phenomenology of mental health disorders: their traits, characteristics, and impact on others.

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Malignant
Self-love
Narcissism Revisited

Narcissistic Personality Disorder

A Primer on Narcissism And Narcissistic Personality Disorder (NPD)

Most narcissists are men. This is why I use male pronouns throughout this book. Of course, there are women narcissists as well.

The Risks of Self-diagnosis and Labelling

Narcissistic Personality Disorder (NPD) is a *disease*. It is defined *only* by and in the Diagnostic and Statistical Manual (DSM). All other "definitions" and compilations of "criteria" are irrelevant and very misleading.

People go around putting together lists of traits and behaviours (usually based on their experience with one person who was never officially diagnosed as a narcissist) and deciding that these lists constitute the essence or definition of narcissism.

People are erroneously using the term "narcissist" to describe every type of abuser, or obnoxious and uncouth person. That is wrong. Not all abusers are narcissists.

Only a qualified mental health diagnostician can determine whether someone suffers from Narcissistic Personality Disorder (NPD) and this, following lengthy tests and personal interviews.

It is true enough that narcissists can mislead even the most experienced professional, let alone a layman. The same signs and symptoms may apply with equal force to several psychological problems. Differentiating between them takes years of learning, specialized training, qualifications, and experience.

What is Pathological Narcissism?

Pathological narcissism is a life-long pattern of traits and behaviours which signify infatuation and obsession with one's self to the exclusion of all others and the egotistic and ruthless pursuit of one's gratification, dominance, and ambition.

As distinct from [healthy narcissism](#), which we all possess, pathological narcissism is maladaptive, rigid, persisting, and causes significant distress and functional impairment.

Pathological narcissism was first described in detail by Freud in his essay "On Narcissism" (1914). Other major contributors to the study of narcissism are: Melanie Klein, Karen Horney, Franz Kohut, Otto Kernberg, Theodore Millon, Elsa Roningstam, J.G. Gunderson, and Robert Hare.

What is Narcissistic Personality Disorder (NPD)?

Narcissistic Personality Disorder (NPD) is not a new psychological construct. In previous centuries it was called "egotism" or "megalomania". It is an extreme form of pathological narcissism. It is a Cluster B (dramatic, emotional, or erratic) [personality disorder](#).

The other Cluster B personality disorders are Borderline Personality Disorder (BPD), Antisocial Personality Disorder (APD, or psychopathy and sociopathy), and Histrionic Personality Disorder (HPD).

Narcissistic Personality Disorder (NPD) made its first appearance as a mental health diagnosis in the DSM (Diagnostic and Statistical Manual) III-TR in 1980.

Diagnostic Criteria

The ICD-10 (International Classification of Diseases), published by the World Health Organization (WHO) in Geneva (1992), regards Narcissistic Personality Disorder (NPD) as "*a personality disorder that fits none of the specific rubrics*". It relegates it to the category "Other Specific Personality Disorders" together with the eccentric, "haltlose", immature, passive-aggressive, and psychoneurotic personality disorders and types.

The American Psychiatric Association, based in Washington D.C., USA, publishes the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Text Revision (DSM IV-TR, 2000) and fifth edition (2013), where it provides the diagnostic criteria for [Narcissistic Personality Disorder](#) [301.81, p. 669].

Both editions of the DSM define Narcissistic Personality Disorder (NPD) as "*a pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy, beginning by early adulthood and present in various contexts*", such as family life and work.

Five or more of the DSM's nine diagnostic criteria must be met for a diagnosis of Narcissistic Personality Disorder (NPD) to be rendered.

Proposed Amended Diagnostic Criteria for Narcissistic Personality Disorder (NPD)

[In the text below, I have proposed modifications to the language of these criteria to incorporate current knowledge about this disorder. My modifications appear in italics.]

[My amendments do not constitute a part of the text of the DSM IV-TR, nor is the American Psychiatric Association (APA) associated with them in any way.]

- Feels grandiose and self-important (e.g., exaggerates accomplishments, talents, *skills, contacts, and personality traits to the point of lying, demands* to be recognized as superior without commensurate achievements);
- Is *obsessed* with fantasies of unlimited success, *fame, fearsome* power or *omnipotence, unequalled* brilliance (*the Cerebral Narcissist*), *bodily beauty or sexual performance (the Somatic Narcissist)*, or ideal, *everlasting, all-conquering* love or *passion*;
- Firmly convinced that he or she is unique and, being special, can only be understood by, *should only be treated by*, or associate with, other special or unique, or high-status people (or institutions);
- Requires excessive admiration, *adulation, attention and affirmation, or, failing that, wishes to be feared and to be notorious (Narcissistic Supply)*;
- Feels entitled. *Demands automatic and full compliance* with his or her unreasonable expectations for special and *favourable, priority* treatment;
- Is "interpersonally exploitative", i.e., *uses* others to achieve his or her own ends;
- *Devoid* of empathy. Is *unable* or unwilling to identify with, *acknowledge, or accept* the feelings, needs, *preferences, wishes, priorities, and choices* of others;
- Constantly envious of others *and seeks to hurt or destroy the objects of his envy or the sources of her frustration. Suffers from persecutory (paranoid) delusions as he or she* believes that they feel the same about him or her *and are likely to act in the same destructive manner*;
- Behaves arrogantly and haughtily. *Feels superior, contemptuous, omnipotent, omniscient, invincible, immune, "above the law", and omnipresent (magical thinking). Rages when frustrated, contradicted, or confronted* by people he or she considers inferior to him or her and unworthy.

[Click [here](#) to download a [bibliography](#) of the studies and research regarding Narcissistic Personality Disorder (NPD) on which I based my proposed revisions.]

Prevalence and Age and Gender Features

We are all narcissists to some degree. But healthy narcissism is adaptive, flexible, empathic, causes elation and joy (happiness), and

helps us to function. Pathological narcissism is maladaptive, rigid, persisting, and causes significant distress, and functional impairment.

According to the DSM IV-TR, between 2% and 16% of the population in clinical settings (between 0.5-1% of the general population) are diagnosed with Narcissistic Personality Disorder (NPD). Most narcissists (50-75%, according to the DSM V) are men. The DSM V suggests that "*between 0% and 6.2% of community samples*" may be diagnosed with Narcissistic Personality Disorder based on the DSM IV criteria.

[See also: [Psychotherapeutic Assessment and Treatment of Narcissistic Personality Disorder](#) by Robert C. Schwartz, Ph.D., DAPA and Shannon D. Smith, Ph.D., DAPA (American Psychotherapy Association, Article 3004 Annals July/August 2002)]

We must carefully distinguish the narcissistic traits of [adolescents](#) - narcissism is an integral part of their healthy personal development - from the full-fledged disorder. Adolescence is about self-definition, differentiation, separation from one's parents, and individuation. These inevitably involve narcissistic assertiveness which is not to be conflated or confused with Narcissistic Personality Disorder (NPD).

Narcissistic Personality Disorder (NPD) is exacerbated by the onset of [aging](#) and the physical, mental, and occupational restrictions it imposes.

In certain situations, such as under [constant public scrutiny and exposure](#), a transient and reactive form of Narcissistic Personality Disorder (NPD) has been observed by Robert Milman and labelled "[Acquired Situational Narcissism](#)".

There is only scant research regarding Narcissistic Personality Disorder (NPD), but studies did not demonstrate any cultural, social, ethnic, genetic, economic, or professional predilection to pathological narcissism.

Comorbidity and Differential Diagnoses

Narcissistic Personality Disorder (NPD) is often diagnosed with [other mental health disorders](#) ("comorbidity"), such as [eating disorders](#), [mood disorders](#), and [substance-related disorders](#). Patients with Narcissistic Personality Disorder (NPD) are frequently abusive and prone to [impulsive and reckless behaviours](#) ("dual diagnosis").

Narcissistic Personality Disorder (NPD) is also commonly diagnosed with other personality disorders, such as Histrionic, Borderline, Paranoid, and [Antisocial](#) Personality Disorder.

The personal style of people who are afflicted with Narcissistic Personality Disorder (NPD) should be distinguished from the personal styles of patients with other Cluster B personality disorders. The

narcissist is grandiose, the histrionic coquettish, the antisocial (psychopath) callous, and the borderline needy.

As opposed to patients with Borderline Personality Disorder, the self-image of the narcissist is stable, he or she is less impulsive and less self-defeating or self-destructive and less concerned with abandonment issues (not as clinging, labile, and erratic as the borderline).

Contrary to the histrionic patient, the narcissist is goal-orientated and proud of his or her possessions and accomplishments. Narcissists also rarely display their emotions as histrionics do and they hold the sensitivities and needs of others in contempt.

According to the DSM IV-TR both narcissists and psychopaths are *"tough-minded, glib, superficial, exploitative, and un-empathic"*. But narcissists are less impulsive, less aggressive, and less deceitful. Psychopaths rarely seek Narcissistic Supply (attention and adulation). As opposed to psychopaths, few narcissists are career criminals.

Patients with obsessive-compulsive disorders are committed to perfection and believe that only they are capable of attaining it. But, as opposed to narcissists, they are self-critical and far more aware of their own deficiencies, flaws, and shortcomings.

Clinical Features of Narcissistic Personality Disorder (NPD)

The onset of pathological narcissism is in infancy, childhood and early adolescence. It is commonly attributed to childhood abuse and trauma inflicted by parents, authority figures, or even peers. Pathological narcissism is largely a defence mechanism intended to deflect hurt and trauma from the victim's "True Self" into a "[False Self](#)" which is construed by the narcissist to be omnipotent, invulnerable, and omniscient. The narcissist uses the False Self to regulate his or her labile sense of self-worth by extracting from his environment [Narcissistic Supply](#) (any form of attention, both positive and negative).

There is a whole range of narcissistic reactions, styles, and personalities: from the mild, reactive and transient to the permanent personality disorder.

Patients diagnosed with Narcissistic Personality Disorder (NPD) feel injured, humiliated, and empty when criticized. They often react with disdain (devaluation), [rage](#), and defiance to any slight, real or [imagined](#). To avoid such situations, some patients with Narcissistic Personality Disorder (NPD) socially withdraw and feign [false modesty and humility](#) to mask their underlying grandiosity. Dysthymic and depressive disorders are common reactions to isolation and feelings of shame and inadequacy.

The interpersonal relationships of patients with Narcissistic Personality Disorder are typically impaired owing to their lack of empathy, disregard for others, exploitativeness, sense of entitlement, and constant need for attention (Narcissistic Supply).

Though often ambitious, intelligent, and capable, inability to tolerate setbacks, disagreement, and criticism make it difficult for patients with Narcissistic Personality Disorder to [work in a team](#) or to maintain long-term professional achievements. The narcissist's fantastic grandiosity, frequently coupled with a hypomanic mood, is typically incommensurate with his or her real accomplishments (the "Grandiosity Gap").

Patients diagnosed with Narcissistic Personality Disorder are either "Cerebral" (derive their Narcissistic Supply from their intellect, or academic achievements), or "Somatic" (derive their Narcissistic Supply from their physique, exercise, physical or sexual prowess, and romantic or physical "conquests").

Patients with Narcissistic Personality Disorder are either "classic" (meet five of the nine diagnostic criteria included in the DSM), or they are "compensatory" (their narcissism compensates for deep-set feelings of inferiority and lack of self-worth).

Some narcissists are covert, or [Inverted Narcissists](#). As codependents, they derive their Narcissistic Supply from their relationships with classic narcissists.

Based on a survey of 1201 therapists and psychologists in clinical practice, Prof. Drew Westen of Emory University postulated the existence of three subtypes of narcissists:

1. High functioning or Exhibitionist: "*(H)as an exaggerated sense of self-importance, but is also articulate, energetic, outgoing, and achievement oriented.*" (The equivalent of the Cerebral Narcissist.)
2. Fragile: "*(W)ants to feel important and privileged to ward off painful feelings of inadequacy and loneliness.*" (The equivalent of the compensatory narcissist.)
3. Grandiose or Malignant: "*(H)as an exaggerated sense of self-importance, feels privileged, exploits others, and lusts after power.*" (The equivalent of the classic narcissist.)

[Westen, Drew et al. Refining the Construct of Narcissistic Personality Disorder: Diagnostic Criteria and Subtypes (Posted at <http://ajp.psychiatryonline.org/pap.dt>)]

Treatment and Prognosis

The common treatment for patients with Narcissistic Personality Disorder (NPD) is talk therapy (mainly psychodynamic psychotherapy

or cognitive-behavioural treatment modalities). Talk therapy is used to modify the narcissist's antisocial, interpersonally exploitative, and dysfunctional behaviours, often with some success. Medication is prescribed to control and ameliorate attendant conditions such as [obsessive-compulsive disorders](#), or [mood disorders](#).

The prognosis for an adult suffering from Narcissistic Personality Disorder (NPD) is poor, though his adaptation to life and to others can improve with treatment.

Narcissistic Personality Disorder in the DSM V

The DSM V re-defines personality disorders thus:

"The essential features of a [personality disorder](#) are impairments in personality (self and interpersonal) functioning and the presence of [pathological personality](#) traits."

According to the Alternative DSM V Model for Personality Disorders [p.767], the following criteria must be met to diagnose Narcissistic Personality Disorder (in parentheses my comments):

"Moderate or greater impairment in personality functioning in either identity, or self-direction (should be: in both)."

Identity

The narcissist keeps referring to others excessively in order to regulate his self-esteem (really, his sense of self-worth) and for his "self-definition" (to define his identity). His self-appraisal is exaggerated, whether it is inflated, deflated, or even fluctuating between these two poles and his emotional regulation reflects these vacillations.

(Finally, the DSM V accepted that narcissists can have an "inferiority complex" and feel worthless and bad; that they go through [cycles of ups and downs](#) in their self-evaluation; and that this cycling influences their [mood and affect](#).)

Self-direction

The narcissist sets goals in order to gain approval from others ([Narcissistic Supply](#); the DSM V ignores the fact that the run-of-the-mill narcissist finds disapproval equally rewarding as long as it places him firmly in the limelight). The narcissist [lacks self-awareness](#) as far as his motivation goes (and as far as everything else besides).

The narcissist's personal standards and benchmarks are either too high (which supports his [grandiosity](#)), or too low (buttresses his sense of [entitlement](#), which is incommensurate with his real-life performance).

Impairments in interpersonal functioning in either [empathy](#) or [intimacy](#) (should be: in both).

Empathy

The narcissist finds it difficult to identify with the emotions and needs of others, but is very attuned to their reactions when they are relevant to himself ([cold empathy](#)). Consequently, he [overestimates the effect he has on others](#) or underestimates it (the classic narcissist never underestimates the effect he has on others - but the Inverted Narcissist does).

Intimacy

The narcissist's relationships are self-serving and, by implication, shallow and superficial. They are centred around and geared at the regulation of his self-esteem (obtaining Narcissistic Supply for the regulation of his labile sense of self-worth).

The narcissist is not "genuinely" interested in intimate experiences of his partner (implying that he does fake such interest convincingly). The narcissist emphasizes his need for personal gain (by using the word "need", the DSM V acknowledges the [compulsive](#) and [addictive](#) nature of Narcissistic Supply). These twin fixtures of the narcissist's relationships render them one-sided: no mutuality or reciprocity (no [intimacy](#)).

Pathological Personality Traits

Antagonism characterized by grandiosity and attention-seeking.

Grandiosity

Reference is made to the aforementioned feeling of entitlement. The DSM V adds that it can be either overt or covert (which corresponds to my taxonomy of classic and [Inverted Narcissist](#)).

Grandiosity is characterized by self-centredness; a firmly-held conviction of superiority (arrogance or haughtiness); and [condescending or patronizing attitudes](#).

Attention-seeking

The narcissist puts inordinate effort, time, and resources into attracting others (Sources of Narcissistic Supply) and placing himself at the focus and centre of attention. He seeks admiration (the DSM V gets it completely wrong here: the narcissist does prefer to be admired and adulated, but, failing that, any kind of attention would do, even if it is negative).

The diagnostic criteria end with disclaimers and differential diagnoses, which, in turn, reflect years of accumulated research and newly-gained knowledge:

The above enumerated impairments should be *"stable across time and consistent across situations ... not better understood as*

normative for the individual's developmental stage or socio-cultural environment ... are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma)."

Psychological Defence Mechanisms

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 world.

These multiple, recurrent, "mini-panics" (combo anxieties) are potentially intolerable, overwhelming, and destructive - hence the need to defend against them. There are dozens of defence mechanisms. An overview of the most common follows:

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 cozy lives.

Denial

Perhaps the most primitive and best known defence 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 defence. 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 defence 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 becomes 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 content thus projected 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 behaviours 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 behaviour. "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 behaviour after the fact in a favourable 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 defence mechanism, cognitive dissonance may be considered a variant of rationalization. It involves speech acts which amount to 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 publicly 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 defence mechanisms to cope with these.

Splitting

This is a "primitive" defence 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 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.

Sublimation

The conversion and channelling of unacceptable emotions into socially-condoned behaviour. 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.

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Psychological Tests

Introduction

Personality assessment is perhaps more an art form than a science. In an attempt to render it as objective and standardized as possible, generations of clinicians came up with psychological tests and structured interviews. These are administered under similar conditions and use identical stimuli to elicit information from respondents. Thus, any disparity in the responses of the subjects can and is attributed to the idiosyncrasies of their personalities.

Moreover, most tests restrict the repertory of permitted of answers. "True" or "false" are the only allowed reactions to the questions in the Minnesota Multiphasic Personality Inventory II (MMPI-2), for instance. Scoring or keying the results is also an automatic process wherein all "true" responses get one or more points on one or more scales and all "false" responses get none.

This limits the involvement of the diagnostician to the interpretation of the test results (the scale scores). Admittedly, interpretation is arguably more important than data gathering. Thus, inevitably biased human input cannot and is not avoided in the process of personality assessment and evaluation. But its pernicious effect is somewhat reined in by the systematic and impartial nature of the underlying instruments (tests).

Still, rather than rely on one questionnaire and its interpretation, most practitioners administer to the same subject a battery of tests and structured interviews. These often vary in important aspects: their response formats, stimuli, procedures of administration, and scoring methodology. Moreover, in order to establish a test's reliability, many diagnosticians administer it repeatedly over time to the same client. If the interpreted results are more or less the same, the test is said to be reliable.

The outcomes of various tests must fit in with each other. Put together, they must provide a consistent and coherent picture. If one test yields readings that are constantly at odds with the conclusions

of other questionnaires or interviews, it may not be valid. In other words, it may not be measuring what it claims to be measuring.

Thus, a test quantifying one's grandiosity must conform to the scores of tests which measure reluctance to admit failings or propensity to present a socially desirable and inflated facade ("False Self"). If a grandiosity test is positively related to irrelevant, conceptually independent traits, such as intelligence or depression, it does not render it valid.

Most tests are either objective or projective. The psychologist George Kelly offered this tongue-in-cheek definition of both in a 1958 article titled "Man's construction of his alternatives" (included in the book "The Assessment of Human Motives", edited by G. Lindzey):

"When the subject is asked to guess what the examiner is thinking, we call it an objective test; when the examiner tries to guess what the subject is thinking, we call it a projective device."

The scoring of objective tests is computerized (no human input). Examples of such standardized instruments include the MMPI-II, the California Psychological Inventory (CPI), and the Millon Clinical Multiaxial Inventory II. Of course, a human finally gleanes the meaning of the data gathered by these questionnaires. Interpretation ultimately depends on the knowledge, experience, training, skills, and natural gifts of the therapist or diagnostician.

Projective tests are far less structured and thus a lot more ambiguous. As L. K. Frank observed in a 1939 article titled "Projective Methods for the Study of Personality":

"(The patient's responses to such tests are projections of his) way of seeing life, his meanings, significances, patterns, and especially his feelings."

In projective tests, the responses are not constrained and scoring is done exclusively by humans and involves judgement (and, thus, a modicum of bias). Clinicians rarely agree on the same interpretation and often use competing methods of scoring, yielding disparate results. The diagnostician's personality comes into prominent play. The best known of these "tests" is the Rorschach set of inkblots.

MMPI-2 Test

The MMPI (Minnesota Multiphasic Personality Inventory), composed by Hathaway (a psychologist) and McKinley (a physician) is the outcome of decades of research into personality disorders. The revised version, the MMPI-2 was published in 1989 but was received cautiously. MMPI-2 changed the scoring method and some of the normative data. It was, therefore, hard to compare it to its much hallowed (and oft validated) predecessor.

The MMPI-2 is made of 567 binary (true or false) items (questions). Each item requires the subject to respond: "This is true (or false) as applied to me". There are no "correct" answers. The test booklet allows the diagnostician to provide a rough assessment of the patient (the "basic scales") based on the first 370 queries (though it is recommended to administer all of 567 of them).

Based on numerous studies, the items are arranged in scales. The responses are compared to answers provided by "control subjects". The scales allow the diagnostician to identify traits and mental health problems based on these comparisons. In other words, there are no answers that are "typical to paranoid or narcissistic or antisocial patients". There are only responses that deviate from an overall statistical pattern and conform to the reaction patterns of other patients with similar scores. The nature of the deviation determines the patient's traits and tendencies - but not his or her diagnosis!

The interpreted outcomes of the MMPI-2 are phrased thus: "The test results place subject X in this group of patients who, statistically-speaking, reacted similarly. The test results also set subject X apart from these groups of people who, statistically-speaking, responded differently". The test results would never say: "Subject X suffers from (this or that) mental health problem".

There are three validity scales and ten clinical ones in the original MMPI-2, but other scholars derived hundreds of additional scales. For instance: to help in diagnosing personality disorders, most diagnosticians use either the MMPI-I with the Morey-Waugh-Blashfield scales in conjunction with the Wiggins content scales - or (more rarely) the MMPI-2 updated to include the Colligan-Morey-Offord scales.

The validity scales indicate whether the patient responded truthfully and accurately or was trying to manipulate the test. They pick up patterns. Some patients want to appear normal (or abnormal) and consistently choose what they believe are the "correct" answers. This kind of behaviour triggers the validity scales. These are so sensitive that they can indicate whether the subject lost his or her place on the answer sheet and was responding randomly! The validity scales also alert the diagnostician to problems in reading comprehension and other inconsistencies in response patterns.

The clinical scales are dimensional (though not multiphasic as the test's misleading name implies). They measure hypochondriasis, depression, hysteria, psychopathic deviation, masculinity-femininity, paranoia, psychasthenia, Schizophrenia, hypomania, and social introversion. There are also scales for alcoholism, [Post-Traumatic Stress Disorder \(PTSD\)](#), and personality disorders.

The interpretation of the MMPI-2 is now fully computerized. The computer is fed with the patients' age, sex, educational level, and marital status and does the rest. Still, many scholars have criticized the scoring of the MMPI-2.

MCMI-III Test

The third edition of this popular test, the Millon Clinical Multiaxial Inventory (MCMI-III), has been published in 1996. With 175 items, it is much shorter and simpler to administer and to interpret than the MMPI-II. The MCMI-III diagnoses personality disorders and Axis I disorders but not other mental health problems. The inventory is based on Millon's suggested multiaxial model in which long-term characteristics and traits interact with clinical symptoms.

The questions in the MCMI-III reflect the diagnostic criteria of the DSM. Millon himself gives this example (Millon and Davis, *Personality Disorders in Modern Life*, 2000, pp. 83-84):

"... (T)he first criterion from the DSM IV Dependent Personality Disorder reads: 'Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others', and its parallel MCMI-III item reads: 'People can easily change my ideas, even if I thought my mind was made up.'"

The MCMI-III consists of 24 clinical scales and 3 modifier scales. The modifier scales serve to identify Disclosure (a tendency to hide a pathology or to exaggerate it), Desirability (a bias towards socially desirable responses), and Debasement (endorsing only responses that are highly suggestive of pathology). Next, the Clinical Personality Patterns (scales) which represent mild to moderate pathologies of personality, are: Schizoid, Avoidant, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Aggressive (Sadistic), Compulsive, Negativistic, and Masochistic. Millon considers only the Schizotypal, Borderline, and Paranoid to be severe personality pathologies and dedicates the next three scales to them.

The last ten scales are dedicated to Axis I and other clinical syndromes: Anxiety Disorder, Somatoform Disorder, Bipolar Manic Disorder, Dysthymic Disorder, Alcohol Dependence, Drug Dependence, Post-Traumatic Stress, Thought Disorder, Major Depression, and Delusional Disorder.

Scoring is easy and runs from 0 to 115 per each scale, with 85 and above signifying a pathology. The configuration of the results of all 24 scales provides serious and reliable insights into the tested subject.

Critics of the MCMI-III point to its oversimplification of complex cognitive and emotional processes, its over-reliance on a model of human psychology and behaviour that is far from proven and not in

the mainstream (Millon's multiaxial model), and its susceptibility to bias in the interpretative phase.

Rorschach Inkblot Test

The Swiss psychiatrist Hermann Rorschach developed a set of inkblots to test subjects in his clinical research. In a 1921 monograph (published in English in 1942 and 1951), Rorschach postulated that the blots evoke consistent and similar responses in groups of patients. Only ten of the original inkblots are currently in diagnostic use. It was John Exner who systematized the administration and scoring of the test, combining the best of several systems in use at the time (e.g., Beck, Klopfer, Rapaport, Singer).

The Rorschach inkblots are ambiguous forms, printed on 18X24 cm. cards, in both black and white and colour. Their very ambiguity provokes free associations in the test subject. The diagnostician stimulates the formation of these flights of fantasy by asking questions such as "What is this? What might this be?" She/he then proceeds to record, verbatim, the patient's responses as well as the inkblot's spatial position and orientation. An example of such record would read: "Card V upside down, child sitting on a porch and crying, waiting for his mother to return."

Having gone through the entire deck, the examiner then proceeds to read aloud the responses while asking the patient to explain, in each and every case, why s/he chose to interpret the card the way s/he did. "What in card V prompted you to think of an abandoned child?" At this phase, the patient is allowed to add details and expand upon his or her original answer. Again, everything is noted and the subject is asked to explain what in the card or in his previous response gave birth to the added details.

Scoring the Rorschach test is a demanding task. Inevitably, due to its "literary" nature, there is no uniform, automated scoring system.

Methodologically, the scorer notes four items for each card:

- I. *Location* - Which parts of the inkblot were singled out or emphasized in the subject's responses. Did the patient refer to the whole blot, a detail (if so, was it a common or an unusual detail), or the white space?
- II. *Determinant* - Does the blot resemble what the patient saw in it? Which parts of the blot correspond to the subject's visual fantasy and narrative? Is it the blot's form, colour, texture, movement, dimensionality, shading, or symmetrical pairing?
- III. *Content* - Which of Exner's 27 content categories was selected by the patient (human figure, animal detail, blood, fire, sex, X-ray, and so on)?

- IV. *Popularity* - The patient's responses are compared to the overall distribution of answers among people tested hitherto. Statistically, certain cards are linked to specific images and plots. For example: card I often provokes associations of bats or butterflies. The sixth most popular response to card IV is "animal skin or human figure dressed in fur".
- V. *Organizational Activity* - How coherent and organized is the patient's narrative and how well does s/he link the various images together?
- VI. *Form Quality* - How well does the patient's "percept" fit with the blot? There are four grades from superior (+) through ordinary (0) and weak (w) to minus (-). Exner defined minus as: "*(T)he distorted arbitrary, unrealistic use of form as related to the content offered, where an answer is imposed on the blot area with total, or near total, disregard for the structure of the area.*"

The interpretation of the test relies on both the scores obtained and on what we know about mental health disorders. The test teaches the skilled diagnostician how the subject processes information and what is the structure and content of his internal world. These provide meaningful insights into the patient's defences, reality test, intelligence, fantasy life, and psychosexual makeup.

Still, the Rorschach test is highly subjective and depends inordinately on the skills and training of the diagnostician. It, therefore, cannot be used to reliably diagnose patients. It merely draws attention to the patients' defences and personal style.

TAT Diagnostic Test

The Thematic Apperception Test (TAT) is similar to the Rorschach inkblot test. Subjects are shown pictures and asked to tell a story based on what they see. Both these projective assessment tools elicit important information about underlying psychological fears and needs. The TAT was developed in 1935 by Morgan and Murray. Ironically, it was initially used in a study of normal personalities done at Harvard Psychological Clinic.

The test comprises 31 cards. One card is blank and the other thirty include blurred but emotionally powerful (or even disturbing) photographs and drawings. Originally, Murray came up with only 20 cards which he divided to three groups: B (to be shown to Boys Only), G (Girls Only) and M-or-F (both sexes).

The cards expound on universal themes. Card 2, for instance, depicts a country scene. A man is toiling in the background, tilling the field; a woman partly obscures him, carrying books; an old woman

stands idly by and watches them both. Card 3BM is dominated by a couch against which is propped a little boy, his head resting on his right arm, a revolver by his side, on the floor.

Card 6GF again features a sofa. A young woman occupies it. Her attention is riveted by a pipe-smoking older man who is talking to her. She is looking back at him over her shoulder, so we don't have a clear view of her face. Another generic young woman appears in card 12F. But this time, she is juxtaposed against a mildly menacing, grimacing old woman, whose head is covered with a shawl. Men and boys seem to be permanently stressed and dysphoric in the TAT. Card 13MF, for instance, shows a young lad, his lowered head buried in his arm. A woman is bedridden across the room.

With the advent of objective tests, such as the MMPI and the MCMI, projective tests such as the TAT have lost their clout and lustre. Today, the TAT is administered infrequently. Modern examiners use 20 cards or less and select them according to their "intuition" as to the patient's problem areas. In other words, the diagnostician first decides what may be wrong with the patient and only then chooses which cards will be shown in the test! Administered this way, the TAT tends to become a self-fulfilling prophecy and of little diagnostic value.

The patient's reactions (in the form of brief narratives) are recorded by the tester verbatim. Some examiners prompt the patient to describe the aftermath or outcomes of the stories, but this is a controversial practice.

The TAT is scored and interpreted simultaneously. Murray suggested to identify the hero of each narrative (the figure representing the patient); the inner states and needs of the patient, derived from his or her choices of activities or gratifications; what Murray calls the "press", the hero's environment which imposes constraints on the hero's needs and operations; and the thema, or the motivations developed by the hero in response to all of the above.

Clearly, the TAT is open to almost any interpretative system which emphasizes inner states, motivations, and needs. Indeed, many schools of psychology have their own TAT exegetic schemes. Thus, the TAT may be teaching us more about psychology and psychologists than it does about their patients!

Structured Interviews

The Structured Clinical Interview (SCID-II) was formulated in 1997 by First, Gibbon, Spitzer, Williams, and Benjamin. It closely follows the language of the DSM IV Axis II personality disorders criteria. Consequently, there are 12 groups of questions corresponding to the

12 personality disorders. The scoring is equally simple: either the trait is absent, subthreshold, true, or there is "inadequate information to code".

The feature that is unique to the SCID-II is that it can be administered to third parties (a spouse, an informant, a colleague) and still yield a strong diagnostic indication. The test incorporates probes (sort of "control" items) that help verify the presence of certain characteristics and behaviours. Another version of the SCID-II (comprising 119 questions) can also be self-administered. Most practitioners administer both the self-questionnaire and the standard test and use the former to screen for true answers in the latter.

The Structured Interview for Disorders of Personality (SIDP-IV) was composed by Pfohl, Blum, and Zimmerman in 1997. Unlike the SCID-II, it also covers the Self-defeating Personality Disorder from the DSM III. The interview is conversational and the questions are divided into 10 topics such as Emotions or Interests and Activities. Succumbing to "industry" pressure, the authors also came up with a version of the SIDP-IV in which the questions are grouped by personality disorder. Subjects are encouraged to observe the "five year rule":

"What you are like when you are your usual self... Behaviours, cognitions, and feelings that have predominated for most of the last five years are considered to be representative of your long-term personality functioning..."

The scoring is again simple. Items are either present, subthreshold, or strongly present.

Disorder-specific Tests

There are dozens of psychological tests that are disorder-specific: they aim to diagnose specific personality disorders or relationship problems. Example: the Narcissistic Personality Inventory (NPI) which is used to diagnose the Narcissistic Personality Disorder (NPD).

The Borderline Personality Organization Scale (BPO), designed in 1985, sorts the subject's responses into 30 relevant scales. These indicate the existence of identity diffusion, primitive defences, and deficient reality testing.

Other much-used tests include the Personality Diagnostic Questionnaire-IV, the Coolidge Axis II Inventory, the Personality Assessment Inventory (1992), the excellent, literature-based, Dimensional Assessment of Personality Pathology, and the comprehensive Schedule of Non-adaptive and Adaptive Personality and Wisconsin Personality Disorders Inventory.

Having established the existence of a personality disorder, most diagnosticians proceed to administer other tests intended to reveal

how the patient functions in relationships, copes with intimacy, and responds to triggers and life stresses.

The Relationship Styles Questionnaire (RSQ, 1994) contains 30 self-reported items and identifies distinct attachment styles (secure, fearful, preoccupied, and dismissing).

The Conflict Tactics Scale (CTS, 1979) is a standardized scale of the frequency and intensity of conflict resolution tactics and stratagems (both legitimate and abusive) used by the subject in various settings (usually in a couple).

The Multidimensional Anger Inventory (MAI, 1986) assesses the frequency of angry responses, their duration, magnitude, mode of expression, hostile outlook, and anger-provoking triggers.

Yet, even a complete battery of tests, administered by experienced professionals sometimes fails to identify abusers with personality disorders. Offenders are uncanny in their ability to deceive their evaluators.

PCL-R (Psychopathy Checklist Revised) Test

The second edition of the PCL-R test, originally designed by the controversial maverick Canadian criminologist Robert Hare in 1980 and again in 1991, contains 20 items designed to rate symptoms which are common among psychopaths in forensic populations (such as prison inmates or [child molesters](#)). It is designed to cover the major psychopathic traits and behaviours: callous, selfish, remorseless use of others (Factor 1), chronically unstable and antisocial lifestyle (Factor 2), interpersonal and affective deficits, an impulsive lifestyle and antisocial behaviour.

The twenty traits assessed by the PCL-R score are: [glib and superficial charm](#); [grandiose \(exaggeratedly high\) estimation of self](#); [need for stimulation](#); [pathological lying](#); manipulativeness and cunning; [lack of remorse or guilt](#); [shallow affect](#) (superficial emotional responsiveness); callousness and lack of [empathy](#); parasitic lifestyle; poor behavioural controls; [sexual promiscuity](#); early behaviour problems; lack of realistic long-term goals; [impulsivity](#); irresponsibility; failure to accept responsibility for own actions; many [short-term marital relationships](#); [juvenile delinquency](#); revocation of conditional release; and criminal versatility.

Psychopaths score between 30 and 40. Normal people score between 0 and 5. But Hare himself was known to label as psychopaths people with a score as low as 13. The PCL-R is, therefore, an art rather than science and is leaves much to the personal impressions of those who administer it.

The PCL-R is based on a structured interview and collateral data gathered from family, friends, and colleagues and from documents. The questions comprising the structured interview are so transparent and self-evident that it is easy to lie one's way through the test and completely skew its results. Moreover, scoring by the diagnostician is highly subjective (which is why the DSM and the ICD stick to observable behaviours in its criteria for [Antisocial or Dissocial Personality Disorder](#)).

The hope is that information gathered outside the scope of the structured interview will serve to rectify such potential abuse, diagnostic bias, and manipulation by both testee and tester. The PCL-R, in other words, relies on the truthfulness of responses provided by notorious liars (psychopaths) and on the biased memories of multiple witnesses, all of them close to the psychopath and with an axe to grind.

Common Problems with Psychological Laboratory Tests

Psychological laboratory tests suffer from a series of common philosophical, methodological, and design problems.

Philosophical and Design Aspects

1. *Ethical* - Experiments involve the patient and others. To achieve results, the subjects have to be ignorant of the reasons for the experiments and their aims. Sometimes even the very performance of an experiment has to remain a secret (double blind experiments). Some experiments may involve unpleasant or even traumatic experiences. This is ethically unacceptable.
2. *The Psychological Uncertainty Principle* - The initial state of a human subject in an experiment is usually fully established. But both treatment and experimentation influence the subject and render this knowledge irrelevant. The very processes of measurement and observation influence the human subject and transform him or her - as do life's circumstances and vicissitudes.
3. *Uniqueness* - Psychological experiments are, therefore, bound to be unique, unrepeatabe, cannot be replicated elsewhere and at other times even when they are conducted with the *same* subjects. This is because the subjects are never the same due to the aforementioned psychological uncertainty principle. Repeating the experiments with other subjects adversely affects the scientific value of the results.
4. *The undergeneration of testable hypotheses* - Psychology does not generate a sufficient number of hypotheses, which can be subjected to scientific testing. This has to do with the fabulous

(=storytelling) nature of psychology. In a way, psychology has affinity with some private languages. It is a form of [art](#) and, as such, is self-sufficient and self-contained. If structural, internal constraints are met - a statement is deemed true even if it does not satisfy external scientific requirements.

Methodology

1. Many psychological *lab tests are not blind*. The experimenter is fully aware who among his subjects has the traits and behaviours that the test is supposed to identify and predict. This foreknowledge may give rise to experimenter effects and biases. Thus, when testing for the prevalence and intensity of fear conditioning among psychopaths (e.g., Birbaumer, 2005), the subjects were first diagnosed with psychopathy (using the PCL-R questionnaire) and only then underwent the experiment. Thus, we are left in the dark as to whether the test results (deficient fear conditioning) can actually predict or retrodict psychopathy (i.e., high PCL-R scores and typical life histories).
2. In many cases, the results can be linked to multiple causes. This gives rise to *questionable cause fallacies* in the interpretation of test outcomes. In the aforementioned example, the vanishingly low pain aversion of psychopaths may have more to do with peer-posturing than with a high tolerance of pain: psychopaths may simply be too embarrassed to "succumb" to pain; any admission of vulnerability is perceived by them as a threat to an omnipotent and grandiose self-image that is sang-froid and, therefore, impervious to pain. It may also be connected to inappropriate affect.
3. Most psychological lab tests involve *tiny samples* (as few as 3 subjects!) and *interrupted time series*. The fewer the subjects, the more random and less significant are the results. Type III errors and issues pertaining to the processing of data garnered in interrupted time series are common.
4. The interpretation of test results often verges on *metaphysics rather than science*. Thus, the Birbaumer test established that subjects who scored high on the PCL-R test have different patterns of skin conductance (e.g., sweating in anticipation of painful stimuli) and brain activity. It did not substantiate, let alone prove, the existence or absence of specific *mental states or psychological constructs*.
5. Most lab tests deal with tokens of certain types of phenomena. Again: the fear conditioning (anticipatory aversion) test pertains only to reactions in anticipation of an *instance (token)* of a certain

type of pain. It does not necessarily apply to other types of pain or to other tokens of this type or any other type of pain.

6. Many psychological lab tests give rise to the *petitio principii* (*begging the question*) *logical fallacy*. Again, let us revisit Birbaumer's test. It deals with people whose behaviour is designated as "antisocial". But what constitute antisocial traits and conduct? The answer is culture-bound. Not surprisingly, European psychopaths score far lower on the PCL-R than their American counterparts. The very validity of the construct "psychopath" is, therefore, in question: psychopathy seems to be merely what the PCL-R measures!
7. Finally, the "*Clockwork Orange*" objection: psychological lab tests have frequently been abused by reprehensible regimes for purposes of social control and social engineering.

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Malignant
Self-love
Narcissism Revisited

The Mind of the Narcissist

CHAPTER I

The Soul of a Narcissist The State of the Art

We all love ourselves. That seems to be such an instinctively true statement that we do not bother to examine it more thoroughly. In our daily affairs - in love, in business, in other areas of life - we act on this premise. Yet, upon a more meticulous inspection, it looks shakier.

Some people explicitly state that they do not love themselves at all (they are ego-dystonic). Others confine their lack of self-love to certain of their traits, to their personal history, or to some of their behaviour patterns. Yet others feel content with who they are and with what they are doing (ego-syntonic).

But one group of people seems distinct in its mental constitution: narcissists.

According to the legend of Narcissus, this Greek boy fell in love with his own reflection in a pond. In a way, this amply sums up the nature of his namesakes: narcissists. The mythological Narcissus rejected the advances of the nymph Echo and was punished by the goddess Nemesis. He was consigned to pine away as he fell in love with his own reflection - exactly as Echo had pined away for him. How apt. Narcissists are punished by echoes and reflections of their problematic personalities up to this very day.

Narcissists are said to be in love with themselves.

But this is a fallacy. Narcissus is not in love with *himself*. He is in love with his *reflection*.

There is a major difference between one's True Self and reflected-self.

Loving your True Self is healthy, adaptive, and functional.

Loving a reflection has two major drawbacks:

1. One depends on the existence and availability of the reflection to produce the emotion of self-love; and
2. The absence of a "compass", an "objective and realistic yardstick", by which to judge the authenticity of the reflection. In other words, it is impossible to tell whether the reflection is true to reality and, if so, to what extent.

The popular misconception is that narcissists love themselves. In reality, they direct their love at other people's impressions of them. He who loves only impressions is incapable of loving people, himself included.

But the narcissist does possess the in-bred desire to love and to be loved. If he cannot love himself, he must love his reflection. But to love his reflection, it must be loveable. Thus, driven by the insatiable urge to love (which we all possess), the narcissist is preoccupied with projecting a loveable image, albeit compatible with his self-image (with the way he "sees" himself).

The narcissist maintains this projected image and invests resources and energy in it. This Sisyphean undertaking sometimes depletes him to the point of rendering him vulnerable to internal and external threats.

The most important characteristic of the narcissist's projected image is its lovability.

But, to a narcissist, being loved is interchangeable with inspiring awe, eliciting admiration, garnering respect, drawing attention to himself, or even with being feared (these reactions are collectively known as [Narcissistic Supply](#)). Thus, to him, a projected image, which provokes these reactions in others, is both "loveable and loved". It also feels like and, therefore, passes as self-love.

The more successful this projected image (or successive images) is in generating Narcissistic Supply (NS), the more the narcissist becomes divorced from his True Self and married to the image.

It is not that the narcissist does not have a central nucleus (a "self"). It is only that he prefers his image - with which he identifies unreservedly - to his True Self. The True Self becomes serf to the Image that the narcissist projects. The narcissist is not selfish precisely because his True Self is paralyse and subordinate.

The narcissist is not attuned exclusively to his needs. On the contrary: he ignores them because many of them conflict with his ostensible omnipotence and omniscience. He does not put himself first - he puts his self last. He caters to the needs and wishes of everyone around him because he craves their love and admiration. It is through their reactions that he acquires a sense of distinct identity. In many ways he annuls himself only to re-invent himself through the

gaze of others. The narcissist is actually the person least sensitive to his true needs.

The narcissist drains himself of mental energy in this process. This is why he has none left to dedicate to others. This fatigue coupled with his inability to grasp and love other people in their many dimensions and facets ultimately transform the narcissist into a recluse. He guards its territory jealously and fiercely. He protects what he perceives to constitute his independence.

Why should people indulge the narcissist? And what would be the "evolutionary", survival value of preferring one kind of love (directed at an image) to another (directed at one's self)?

These questions torment the narcissist. His convoluted mind comes up with the most elaborate contraptions in lieu of answers.

Why should people indulge the narcissist, divert time and energy, give him attention, love and adulation? The narcissist's answer is simple: because he is [entitled](#) to it. He feels that he deserves whatever he succeeds to extract from others and much more besides. Actually, he feels betrayed, discriminated against and underprivileged because he believes that he is not being treated fairly, that he should get more than he does.

There is a discrepancy between his infinite certainty that his is a special status, which renders him worthy of recurrent praise and adoration, replete with special benefits and prerogatives - and the actual state of his affairs. To the narcissist, his uniqueness is not has little to do with his achievements: he is special merely because he exists.

The narcissist's deems his mere being as sufficiently unique to warrant the kind of priority treatment that he expects to get from the world. This is the paradox, which haunts the narcissist: he derives his sense of uniqueness from the very fact that he exists and he derives his sense of existence from his belief that he is unique.

Clinical data show that there is rarely any realistic basis for the narcissist's [grandiose notions](#) of greatness and uniqueness.

Some narcissists are high achievers with proven track records. Some of them are pillars of their communities. Mostly, they are dynamic and successful. Still, they are ridiculously pompous and quintessentially inflated personalities, bordering on the farcical and provoking resentment.

The narcissist is forced to use other people in order to feel that he exists. It is through their eyes and through their behaviour that he obtains proof of his uniqueness and grandeur. He is a habitual "people-junkie". With time, he comes to regard those around him as

mere instruments of gratification, as two-dimensional cardboard cutouts with negligible lines in the script of his magnificent life.

He becomes unscrupulous, never bothered when he constantly exploits his milieu, indifferent to the consequences of his actions, to the damage and the pain that he inflicts on others, and even to the social condemnation and sanctions that he often has to endure.

When a person persists in a dysfunctional, maladaptive or plain useless behaviour despite grave repercussions to himself and to others, we say that his acts are [compulsive](#). The narcissist is compulsive in his pursuit of Narcissistic Supply. This linkage between narcissism and obsessive-compulsive disorders sheds light on the mechanisms of the narcissistic psyche.

The narcissist does not suffer from a faulty sense of causation. He is not oblivious to the likely outcomes of his actions and to the price he may have to pay. But he doesn't care.

A personality whose very existence is a derivative of its resonance in other people's minds is perilously dependent on these people's perceptions. They are the Sources of Narcissistic Supply (NSS). [Criticism and disapproval](#) are interpreted by the narcissist as a sadistic withholding of said supply and as a direct threat to the narcissist's mental house of cards.

The narcissist lives in a world of all-or-nothing, of a constant "to be or not be": every discussion that he holds, every [glance](#) of every passer-by reaffirm his inflated confabulation - or cast it in doubt. This is why the reactions of the narcissist seem so disproportionate: he responds to what he perceives to be a danger to the very cohesion of his self. Thus, every minor disagreement with a Source of Narcissistic Supply - another person - is interpreted as a threat to the narcissist's very self-worth.

This is such a crucial matter, that the narcissist cannot afford to take chances: he would rather be mistaken than remain without Narcissistic Supply; he would rather discern disapproval and unjustified criticism where there are none than face the consequences of being caught off-guard.

The narcissist has to condition his human environment to refrain from expressing criticism and disapproval of him, or of his actions and decisions. He has to teach people around him that any form of disagreement, however mild and minor, throws him into frightful fits of temper and rage attacks and turn him into a constantly cantankerous and irascible person. His exaggerated reactions constitute a punishment for people's inconsiderateness and their ignorance of his true psychological state.

The narcissist [blames others](#) for his misconduct, accuses them of provoking him into his temper tantrums, and believes firmly that "they" should be punished for their "misbehaviour". Apologies - unless accompanied by verbal or other type of humiliation - are not enough. The fuel of the narcissist's rage is spent mainly on vitriolic verbal send-offs directed at the (often imaginary) perpetrator of the (oft-innocuous) "offence".

The narcissist - wittingly or not - utilizes people to buttress his self-image and to regulate his sense of self-worth. As long and in as much as they are instrumental in achieving these goals, he holds them in high regard, they are valuable to him. He sees them only through this lens. This is a result of his inability to love others: he lacks empathy, he thinks utility, and, thus, he reduces others to mere instruments.

If they cease to "function", if, no matter how inadvertently, they cause him to doubt his illusory, half-baked pillars of self-esteem, they are subjected to a reign of terror. The narcissist then proceeds to hurt these "insubordinates". He belittles and humiliates them; he displays aggression and violence in myriad forms. His behaviour metamorphoses, kaleidoscopically, from over-valuing (idealizing) the useful person to a severe devaluation of same. The narcissist abhors, almost physiologically, people judged by him to be "useless" or "unreliable".

These rapid alternations between absolute overvaluation (idealization) and complete devaluation make long-term interpersonal relationships with the narcissist all but impossible.

The pathological variant of narcissism - [Narcissistic Personality Disorder \(NPD\)](#) - was incrementally defined in successive versions of the American DSM (Diagnostic and Statistical Manual published by the American Psychiatric Association) and the international ICD (International Classification of Diseases, published by the World Health Organization). It is useful to scrutinize these geological layers of clinical observations and their interpretation.

In 1977 the DSM III criteria included:

- An inflated valuation of oneself (exaggeration of talents and achievements, demonstration of presumptuous self-confidence);
- Interpersonal exploitation (uses others to satisfy his needs and desires, expects preferential treatment without undertaking mutual commitments);
- Possesses expansive imagination (externalizes immature and non-regimented fantasies, "prevaricates to redeem self-illusions");
- Displays supercilious imperturbability (except when the narcissistic confidence is shaken), nonchalant, unimpressed and cold-blooded;

- Defective social conscience (rebels against the conventions of common social existence, does not value personal integrity and the rights of other people).

Compare the 1977 version with the one adopted 10 years later (in the DSM III-R) and expanded upon in 1994 (in the DSM IV) and in 2000 (the DSM IV-TR). [See the "[Primer](#)" for the latest diagnostic criteria]

The narcissist is portrayed as a monster: an exploitative and ruthless person. Yet, deep inside, the narcissist suffers from a chronic lack of confidence and is fundamentally dissatisfied. This applies to all narcissists. The distinction between "compensatory" and "classic" narcissists is spurious. All narcissists are walking scar tissue, the outcomes of various forms of [abuse](#) in early childhood or early adolescence.

From the outside, the narcissist may appear to be labile and [unstable](#). But, this volatility does not capture the barren landscape of misery and fears that is his soul. His brazen and [reckless behaviour](#) covers up for a [depressive](#), anxious interior.

How can such contrasts coexist?

Freud (1914) offered a trilateral model of the human psyche, composed of the id, the ego, and the superego.

According to Freud, narcissists are dominated by their ego to such an extent that the id and superego are neutralized. Early in his career, Freud believed narcissism to be a normal developmental phase between autoeroticism and object-love. Later on, he concluded that linear development can be thwarted by the very efforts we all make in our infancy to evolve the capacity to love an object (another person).

Some people, thus Freud, fail to grow beyond the phase of self-love in the development of their libido: they refer to themselves and prefer themselves as objects of love. This choice - to concentrate on the self - is the result of an unconscious decision to give up a consistently frustrating and unrewarding effort to love others and to trust them.

The frustrated and abused child learns that the only "object" he can trust and that is always and reliably available, the only person he can love without being abandoned or hurt is himself.

So, is pathological narcissism the outcome of verbal, sexual, physical, or psychological abuse - or, on the contrary, the sad result of spoiling the child and idolizing it?

This debate is easier to resolve if one agrees to adopt a more comprehensive definition of "abuse": overweening, smothering, spoiling, overvaluing, and idolizing the child, are also forms of parental abuse.

This is because, as Horney pointed out, the smothered and spoiled child is dehumanized and instrumentalized. His parents love him not for what he really is but for what they wish and imagine him to be: the fulfilment of their dreams and frustrated wishes. The child becomes the vessel of his parents' discontented lives, a tool, the magic airbrush with which they seek to retouch their failures into successes; their humiliation into victory; and their frustrations into happiness.

The child is taught to give up on reality and adopt the parental fantasies. Such an unfortunate child feels omnipotent and omniscient, perfect and brilliant, worthy of adoration and entitled to special treatment. The pro-social faculties that are honed by constantly brushing against bruising reality - empathy, compassion, a realistic assessment of one's abilities and limitations, realistic expectations of oneself and of others, personal boundaries, team work, social skills, perseverance and goal-orientation, not to mention the ability to postpone gratification and to work hard to achieve it - are all deficient or missing altogether.

Turned adult, this kind of child sees no reason to invest resources in his skills and education, convinced as he is that his inherent genius should suffice. He feels entitled for merely being, rather than for actually doing (rather as the nobility in days gone-by felt entitled not by virtue of merit but as the inevitable, foreordained outcome of a birth right).

Such a mental structure is brittle, susceptible to criticism and disagreement, and vulnerable to the incessant encounter with a harsh and intolerant world. Deep inside, narcissists of both kinds (those wrought by "classic" abuse and those yielded by being idolized) feel inadequate, phoney, fake, inferior, and deserving of punishment.

Millon makes a distinction between several types of narcissists. He wrongly assumes that the "classic" narcissist is the outcome of parental overvaluation, idolization, and spoiling and, thus, is possessed of supreme, unchallenged, self-confidence, and is devoid of all self-doubt.

According to Millon, it is the "compensatory" narcissist who falls prey to nagging self-doubts, feelings of inferiority, and a masochistic desire for self-punishment.

Yet, this distinction is both wrong and unnecessary. Psychodynamically, there is only one type of pathological narcissism - though there are two developmental paths to it. And all narcissists are besieged by deeply-ingrained (though at times not conscious) feelings of inadequacy, fears of failure, masochistic desires to be

penalized, a fluctuating sense of self-worth (regulated by Narcissistic Supply), and an overwhelming sensation of fraudulence.

In the early childhood of the narcissist, meaningful others have been inconsistent in their acceptance of him. They paid attention to the narcissist only when they wished to satisfy their needs. They tended to ignore him - or actively abuse him - when these needs were no longer pressing or present.

The narcissist's past of abuse taught him to avoid deeper and meaningful relationships in order to escape this painful approach-avoidance pendulum. Protecting himself from hurt and from abandonment, he insulates himself from people around him. He digs in rather than reaches out.

We all put parents and caregivers (the aforementioned Primary Objects) to recurrent tests during the "primary narcissistic stage". A positive relationship with these figures secures the smooth transition to "object love": the child then forgoes his narcissism in favour of mature attachment.

Giving up one's narcissism is tough: narcissism is alluring, warm, soothing, and dependable; it is always present and all-pervasive; it is custom-tailored to the needs of the individual. To love oneself is to have the perfect lover. Good reasons and strong forces - collectively known as "parental love" - are required to motivate the child to give up on this powerful narcissistic bond with and attachment to himself.

The child progresses beyond primary narcissism in order to be able to love his parents. If they are narcissists, they subject him to idealization (over-valuation) and devaluation cycles. They do not reliably satisfy the child's needs. In other words, they frustrate him. He gradually realizes that he is no more than a toy, an instrument, a means to an end, the end being his parents' gratification.

This shocking revelation shatters the child's budding ego. The child forms a strong dependence (as opposed to attachment) on his parents. This dependence is really the outcome of fear, the mirror image of aggression. In Freud-speak (psychoanalysis), we say that the child is likely to develop accentuated oral fixations and regressions. In plain terms, we are likely to see a lost, phobic, helpless, raging child.

But a child is still a child and his relationship with his parents is of ultimate importance to him.

He, therefore, resists his natural reactions to his abusive caregivers and tries to defuse his libidinal and aggressive sensations and emotions. This way, he hopes to rehabilitate the damaged relationship with his parents (which never really existed). Hence the [primordial confabulation](#), the mother of all future narcissistic [fantasies](#): in his embattled mind, the child transforms the superego

into an idealized, sadistic parent-child. His ego, in turn, becomes a hated, devalued child-parent. If he cannot have a relationship with his real parents, he tries to form a bond with their representations, their "voices" inside himself.

The family is the mainspring of support of every kind: it mobilizes psychological resources and alleviates emotional burdens; it allows for the sharing of tasks and provides material provisions coupled with cognitive training; it is the prime socialization agent and encourages exposure to useful and adaptive information.

This conventional division of labour between parents and children is vital both to personal growth and to proper adaptation. The child must feel, as he does in a functional family, that he can share his experiences without being defensive and that the feedback that he is getting is open and unbiased. The only "bias" acceptable (often because it is consonant with feedback from the outside) is the family's set of beliefs, values and goals that are finally internalized by the child by way of imitation and unconscious identification.

So, the family is the first and predominantly the most important source of identity and emotional support. It is a greenhouse, where the child feels loved, cared for, accepted, and secure: the prerequisites for the development of personal resources. On the material level, the family should provide the basic necessities (and, preferably, beyond), physical care and protection, and refuge and shelter during crises.

The role of the mother (the Primary Object) has often been discussed. The father's part is mostly neglected, even in professional literature. However, recent research demonstrates his importance to the orderly and healthy development of the child.

Even in modern nuclear families, the father participates in the day-to-day care and he is an intellectual catalyst who encourages the child to develop his interests and to satisfy his curiosity through the manipulation of various instruments and games. The Pater Familias is a source of authority and discipline, a boundary-setter, enforcing and encouraging positive behaviours while also eliminating negative ones.

The father also provides emotional support and economic security, thus stabilizing the family unit. Finally, he is the prime source of masculine orientation and identification to the male child and gives warmth and love as a male to his daughter, without transgressing the socially permissible limits.

We can safely say that the narcissist's family is as severely disordered as he is. Pathological narcissism is largely a reflection of this dysfunction. Such an environment breeds self-deception. The narcissist's internal dialogue is "I do have a relationship with my

parents. It is my fault - the fault of my emotions, sensations, aggressions and passions - that this relationship is not working. It is, therefore, my responsibility to make amends. I will construct a narrative in which I am both loved and punished. In this script, I will allocate roles to myself and to my parents. This way, everything will be fine and we will all be happy."

Thus starts the cycle of over-valuation (idealization) and devaluation. The dual roles of flagellated masochist and punitive sadist (ego and superego), parent and child, permeate all the narcissist's interactions with other people.

The narcissist experiences a reversal of roles as his relationships progress. At the beginning of a relationship he is the child in need of attention, approval and admiration. He becomes dependent. Then, at the first sign of disapproval (real or imaginary), he is transformed into an avowed sadist, punishing and inflicting pain.

It is commonly agreed that a loss (real or perceived) at a critical junction in the psychological development of the child forces him to refer to himself for nurturance and for gratification. The child ceases to trust others and his ability to develop object love, or to idealize is hampered. He is constantly haunted by the feeling that only he can satisfy his emotional needs.

He exploits people, sometimes unintentionally, but always ruthlessly and mercilessly. He uses them to obtain confirmation of the accuracy of his grandiose self-portrait.

The narcissist is usually above treatment: he knows best; he feels [superior to his therapist](#) in particular and to the science of psychology in general; he seeks treatment only following a major life crisis, which directly threatens his projected and perceived image. Even then he only wishes to restore the previous, pathological balance of his life.

[Therapy](#) sessions with the narcissist resemble a battlefield. He is aloof and distanced, demonstrates his superiority in myriad ways, and resents what he perceives to be an intrusion on his innermost sanctum. He is offended by any hint regarding defects or dysfunctions in his personality or in his behaviour. A narcissist is a narcissist is a narcissist even when he asks for help with his world and worldview shattered.

Object Relations Theories and Narcissism

Otto Kernberg (1975, 1984, 1987) disagrees with Freud's premise. He regards as spurious the division between an "object libido" (energy directed at objects, meaningful others, people in the immediate vicinity of the infant) and a "narcissistic libido" (energy directed at

the self as the most immediate and satisfying object), which precedes it.

Whether a child develops normal or pathological narcissism depends on the relations between the representations of the self (roughly, the image of the self that the child forms in his mind) and the representations of objects (roughly, the images of other people that the child forms in his mind, based on all the emotional and objective information available to him). It is also dependent on the relationship between the representations of the self and real, external, "objective" objects.

Add to these also instinctual conflicts related to both the libido and to aggression (these very strong emotions give rise to rending conflicts in the child) and a comprehensive explanation concerning the formation of pathological narcissism emerges.

Kernberg's concept of self is closely related to Freud's concept of ego. The self is dependent upon the unconscious, which exerts a constant influence on all mental functions. Pathological narcissism, therefore, reflects a libidinal investment in a pathologically structured self and not in a normal, integrative structure of the self.

The narcissist suffers because his self is devalued, or fixated on aggression. All object relations of such a self are distorted: it detaches from real objects (because they hurt it often), projects, dissociates, or represses. Narcissism is not merely a fixation on an early developmental stage. It is not confined to the failure to develop intra-psychic structures.

Franz Kohut regarded narcissism as the final product of the failing efforts of parents to cope with the needs of the child to idealize and to be grandiose (for instance, to be omnipotent).

Idealization is an important developmental path leading to narcissism. The child merges the idealized aspects of the images of his parents (Imagos, in Kohut's terminology) with those wide segments of the image of the parent which are cathected (infused) with object libido (in which the child invests the energy that he reserves for objects).

This magical merger exerts an enormous and all-important influence on the processes of re-internalization (the processes in which the child re-introduces the objects and their images into his mind) in each of the successive phases. It is at the core of how the individual perceives others and the world and learns to relate to them.

Through these processes, two permanent nuclei of the personality are constructed:

- a. The basic, neutralizing texture of the psyche; and
- b. The ideal superego.

Both of these kernels are characterized by an invested instinctual narcissistic cathexis (invested energy of self-love, which is instinctual).

At first, the child idealizes his parents. As he grows up, he begins to notice their shortcomings and vices. He withdraws part of the idealizing libido from the images of the parents, which is conducive to the natural development of the superego. The narcissistic part of the child's psyche remains vulnerable throughout its development. This is largely true until the "child" re-internalizes the ideal parent image.

Also, the very delicate construction of the mental apparatus can be tampered with by traumatic deficiencies and by object losses right through the Oedipal period (and even in latency and in adolescence).

The same effect can be attributed to traumatic disappointment by objects.

We can group developmental disturbances, which lead to the formation of Narcissistic Personality Disorder (NPD) thus:

1. *Very early disturbances in the relationship with an ideal object.*
These lead to a structural weakness of the personality, which develops a deficient and/or a dysfunctional stimuli-filtering mechanism. The ability of the individual to maintain a basic narcissistic homeostasis of the personality is damaged. Such a person suffers from diffusive narcissistic vulnerability.
2. *A disturbance occurring later in life - but still pre-Oedipally*
affects the pre-Oedipal formation of the basic mechanisms for controlling, channelling, and neutralizing drives and urges. The nature of the disturbance has to be a traumatic encounter with the ideal object (such as a major disappointment). The symptomatic manifestation of this structural defect is the propensity to re-sexualize drive derivatives and internal and external conflicts, either in the form of fantasies or in the form of deviant acts.
3. *A disturbance formed in the Oedipal or even in the early latent phases*
inhibits the successful completion of the superego idealization. This is especially true of a disappointment related to an ideal object of the late pre-Oedipal and the Oedipal stages, where the partly idealized external parallel of the newly internalized object is traumatically destroyed.

Such a person possesses a set of values and standards, but he is always on the lookout for ideal external figures from whom he aspires to derive the affirmation and the leadership that he cannot get from his insufficiently idealized superego.

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*Malignant
Self-love*

Narcissism Revisited

Frequently Asked Questions

FREQUENTLY ASKED QUESTION # 2

Pathological Narcissism: A Dysfunction or a Blessing?

Is pathological narcissism a blessing or a malediction?

The answer is: it depends. Healthy narcissism is a mature, well-balanced love of oneself coupled with a stable sense of self-worth and self-esteem. Healthy narcissism implies knowledge of one's boundaries, limitations, and shortcomings and a proportionate and realistic appraisal of one's achievements and traits.

Pathological narcissism is usually wrongly described as too much healthy narcissism (or too much self-esteem). Yet, these are two absolutely unrelated mental phenomena which, regrettably, came to bear the same name.

Pathological narcissism involves an impaired, dysfunctional, and immature (True) Self coupled with a compensatory fiction (the False Self). Rather than emanate from inside himself the narcissist's sense of self-worth and self-esteem (his ego functions) derive entirely from audience feedback. In the absence of observers, the narcissist shrivels and feels hollowed out. Hence the narcissist's predatory habits in his constant pursuit of Narcissistic Supply. Pathological narcissism is both an addictive behaviour and a survival strategy.

Still, dysfunctions are reactions to abnormal environments and situations (e.g., abuse, trauma, smothering, etc.).

Paradoxically, his dysfunction allows the narcissist to function. It compensates for lacks, deficits, and deficiencies by exaggerating certain tendencies and traits. It is like the overdeveloped tactile sense of the blind. In short: pathological narcissism is a result of oversensitivity, the repression of overwhelming memories and experiences, and the suppression of inordinately strong negative feelings (e.g., hurt, envy, anger, or humiliation).

That the narcissist functions at all is because of his pathology and thanks to it. The alternative to the vagaries of his disorder is complete decompensation and disintegration.

In time, the narcissist learns how to leverage his pathology, how to use it to his advantage, how to deploy it in order to maximize benefits and utilities - in other words: how to transform his curse into a blessing.

Narcissists are obsessed with persistent delusions of fantastic grandeur and superiority. As a result, they are very competitive. Where others are merely motivated, the narcissist is compelled, driven, relentless, tireless, and ruthless. Narcissists often make it to the top. But even when they do not, they indefatigably strive and fight and learn and climb and create and think and devise and design and conspire. Faced with a challenge, they are likely to do better than non-narcissists.

Yet, we often find that narcissists abandon their efforts in mid-stream, give up, vanish, lose interest, devalue former pursuits, or slump. Why is that?

Coping with a challenge, even if it is a guaranteed eventual triumph is meaningless in the absence of onlookers. The narcissist needs and requires an audience to applaud, approve, affirm, recoil, admire, adore, fear, or even detest him. He craves the attention and depends on the Narcissistic Supply that only others can provide. The narcissist derives sustenance only from the outside - his emotional innards are hollow and moribund.

The narcissist's enhanced performance is predicated on the existence of a challenge (real or imaginary) and of an audience.

The Narcissist as a Failure and a Loser

Three traits conspire to render the narcissist a failure and a loser: his sense of [entitlement](#), his haughtiness and innate conviction of his own superiority, and his aversion to [routine](#).

The narcissist's sense of entitlement encourages his indolence. He firmly believes that he should be spoon-fed and that accomplishments and honours should be handed to him on a silver platter, without any commensurate effort on his part. His mere existence justifies such exceptional treatment. Many narcissists are under-qualified and lack skills because they cannot be bothered with the minutia of obtaining an academic degree, going through professional training and skilling, or passing exams.

The narcissist's arrogance and conviction that he is superior to others, whom he typically holds in contempt - in other words: the narcissist's [grandiose fantasies](#) - hamper his ability to adequately

function in society. The cumulative outcomes of this social dysfunction gradually transform him into a [recluse and an outcast](#). He is shunned by colleagues, employers, neighbours, erstwhile friends, and, finally, even by long-suffering family members who tire of his abuse, tirades, and rants.

Unable to work in a team, to compromise, to give credit where due, and to strive towards long-term goals, the narcissist - skilled and gifted as he may be - finds himself unemployed and unemployable, his bad reputation preceding him.

Even when offered a job or a business opportunity, the narcissist recoils, bolts, and obstructs each and every stage of the negotiations or the transaction.

But this [passive-aggressive](#) (negativistic and [masochistic](#)) conduct has nothing to do with the narcissist's aforementioned indolence. The narcissist is not afraid of some forms of hard work. He invests inordinate amounts of energy, forethought, planning, zest, and sweat in securing [Narcissistic Supply](#), for instance.

The narcissist's surreptitious sabotage of new employment or business prospects is owing to his express abhorrence of routine. Narcissists feel trapped, shackled, and enslaved by the quotidian, by the repetitive tasks that are inevitably involved in fulfilling one's assignments. They hate the methodical, step-by-step, long-term, approach. Possessed of magical thinking, they'd rather wait for miracles to happen. Holding on to jobs, closing business deals, and engaging in teamwork require perseverance and tolerance of boredom, which the narcissist sorely lacks.

Life forces most narcissists into the hard slog of a steady job (or succession of jobs). Such "unfortunate" narcissists, coerced into a framework they resent, are likely to act out and erupt in a series of [self-destructive and self-defeating acts](#).

But there are other narcissists, the "luckier" ones, those who can afford to not work. They laze about, indulge themselves in a variety of idle and trivial pursuits, seek entertainment and thrills wherever and whenever they can, and indolently while their lives away, at once content and bitter: content with their lifestyle and the minimum demands it imposes on them and bitter because they haven't achieved more, they haven't reached the pinnacle of their profession, they haven't become as rich or famous or powerful as they believe that they deserve to be.

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FREQUENTLY ASKED QUESTION # 4

Self-love and Narcissism

Points to Ponder

Narcissists are unable to [empathize](#) and suffer from severe [emotional](#) and [cognitive](#) deficits up to the point of [failing the reality test](#). They are, therefore, incapable of [love and loving](#).

Narcissists do not love themselves: they are emotionally invested in a fictitious concoction, the [False Self](#) and in the reaction it garners from their [Sources of Narcissistic Supply](#).

Question: What is the difference between self-love and narcissism and how does it affect the capacity to love others?

Answer: Healthy self-love and pathological narcissism differ in two ways: (a) in the ability to tell reality from fantasy, and (b) in the ability to empathize and, indeed, to fully and maturely love others.

[As we said](#), the narcissist does not love himself because he has very little True Self to love. Instead, a monstrous, malignant construct - the False Self - encroaches upon his True Self and devours it.

The narcissist loves an image which he projects onto others who reflect it back at the narcissist (the [False Self](#)). This process reassures the narcissist of both the objective existence of his False Self and of the boundaries of his ego. It blurs all distinctions between reality and fantasy.

The [False Self](#) leads to false assumptions and to a contorted personal narrative, to a false worldview, and to a grandiose, inflated sense of being. The latter is rarely grounded in real achievements or merit. The narcissist's feeling of [entitlement](#) is all-pervasive, demanding and aggressive. It easily deteriorates into open [verbal](#), [psychological](#) and [physical abuse](#) of others.

Maintaining a distinction between who we really are and what we dream of becoming, knowing our limits, our advantages and faults and having a sense of true, realistic accomplishments in our life are of paramount importance in the establishment and maintenance of a realistic self-esteem, sense of self-worth, and self-confidence.

Reliant as he is on outside judgement, the narcissist feels pervasively miserable, inferior, and dependent. He rebels against this degrading state of things by escaping into a world of make-belief, daydreaming, pretensions and delusions of grandeur. The narcissist knows little about himself and finds what he does know to be unacceptable.

Our familiarity with and experience of what it is like to be human - our very humanness - depends largely on our self-knowledge and on our experience of our selves. In other words: only through being oneself and through experiencing one's self can one fully appreciate the humanness of others.

The narcissist has precious little experience of his self. Instead, he lives in an invented world, of his own design, where he is a fictitious figure, the main and heroic protagonist in a grandiose script. He, therefore, possesses no tools to enable him to cope with other human beings, share their emotions, put himself in their place ([empathize](#)) and love them: the most demanding task of interpersonal relating.

The narcissist just does not know what it means to be human. He is a predator, rapaciously preying on others for the satisfaction of his narcissistic cravings and appetites for admiration, adoration, applause, affirmation and attention. People are mere [Narcissistic Supply Sources](#) and are (over- or de-) valued according to their contributions to this end.

Self-love is a precondition for the experience and expression of mature love. One cannot truly love someone else if one does not first love one's True Self. He who has never loved himself has never experienced unconditional love and, therefore, does not know how to love.

If we keep living in a world of fantasy, how could we notice the very real people around us who require our love and who deserve it? The narcissist knows that he should be able to love, this is what he had been told, and this is what people expect of him. In his rare moments of self-awareness, he feels ego-dystonic (unhappy with his situation and with his relationships with others). This is his predicament: he is sentenced to isolation precisely because his need of other people is so great.

Inner Dialog, Cognitive Deficits, and Introjects in Narcissism

"Man can will nothing unless he has first understood that he must count no one but himself; that he is alone, abandoned on earth in the midst of his infinite responsibilities, without help, with no other aim than the one he sets himself, with no other destiny than the one he forges for himself on this earth."

[Jean Paul Sartre, *Being and Nothingness*, 1943]

The narcissist lacks empathy. He is, therefore, unable to meaningfully relate to other people and to truly appreciate what it is to be human. Instead, he withdraws inside, into a universe populated by avatars: simple or complex representations of parents, peers, role models, authority figures, and other members of his social milieu. There, in this twilight zone of simulacra, he develops "relationships" and maintains an on-going internal dialog with them.

All of us generate such representations of meaningful others and internalize these objects. In a process called introjection, we adopt as our own, assimilate, and, later, express their voices, traits, and attitudes (the introjects).

But the narcissist is different. He is incapable of conducting an external dialog: an exchange with an interlocutor outside his mind. Even when he seems to be interacting with someone else, the narcissist is actually engaged in a self-referential discourse. To the narcissist, all other people are cardboard cutouts, two-dimensional animated cartoon characters, or symbols. They exist only in his inner universe. He is startled when they deviate from the script and prove to be complex and autonomous.

But this is not the narcissist's sole cognitive deficit.

The narcissist attributes his failures and mistakes to circumstances and external causes. This propensity to blame the world for one's mishaps and misfortunes is called an "alloplastic defence" (or an external locus of control, as distinct from an autoplasic defence, or an internal locus of control). At the same time, the narcissist regards his successes and achievements (some of which are imaginary) as proofs of his omnipotence and omniscience. This is known in attribution theory as "defensive attribution".

Conversely, the narcissist traces the errors and defeats of other people to their inherent inferiority, stupidity, and weakness. Their successes he dismisses as "being in the right place at the right time" - i.e., the outcome of luck and circumstance, not to any innate qualities or hard work (fundamental attribution error).

The narcissist never questions his reflexive judgements and never stops to ask himself: are these events distinct or are they typical? Do they repeat themselves consistently or are they truly without precedent? And what do others have to say about them? He never

subjects his firm convictions to the glaring reality test of objective data.

The narcissist learns nothing because he regards himself as born perfect. Even when he fails repeatedly, the narcissist still feels the victim of happenstance. And someone else's consistent outstanding accomplishments are never proof of mettle or merit. People who disagree with the narcissist, let alone try to teach him differently are, to his mind, envious enemies, biased, or simply simple-minded.

But the narcissist pays an exorbitant price for these distortions of perception. Unable to gauge his environment with accuracy, he develops paranoid ideation. Finally, he lifts the drawbridges and vanishes into a state of mind that can best be described as borderline psychosis.

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FREQUENTLY ASKED QUESTION # 5

Self-defeating and Self-destructive Behaviours

Points to Ponder

Narcissists are [masochists](#): they destroy and defeat themselves by [behaving recklessly](#); by [retarding intimacy](#); by sabotaging careers and relationships; and by being obstructive, [passive-aggressive](#), and negativistic.

The narcissist always feels vaguely guilty. It can be an "ancient", early childhood, guilt feeling; a sexually-induced guilt (as per Freud); or guilt related to a "social" transgression. In his infancy, the narcissist internalized and introjected the voices of meaningful others - parents, role models, peers, and authority figures - that had consistently and convincingly judged him to be no good, blameworthy, deserving of punishment or retaliation, or corrupt.

The narcissist's life is thus transformed into an on-going trial. The permanence of this trial, the never adjourning tribunal is the punishment. It is a Kafkaesque "process": undecipherable, never-ending, meaningless, and nightmarish. It leads to no verdict, is subject to mysterious and fluid laws, and is presided over by a capricious tribunal.

The narcissist is besieged and tormented by a sadistic superego (conscience), which sits in constant judgement of him. It is an amalgamation of negative evaluations, criticisms, angry or disappointed voices, and disparagement meted out in the narcissist's formative years and adolescence by parents, peers, role models, and authority figures.

This harsh and repeated commentary reverberates throughout the narcissist's inner landscape, berating him for failing to conform to his

unattainable ideals, fantastic goals, and grandiose or impractical plans (ego ideal). The narcissist's sense of self-worth is catapulted from one pole to another: from an inflated view of himself (usually incommensurate with real life accomplishments) to utter despair and self-denigration.

Hence the narcissist's need for [Narcissistic Supply](#): to regulate the wild swings of this erratic pendulum. Adulation, admiration, affirmation, and attention restore the narcissist's self-esteem and self-confidence.

The narcissist's sadistic and uncompromising superego affects three facets of his personality:

1. The narcissist's own *sense of self-worth and worthiness* (the deeply-ingrained conviction that one deserves love, care, compassion, and empathy regardless of what one achieves). The narcissist feels worthless without Narcissistic Supply;
2. The narcissist's *self-esteem* (self-knowledge, or the realistic appraisal of one's capacities, skills, limitations, and shortcomings). The narcissist lacks clear boundaries and, therefore, is not sure of his abilities and weaknesses. Hence his [grandiose fantasies](#); and
3. The narcissist's *self-confidence* (the firm belief, based on lifelong experience, that one can set realistic goals and accomplish them). The narcissist knows that he is a fake and a fraud. He, therefore, does not trust his ability to manage his own affairs and to set practical aims and realize them.

By becoming a success (or at least by appearing to have become one) the narcissist hopes to quell the voices inside him that constantly question his veracity and doubt his aptitude. The narcissist's entire life is a two-fold attempt to both satisfy the inexorable demands of his inner tribunal and to prove wrong its harsh and merciless criticism.

It is this dual and self-contradictory mission, to conform to the edicts of his internal enemies and to prove their very judgement wrong that is the root of the narcissist's unresolved conflicts.

On the one hand, the narcissist accepts the authority of his introjected (internalized) critics while disregarding the fact that they hate him and wish him dead. He sacrifices his life to them, hoping that his successes and accomplishments (whether real or perceived) will ameliorate their implacable rage.

On the other hand, he confronts these very gods with proofs of their fallibility. "You claim that I am worthless and incapable" - he cries - "Well, guess what? You are dead wrong! Look how famous I am, look how rich, how revered, and accomplished!"

But then much rehearsed self-doubt sets in and the narcissist feels yet again compelled to falsify the claims of his trenchant and indefatigable internalized detractors by sexually conquering another woman, granting one more interview, taking over yet another firm, making an extra million, or getting re-elected one more time.

All these exploits to no avail. The narcissist is his own worst foe. Ironically, it is only when incapacitated that the narcissist gains a modicum of peace of mind. When terminally ill, incarcerated, or inebriated the narcissist can shift the blame for his failures and predicaments to outside agents and objective forces over which he has no control. "It's not my fault" - he gleefully informs his assimilated mental tormentors - "There was nothing I could do about it! Now, go away and leave me be."

And then - with the narcissist defeated and broken - they do and he is free at last.

The narcissist's engages in several types of self-destructive and self-defeating behaviours:

Reckless, Impulsive, and Intermittent Explosive (Rage-related) Behaviours, which we deal with later.

The Self-punishing, Guilt-purging Behaviours

These are intended to inflict punishment on the narcissist and thus instantly relieve him of his overwhelming anxiety, or to restore his sense of reasserted, omnipotent control over himself, his environment, and his life. By pre-empting society's punitive measures and by self-flagellating, the narcissist is actually saying: "If I am to suffer unjustly, it will be only by my own hand and no one else's."

Self-punishing, guilt-purging behaviours are very reminiscent of compulsive rituals. The narcissist sometimes feels guilty though, lacking self-awareness, he rarely knows why and often believes himself to be the victim of a gross miscarriage of justice. These dim, uneasy stirrings could be anticipatory (he foresees a retribution for his abusive misconduct towards others or for his contumacious flaunting of authority), or they could be an "ancient", early childhood, guilt, a "sexual" guilt (Freud), or a "social" guilt. In his infancy, the narcissist internalized and introjected the voices of meaningful and authoritative others - parents, role models, peers - who consistently and convincingly judged him to be no good ("bad"), blameworthy, deserving of punishment or retaliation, or corrupt.

[Parents of narcissists](#) teach their tender offspring to expect only conditional or transactional love: the child is supposed to render a service or fulfil the parent's wishes in return for affection and

compassion, attention and emotion. Ineluctably, the hurt child reacts with rage to this injustice and mistreatment.

With no recourse to the offending parent, this fury is either directed outwardly, at others (who stand in for the bad parent) - or inwardly. The former solution yields a [psychopath](#), or a [passive-aggressive \(negativistic\)](#) - the latter a [masochist](#). Similarly, with an unavailable parent, the child's reserve of love can be directed inward, at himself (to yield a [narcissist](#)), or outward, towards others (and, thus, form a [codependent](#)).

All these choices retard personal growth and are self-annihilating. In all four paths the adult plays the dual roles of a [punitive parent](#) and an [eternal child](#), who is unable and unwilling to grow up for fear of incurring the wrath of the parent with whom he merged so thoroughly early on.

Such a narcissist masochistically frustrates his deepest desires and drives; denies himself the fruits of his labour by walking away mid-stream, or by wreaking havoc; obstructs his own efforts; alienates his friends and sponsors; provokes figures of authority to punish, demote, or ignore him; actively seeks out and solicits disappointment, defeat, failure, or mistreatment and relishes them; incites anger or rejection; bypasses or rejects opportunities; or engages in excessive self-sacrifice.

In their book "Personality Disorders in Modern Life", Theodore Millon and Roger Davis, describe the diagnosis of [Masochistic or Self-defeating Personality Disorder](#), found in the appendix of the DSM III-R but excluded from the DSM IV. While the narcissist is rarely a full-fledged masochist, many a narcissist exhibit some of the traits of this proposed personality disorder.

Extracting Behaviours

Narcissists are very afraid of real and mature, intimacy. Intimacy emerges not only within a couple, but also in a workplace, in a neighbourhood, with friends, or while collaborating on a project. Intimacy is another word for emotional involvement, which is the result of interactions with others in constant and predictable (safe) propinquity.

Narcissists interpret intimacy as codependence, an emotional strangulation, the snuffing of freedom, a kind of death in instalments. They are terrorized by it. To avoid intimacy, their self-destructive and self-defeating acts are intended to dismantle the very foundation of a successful relationship, a career, a project, or a friendship. Narcissists feel elated and [relieved](#) after they unshackle these

"chains". They feel that that they have broken through a siege, that they are liberated, free at last.

Default Behaviours

We are all, to some degree, inertial, somewhat intimidated by new situations, new opportunities, new challenges, new circumstances and new demands. Being successful, getting married, becoming a mother or someone's boss often entail an abrupt break with the past. Some self-defeating behaviours are intended to preserve the past, to restore it, to protect it from the winds of change, to self-deceptively skirt promising opportunities while seeming to embrace them.

Frustrating, Negativistic, and Passive-aggressive Behaviours

Frustrating one's nearest and dearest has the dual "advantage" of simultaneously satisfying the narcissist's masochistic and [sadistic](#) urges. By withholding love, intimacy, and the fulfilment of other people's desires and needs, the narcissist torments them even as he obstructs his own gratification.

Primitive Envy

Narcissists seek to avoid the pain of abandonment, or the death of loved ones. Moreover, narcissists are terrified even of their positive emotions lest they open the cesspool of their negative feelings. Thus, the narcissist always strives to destroy, or devalue the objects of his love. Narcissists experience this inner conflict as pathological and primitive envy (the wish to eliminate the desired object because it is also, potentially, a source of frustration and pain).

But what happens when the object of the narcissist's affection and tenderness - emotions much derided by him - is the narcissist himself?

The narcissist then "envies" his self. He seeks to destroy and devalue his own self. He seeks to punish himself and to motivate others to punish him (Projective Identification).

It is yet another paradox of this disorder, a veritable hall of mirrors, where nothing is what it seems to be. Love is reason for envy and destruction. Self-love leads to self-annihilation and self-defeat. Welcome to the narcissist's topsy-turvy universe.

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FREQUENTLY ASKED QUESTION # 7

Grandiose Fantasies

Points to Ponder

The grandiose fantasies of the narcissist support his inflated sense of self, regulate his sense of self-worth, and buttress his [False Self](#). The narcissist's grandiosity is comprised of: [omnipotence](#), omniscience, [omnipresence \(fame and celebrity\)](#), and omnivorousness.

Question: What happens to a narcissist who lacks even the basic potential and skills to realize some of his grandiose fantasies?

Answer: Such a narcissist resorts to deferred Narcissistic Supply which generates an effect of deferred grandiosity. He gives up on the present. He supports his inflated ego by postponing the fulfilment of his grandiose schemes and fantasies to the (indefinite) future.

Such narcissists engage in activities (or in daydreaming), which, they fervently believe, will make them famous, powerful, rich, influential, or otherwise superior one day. These substitutes to realistic planning and action keep their minds occupied and off their failures.

Such frustrated and bitter narcissists hold themselves answerable only to History, God, Eternity, Future Generations, Science, Art, the Church, the Country, the Nation, and so on. But, they entertain notions of grandeur, which are dependent upon the eluctable judgement or assessment of a fuzzily defined collective in an unspecified future. Thus, these narcissists find solace in the embrace of Chronos.

Deferred grandiosity is an adaptive mechanism. Its main role is to ameliorate dysphorias and Grandiosity Gaps by postponing the inescapable contrast between the fantasized and the real.

[See the next chapters for more on these]

It is healthy to daydream and fantasize. It is the antechamber of life and often anticipates its circumstances. It is a process of preparing for eventualities. But healthy daydreaming is different to grandiosity.

Grandiosity has four components:

Omnipotence

The narcissist solidly believes in his omnipotence and knows that he is omnipotent. The narcissist is convinced that he can do anything he chooses to do and excel in it. What the narcissist does, what he excels at, what he achieves, depends only on his volition. To his mind, there is no other determinant.

Hence his rage when confronted with disagreement or opposition: not only because of the audacity of his, evidently inferior, adversaries, but because it threatens his world view, it challenges his feeling of omnipotence. The narcissist is often fatuously daring, adventurous, curious, and experimentative precisely owing to this hidden assumption of "can-do". He is genuinely surprised and devastated when he fails; when the "universe" does not re-arrange itself, magically, to accommodate his unbounded fantasies; when the world (and people in it) does not comply with his whims and wishes.

He often denies away such discrepancies by erasing them from his memory. As a result of these selective deletions, the narcissist remembers his life as a patchy quilt of unrelated and disjointed events and people.

Omniscience

The narcissist often pretends to know everything there is know or worth knowing in and about every field of human endeavour.

He lies and prevaricates to avoid the exposure of his ignorance. He resorts to numerous subterfuges to support his God-like omniscience.

When his purported knowledge fails him, he feigns authority, fakes superiority, quotes from non-existent sources, and embeds threads of truth in a canvass of falsehoods. He transforms himself into an artist of intellectual prestidigitation.

As he gets older, this invidious quality may recede, or, rather, metamorphose. He may now claim more limited (but deeper) expertise. He may no longer be ashamed to admit his ignorance outside the fields of his real or self-proclaimed knowledge. But this

"improvement" is merely optical. Within his self-appropriated intellectual "territory", the narcissist is still as fiercely delusional and defensive as ever.

Many narcissists are avowed autodidacts, unwilling to subject their knowledge and insights to peer scrutiny, or, for that matter, to any scrutiny. The narcissist keeps re-inventing himself, adding new fields of "expertise" to his repertoire as he goes along. This creeping intellectual annexation is a roundabout way of reverting to his erstwhile and constantly challenged image as an erudite "Renaissance man".

Omnipresence

Even the narcissist cannot pretend to actually be physically present everywhere at once. Instead, he feels that he is the centre and the axis of his "universe", that all things and happenstances revolve around him, and that disintegration would ensue if he were to disappear or to lose interest in someone or in something.

The narcissist is convinced, for instance, that he is the main, if not the only, topic of conversation in his absence. He is often surprised and offended to discover that he had not been mentioned. When invited to a meeting with many participants, he assumes the position of the sage, the guru, or the teacher/guide whose words carry a special weight. His creations (books, articles, works of art) are distributed and copied extensions of his self and, in this restricted sense, he does seem to exist everywhere. In other words, through his creative endeavours and his reputation, the narcissist "stamps" his environment. He "leaves his mark" upon it. He "stigmatizes" and annexes it.

Narcissist the Omnivore (Perfectionism and Completeness)

There is another "omni" component in grandiosity: the narcissist is an omnivore. He voraciously and constantly devours and digests experiences and people, sights and smells, bodies and words, books and films, sounds and achievements, his work and his leisure, his pleasure and his possessions. The narcissist is incapable of *enjoying* anything because he is in continual pursuit of perfection and completeness.

Classic narcissists interact with the world as predators do with their prey. They want to own it all, be everywhere, to experience everything. They cannot delay gratification. They do not take "no" for an answer. And they settle for nothing less than the ideal, the sublime, the all-inclusive, the engulfing, the all-encompassing, the

perfect, the all-pervasive, the most beautiful, the cleverest, the richest, and the most brilliant.

The narcissist is shattered when he discovers that a collection which he possesses is incomplete; that his colleague's wife is more glamorous; that his son is better than he is in math; that his neighbour has a new, flashy car; that his roommate got promoted; that the "love of his life" signed a recording contract. It is not plain old jealousy, not even pathological envy (though these are definitely a part of the psychological makeup of the narcissist). It is the discovery that the narcissist is *not* superior, perfect, ideal, or complete that does him in.

Ask anyone who shared a life with a narcissist, or knew one and they are likely to sigh: "What a waste". Waste of potential, waste of opportunities, waste of emotions, a wasteland of arid addiction and futile pursuit.

Narcissists are as gifted as they come. The problem is to disentangle their tales of fantastic grandiosity from the reality of their talents and skills. They always either over-estimate or devalue their potency. They often emphasize the wrong traits and invest in their mediocre or less than average capacities at the expense of their true and promising potential. Thus, they squander their advantages and under-rate their natural gifts.

The narcissist decides which aspects of his self to nurture and which to neglect. He gravitates towards activities commensurate with his pompous auto-portrait. He suppresses these tendencies and aptitudes in him which don't conform to his inflated view of his own uniqueness, brilliance, might, sexual prowess, or standing in society. He cultivates these flairs and predilections which he regards as befitting his overweening self-image and ultimate and indisputable grandeur.

But, no matter how self-aware and well-meaning, the hapless narcissist is accursed. His grandiosity, his fantasies, the potent, compelling, overriding urge to feel unique, invested with some cosmic significance, unprecedentedly bestowed - these thwart his best intentions. The structures of obsession and compulsion, the deposits of insecurity and pain, the stalactites and stalagmites of years of abuse and then abandonment - all conspire to frustrate the gratification, however circumspect, of the narcissist's true nature.

An utter lack of self-awareness is typical of the narcissist. He is intimate only with his False Self, constructed meticulously from years of lying and deceit. The narcissist's True Self is stashed, dilapidated and dysfunctional, in the furthest recesses of his mind. The False Self is omnipotent, omniscient, omnipresent, creative, ingenious,

irresistible, and glowing. The real narcissist - the True Self - often isn't.

Add combustible paranoia to the narcissist's divorce from himself, and his constant and recurrent failure to assess reality accurately becomes more understandable. The narcissist's overpowering sense of entitlement is rarely commensurate with his real life accomplishments or with his traits or skills. When the world fails to comply with his demands and to support his grandiose fantasies, the narcissist suspects a plot against him by his inferiors (the Gulliver Syndrome).

The narcissist rarely admits to a weakness, to ignorance, or a deficiency. He filters out information that contradicts his self-image and self-perception - a cognitive impairment with serious consequences. Narcissists are likely to unflinchingly make inflated and inane claims about their sexual prowess, wealth, connections, history, or achievements.

All this is mighty embarrassing to the narcissist's closest: his nearest, dearest, colleagues, friends, neighbours, or even mere onlookers. The narcissist's tales are so patently absurd that he often catches people off-guard. Behind his back, the narcissist is derided and mockingly imitated. He fast makes a nuisance and an imposition of himself in every company.

But the narcissist having failed the reality test can have more serious and irreversible consequences. Narcissists, unqualified to make life-and-death decisions often insist on rendering them. Narcissists pretend to be economists, engineers, or medical doctors when they are not. But neither are they con-artists in the classic, premeditated sense. They firmly believe that, though self-taught at best, they are more qualified than even the properly accredited professional. Narcissists believe in magic and in fantasy. They are no longer with us.

Grandiosity Bubbles

As one Source of Narcissistic Supply dwindles, the narcissist finds himself trapped in a frantic (though, at times, unconscious) effort to secure alternatives. As one Pathological Narcissistic Space (the narcissist's stomping grounds) is rendered "uninhabitable" (when too many people "see through" the narcissist's manipulation and machinations), the narcissist wanders off to find another.

These peripatetic and, often, hysterical endeavours sometimes lead to boom-bust cycles which involve, in the first stage, the formation of a Grandiosity Bubble.

A Grandiosity Bubble is an imagined, self-aggrandizing, narrative involving the narcissist and elements from his real life: people around him, places he frequents, or conversations he is having. The narcissist weaves a story incorporating these facts, inflating them in the process and endowing them with bogus internal meaning and consistency. In other words: he confabulates - but, this time, his confabulation is loosely based on reality.

In the process, the narcissist re-invents himself and his life to fit the new-fangled tale. He re-casts himself in newly adopted roles. He suddenly fancies himself an actor, a guru, a political activist, an entrepreneur, or an irresistible hunk. He modifies his behaviour to conform to these new functions. He gradually morphs into the fabricated character and "becomes" the fictitious protagonist he has created.

All the mechanisms of pathological narcissism are at work during the phase of the Grandiosity Bubble. The narcissist idealizes the situation, the other "actors", and the environment. He tries to control, cajole, and manipulate his milieu into buttressing his false notions and perceptions. Then, faced with an inevitable Grandiosity Gap, he becomes disillusioned and bitter and devalues and discards the people, places, and circumstances involved in the inflation of the bubble.

Still, Grandiosity Bubbles are not part of the normal [Narcissistic Mini-cycle](#). They are rare events, much like trying on a new outfit for size and comfort. They fizzle out rapidly and the narcissist reverts to his regular pattern: idealizing new Sources of Supply, devaluing and discarding them, pursuing the next victims who are to be drained of emotional energy.

Actually, the deflation of a Grandiosity Bubble is met with relief by the narcissist. It does not involve a narcissistic injury. The narcissist views the bubble as merely an experiment at being someone else for a while. It is a safety valve, allowing the narcissist to effectively cope with negative emotions and frustration. Thus cleansed, the narcissist can go back to doing what he does best: projecting a False Self and garnering attention from others.

The Narcissist's Confabulated Life

Confabulations are an important part of life. They serve to heal emotional wounds or to prevent ones from being inflicted in the first place. They prop-up the confabulator's self-esteem, regulate his (or her) sense of self-worth, and buttress his (or her) self-image. They serve as organizing principles in social interactions.

Father's wartime heroism, mother's youthful good looks, one's oft-recounted exploits, erstwhile alleged brilliance, and past purported sexual irresistibility are typical examples of white, fuzzy, heart-warming lies wrapped around a shrivelled kernel of truth.

But the distinction between reality and fantasy is rarely completely lost on the raconteur. Deep inside, the healthy confabulator knows where facts end and wishful thinking takes over. Father relents and acknowledges he was no war hero, though he did his share of fighting. Mother understands she was no ravishing beauty, though she may have had her charms. The storyteller realizes that his recounted exploits are overblown, his brilliance exaggerated, and his sexual irresistibility a myth.

Counterfactuals are rarely challenged because everyone - the confabulator and his audience alike - have a common interest in maintaining the confabulation. To challenge the integrity of the confabulator or the veracity of his confabulations is to threaten the very fabric of family and society. Human intercourse is built around such entertaining deviations from the truth.

This is where the narcissist differs from others (from "normal" people): his very self is a piece of fiction concocted to fend off hurt and to nurture the narcissist's grandiosity. The narcissist fails the "reality test": the ability to distinguish actual from imagined. He fervently believes in his own infallibility, brilliance, omnipotence, heroism, and perfection. He dares not confront the truth and admit it even to himself.

Moreover, he imposes his faux personal mythology on his human milieu. Spouse, children, colleagues, friends, neighbours, mere acquaintances - sometimes even perfect strangers - must abide by the narcissist's narrative or face his wrath. For the narcissist countenances no [disagreement, alternative points of view, or criticism](#). To him, confabulation *is* reality.

The coherence and cohesion of the narcissist's dysfunctional and precariously-balanced personality depends on the inherent plausibility of his stories and on their ready acceptance by his Sources of Narcissistic Supply. The narcissist invests an inordinate amount of time and energy into substantiating his tales, collecting "evidence", defending his version of events, and in re-interpreting reality to fit his scenario. As a result, most narcissists are self-delusional, obstinate, opinionated, and argumentative.

The narcissist's lies are not goal-orientated. This is what makes his constant dishonesty both disconcerting and incomprehensible. The narcissist lies at the drop of a hat, needlessly, and almost ceaselessly.

He lies in order to avoid the Grandiosity Gap: when the abyss between fact and (narcissistic) fiction becomes too gaping to ignore.

The narcissist lies in order to preserve appearances, uphold fantasies, support the tall (and impossible) tales of his False Self and extract Narcissistic Supply from unsuspecting sources, who are not yet on to him. To the narcissist, constant confabulation is not merely a way of life - it is life itself.

We are all socially conditioned to let other people indulge in pet delusions and get away with white, not too egregious, lies. The narcissist makes use of our socialization. We dare not confront or expose him, despite the outlandishness of his claims, the improbability of his stories, the implausibility of his alleged accomplishments and conquests. We meekly avert our eyes, often embarrassed.

Moreover, the narcissist makes clear, from the very beginning, that it is his way or the highway. His not so latent aggression - his violent streak - is close to the surface. He may be charming in a first encounter, but even then there are [telltale signs](#) of pent-up abuse. His interlocutors sense this impending threat and avoid conflict by acquiescing with the narcissist's fairy tales. Thus he imposes his private universe and virtual reality on his milieu - sometimes with disastrous consequences.

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Gender and the Narcissist

Points to Ponder

The psychodynamics of male and female [narcissists](#) are the same. Women narcissists differ only in the choice of [Sources of Narcissistic Supply](#) which often conforms to traditional [gender roles](#) and in the willingness to attend [therapy](#).

Question: Are female narcissists any different from male narcissists?

Answer: Throughout this book I keep using the male third person singular because most narcissists (75%) are males and more so because there is little psychodynamic difference between the male and female narcissist.

In the manifestations of their narcissism, female and male narcissists, inevitably, do tend to differ. They emphasize different things. They transform different elements of their personalities and of their lives into the cornerstones of their disorder.

Women concentrate on their body (many also suffer from [eating disorders](#): Anorexia Nervosa and Bulimia Nervosa). They flaunt and exploit their physical charms, their sexuality, and their socially and culturally determined "femininity". They often secure their Narcissistic Supply through their more traditional gender roles: home-making, childrearing, suitable careers, tending to their husbands ("the wife of..."), their feminine traits, taking part in social functions, charity work, etc.

It is no wonder that narcissists - both men and women - are chauvinistic and conservative. They depend to such an extent on the opinions of people around them that, with time, they are transformed into ultra-sensitive seismographs of public opinion, barometers of

prevailing fads and fashions, and guardians of conformity. The narcissist cannot afford to seriously alienate his "constituency", those people who reflect his False Self back to him. The very functioning of the narcissist's ego depends on the goodwill and the collaboration of his human environment.

True, besieged and consumed by pernicious guilt feelings, many a narcissist finally seek to be punished. Such self-destructive narcissists pose as "bad guys" (or "bad girls"). But even then they make themselves fit traditional, widely-accepted stereotypes. To ensure social opprobrium (read: attention), the narcissist exaggerates these roles to the point of caricature.

A self-destructive female narcissist is likely to label herself a "whore" and her male counterpart to style himself a "vicious, unrepentant, criminal". Yet, these again are traditional social roles. Even as they seek their masochistic punishment, men are likely to emphasize intellect, power, aggression, money, or social status. Women are likely to emphasize body, looks, charm, sexuality, feminine "traits", homemaking, children and childrearing.

Another difference between the genders is in the way that they react to treatment. Women are more likely to resort to therapy because they are more amenable to admitting to having psychological problems. Women are also generally more likely to ask for help than men.

But while men may be less inclined to disclose their problems to others (owing to machismo), this reluctance does not necessarily imply that they are less prone to acknowledge to themselves the existence of these issues.

Yet, the prime rule of narcissism must never be overlooked: the narcissist uses everything around him or her to obtain his (or her) Narcissistic Supply. Children happen to be more attached to the female narcissist due to the way our society is still structured and to the fact that women are the ones to give birth and to serve as primary caretakers. It is much easier for a woman to think of her children as her extensions because they once indeed were her physical extensions and because her on-going interaction with them is both more intensive and more extensive.

This means that the male narcissist is more likely to regard his [children as a nuisance](#) than as a Source of rewarding Narcissistic Supply - especially as they grow older and become autonomous. With less alternatives than men, the narcissistic woman fights to maintain her most reliable Source of Supply: her children. Through insidious indoctrination, guilt-formation, emotional sanctions and blackmail,

deprivation and other psychological mechanisms, she tries to induce in her offspring dependence, which cannot be easily unravelled.

But, from the psychodynamic point of view, the roles of children, money, or intellect as Sources of Narcissistic Supply are no different. So, there is no psychodynamic gulf between male and female narcissists. The only viable distinction between them is their choice of Sources of Narcissistic Supply.

There are mental disorders, which afflict a specific sex more often. This has to do with hormonal or other physiological dispositions, with social and cultural conditioning (socialization), and with role assignment through the gender differentiation process. None of these seem to be strongly correlated to the formation of malignant narcissism. [Narcissistic Personality Disorder](#) (as opposed, for instance, to [Borderline or Histrionic Personality Disorders](#), which affect women more than men) seems to conform to [social mores](#) and to the prevailing Western ethos of capitalism and individualism.

Social thinkers like Christopher [Lasch](#) speculated that modern American culture - a narcissistic, self-centred one - increases the rate of incidence of Narcissistic Personality Disorder. As Kernberg observed:

"The most I would be willing to say is that society can make serious psychological abnormalities, which already exist in some percentage of the population, seem to be at least superficially appropriate."

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 behaviour 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 behaviour, gender, and influence. *Journal of Personality and Social Psychology*, 68, 1030-1041]

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FREQUENTLY ASKED QUESTION # 12

Homosexual and Transsexual Narcissists

Points to Ponder

Homosexual narcissists are autoerotic and Somatic: they leverage their body and sexuality to obtain [Narcissistic Supply](#). Transsexual narcissists feel [entitled to special treatment](#) and cossetting.

Question: What is the typical profile of a homosexual narcissist?

Answer: [Research failed to find](#) substantive difference between the psychological makeup 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 for the same reason that tigers look for prey: they are hungry, constantly starved for adoration, admiration, acceptance, approval, and any other kind of attention. Old Sources of Supply (suppliers), once "conquered" and taken for granted, are rendered ineffectual.

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

Narcissists of either sexual orientation tend to practice unsafe sex and thus gamble with their lives. Recklessly getting this close to danger is the equivalent of engaging in self-destruction (suicide).

Indeed, narcissists are, at times, suicidal and are always [self-destructive](#). They also believe that they are immune to the consequences of their actions and misconduct.

There is, however, one element, that might be unique to homosexuals: the fact that their self-definition hinges on their sexual identity. Few heterosexuals would use their sexual preference to comprehensively define themselves. Homosexuality has been inflated to the level of a sub-culture, a distinct psychology, or a myth. This kind of grandiose defence is typical of persecuted minorities and it has an all-pervasive 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 or her *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 a hypochondriac, and 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 sex appeal, his shape, his build and musculature, his profile, his beauty, his physical attractiveness, his health, his age, and his fitness. He downplays Narcissistic Supply directed at his other traits. He uses sex to reaffirm his prowess, his attractiveness, his irresistibility, his omnipotence, 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.

As far as the Somatic Narcissist is concerned, the act of seduction becomes addictive because it leads to the acquisition of 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 incorporates strong elements of idealized over-

valuation of the opposite sex, of self-preoccupation, and of objectification of one's self. It demonstrates a deficient ability to empathize 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 intervention.

It is interesting to note that both narcissism and gender dysphoria are early childhood phenomena. This could be explained by the presence of problematic Primary Objects (caregivers), dysfunctional families, or a common genetic or biochemical disorder. It is too early to say which. As yet, there is not 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 the male and the female in the romantic dyad. 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.

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FREQUENTLY ASKED QUESTION # 15

The Narcissist's Reaction to Deficient Narcissistic Supply

Points to Ponder

Narcissists are [addicted](#) to [Narcissistic Supply](#) and react with [depression](#), [paranoia](#), and [schizoid withdrawal](#) to its [absence or deficiency](#). Narcissists *decompensate, act out, and experience [brief psychotic episodes](#) when deprived of Narcissistic Supply long-term.*

Question: How does the narcissist react when he fails to obtain enough [Narcissistic Supply](#)?

Answer: Very much as a drug addict reacts to the absence of his drug of choice. The dwindling or absence of supply is a trauma and the narcissist experiences [post-traumatic stress](#).

The narcissist constantly consumes (really, preys upon) adoration, admiration, approval, applause, attention and other forms of Narcissistic Supply. When Narcissistic Supply is lacking or deficient, a [Narcissistic Deficiency Dysphoria](#) sets in. The narcissist then appears to be lethargic or (more rarely) agitated, depressed or (infrequently) manic, his movements slow down or become frantic, his sleep patterns are disordered (he either sleeps too much or becomes insomniac), even his [eating patterns](#) change (he gorges on food or is avoids it altogether).

Typically, when deprived of Narcissistic Supply, the narcissist is constantly dysphoric (sad) and anhedonic (finds no pleasure in anything, including his former pursuits, hobbies, and interests). He is subjected to violent mood swings (mainly rage attacks) and all his visible and painful efforts at self-control fail. He may compulsively

and ritually resort to an alternative [addiction](#): alcohol, drugs, reckless driving, pathological gambling, or shopaholism.

This gradual disintegration is the narcissist's futile effort both to escape his predicament and to sublimate his aggressive urges. His whole behaviour seems constrained, artificial, and effortful. The narcissist gradually turns more and more "unreal", mechanical, and detached. His thoughts constantly wander or become obsessive and repetitive; his speech may falter; and he appears to be far away, in a world of his narcissistic fantasies, where Narcissistic Supply is aplenty.

Hit with dwindling Narcissistic Supply, the narcissist withdraws from a world in which others fail to appreciate his greatness, special skills and talents, potential, or achievements. The narcissist thus ceases to bestow his gift upon a cruel universe, punishing the world for its shortcomings: its inability to realize how unique the narcissist is.

When narcissism thus fails as a defence mechanism, the narcissist develops paranoid delusions: self-directed, persecutory confabulations which place him at the centre of others' allegedly malign attention and conspiracies.

Being the target of such ominous forces restores the narcissist's centrality and his grandiose self-importance: he then becomes his own audience and a self-sufficient and, sometimes exclusive, Source of Narcissistic Supply.

Subsequently, the narcissist goes into a [schizoid](#) mode: he isolates himself, a hermit in the kingdom of his hurt. He minimizes his social interactions and uses "messengers" to communicate with the outside world. Devoid of energy, the narcissist can no longer even pretend to adhere to social conventions: his former compliance gives way to open withdrawal (a rebellious defiance of sorts). Smiles become frowns; courtesy replaced by rudeness; ostentatious and rigid etiquette used as a weapon, an outlet of aggression, and an act of violence.

The narcissist, blinded by pain, seeks to restore his balance, to take another sip of the narcissistic nectar. In this quest, the narcissist turns both to and upon those nearest to him. His real attitude emerges: his dearest are nothing but tools, one-dimensional instruments of gratification, Sources of Supply or pimps of such supply, catering to his narcissistic lusts.

Having failed to procure for him his "drug" (Narcissistic Supply), the narcissist regards friends, colleagues, and even family members as dysfunctional, frustrating objects. In his wrath, he tries to "mend" them, to force them to perform again, to function.

This constant rage at his milieu is coupled with merciless self-flagellation, a deservedly self-inflicted punishment, the narcissist feels. In extreme cases of deprivation, the narcissist entertains suicidal thoughts: this is how deeply he loathes his self and his dependence.

Throughout this agonizing adjustment to conditions of scarce supply, the narcissist is beset by a pervading sense of malignant nostalgia, harking back to a [past](#), which never existed except in the thwarted fantastic grandiosity of the narcissist. The longer the lack of Narcissistic Supply, the more the narcissist glorifies, recasts, misses and mourns this past.

This nostalgia serves to amplify other negative feelings, the amalgam amounting to [clinical depression](#). The narcissist again reverts to paranoia. He conjures up a persecuting world, incorporating in it his life's events and his social milieu. This gives meaning to his self-imposed loneliness and to what feels like a sudden, tectonic shift (from over-supply to no supply).

The persecutory theories of conspiracy account for the diminishing Narcissistic Supply. Frightened, in pain, and in despair, the narcissist embarks upon an orgy [self-destruction](#) intended to generate supply (attention) at any cost. The narcissist is poised to commit the ultimate narcissistic act: self-destruction in the service of self-aggrandizement.

When deprived of Narcissistic Supply - both of the Primary *and* Secondary sorts - the narcissist feels annulled, hollowed out, or mentally disembowelled. This is an overpowering sense of evaporation; the narcissist experiences disintegration into molecules of terrified anguish, helplessly and inexorably.

Without Narcissistic Supply the narcissist crumbles like the zombies or the stake-pierced vampires one sees in horror movies. It is a terrifying process and the narcissist will do anything to avoid it. Again, like the drug addict's, the narcissist's withdrawal symptoms include: delusions, physiological effects, irritability, and emotional lability.

In the absence of regular Narcissistic Supply, some narcissists experience [brief, decompensatory psychotic episodes](#). This also happens while in psychotherapy, or following a life-crisis accompanied by a major [narcissistic injury](#), when the narcissist hits rock bottom.

These psychotic episodes may be closely allied to another feature of narcissism: magical thinking. Narcissists are like children and fully believe that whatever happens, they will prevail and that good things are always in store for them. It is more than mere belief. Narcissists just

know this to be true, the same way one "knows" about gravity: directly, immediately and assuredly.

The narcissist believes that, no matter what he does, he will always be forgiven, always prevail and triumph, always come on top. The narcissist is, therefore, fearless in a manner perceived by others to be both admirable and reckless. He attributes to himself divine and cosmic [immunity](#): he cloaks himself in it and it renders him invisible to his enemies and to other adversarial, "evil" powers. It is a childish phantasmagoria, but to the narcissist it is very real.

With equal certitude, the more self-aware narcissist knows that he will squander this good fortune time and again: a painful experience best avoided. So, no matter what serendipity or fortuity, what lucky circumstance, what blessing the narcissist receives, he always strives with blind fury to deflect them and, thus, to ruin his chances.

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Do Narcissists Have Emotions?

Points to Ponder

The narcissist's positive emotions come bundled with overpowering negative emotions, notably [anger](#) and [envy](#). Rather than experience these, narcissists prefer to imitate emotions and affect. Still, when [deprived](#) of [Narcissistic Supply](#) or when [narcissistically injured](#), the narcissist does exhibit a limited range of reactive and highly [destructive emotions](#).

Do narcissists have emotions? Of course they do. Everyone has emotions. It is how we choose to relate to our emotions that matters. The narcissist tends to repress them so deeply that, for all practical purposes, they play no conscious role in his life and conduct, though they play an extraordinarily large unconscious role in determining both.

The narcissist's positive emotions come bundled with negative ones. This is the outcome of frustration and the consequent transformations of aggression. This frustration is connected to the Primary Objects of the narcissist's childhood (parents and caregivers).

In his childhood and adolescence, instead of being provided with the unconditional love that he craved, the narcissist was subjected to totally unpredictable and inexplicable bouts of rage, temper, searing sentimentality, envy, prodding, infusion of guilt, and other unhealthy parental emotions and behaviour patterns.

The narcissist had reacted by retreating to his private world, where he is omnipotent and omniscient and, therefore, immune to such vicious vicissitudes. He stashed his vulnerable True Self in a deep mental cellar and presented to the world a [False Self](#) in its stead.

But emotional bundling is far easier than unbundling. His dysfunctional upbringing has rendered the narcissist incapable of

experiencing positive feelings without provoking negative emotions. Gradually, he became phobic: afraid to feel anything at all owing to the fearsome, guilt inducing, anxiety provoking, out of control emotional complements.

The narcissist is thus reduced to experiencing dull stirrings that he identifies to himself and to others as emotions. Even these are felt only in the presence of someone or something capable of providing the narcissist with his badly craved [Narcissistic Supply](#).

Only when the narcissist is in the overvaluation (idealization) phase of his relationships, does he experience the convulsions that he calls "feelings". These are so transient and fake that they are easily replaced by rage, envy and devaluation. The narcissist thus recreates in later, adult life the behaviour patterns of his less than ideal Primary Objects (parents and caregivers).

Deep inside, the narcissist knows that something is amiss. He does not empathize with other people's feelings. Actually, he holds them in contempt and derision. He cannot understand how people can be so sentimental and so "irrational" (he identifies being rational with being cool-headed and cold-blooded).

Often the narcissist believes that other people are "faking it", leveraging emotional displays to achieve a goal. He is convinced that their ostensible "feelings" are grounded in ulterior, non-emotional, motives. Faced with other people's genuine emotions, the narcissist becomes suspicious and embarrassed. He feels compelled to avoid emotion-tinged situations, or, worse, experiences surges of almost uncontrollable aggression in the presence of expressed sentiments. They remind him how imperfect he is and how poorly equipped.

Some narcissists try to emulate and simulate "emotions", or, at least their expression, the external facet (affect). Such narcissists mimic and replicate the intricate pantomime that they learn to associate with the existence of feelings in others. But there are no real emotions there, no emotional correlates.

The narcissist's is empty mimicry, devoid of emotion. The narcissist quickly tires of it, becomes impassive and begins to display [inappropriate affect](#) (e.g., he remains indifferent when grief is the normal reaction). The narcissist filters his feigned emotions through his cognition. He "decides" that it is appropriate to feel this or that way. His "emotions" are invariably the result of analysis, goal-setting and planning.

The narcissist substitutes "remembering" for "sensing". He relegates his bodily sensations, feelings and emotions to a kind of memory vault. His short and medium-term memory is exclusively used to store his reactions to his (actual and potential) Narcissistic Supply Sources.

For the narcissist, as we have seen, reacts only to such sources. The narcissist finds it hard to remember or recreate what he ostensibly - though ostentatiously - "felt" (even a short while back) towards a Narcissistic Supply Source once it has ceased to be one. In his attempts to recall his feelings, the narcissist draws mental blanks.

It is not that narcissists are incapable of expressing what we would tend to classify as "extreme emotional reactions". They mourn and grieve, rage and smile, excessively "love" and "care". But this is precisely what sets them apart: these abrupt and disconcerting transitions from one emotional extreme to another and the fact that they never occupy the emotional middle ground.

The narcissist gets especially "emotional" when he is weaned off his drug of Narcissistic Supply. Breaking a habit is always difficult - especially one that defines (and engenders) oneself. Getting rid of the addiction to Narcissistic Supply is doubly taxing. The narcissist mistakes these psychological crises for emotional depth and his self-conviction is so entrenched, that he mostly succeeds to delude his environment, as well. But an "emotionally"-charged narcissistic crisis (losing a Source of Narcissistic Supply, obtaining an alternative one, moving from one Narcissistic Pathological Space to another) must never be confused with the real thing, which the narcissist never experiences: emotions.

Many narcissists have "emotional resonance tables". They use words and gestures, body language and vocabulary as others use algebraic signs: with meticulousness, caution, and the precision of the artisan. They sculpt in phrases the fine-tuned reverberations of pain and love and fear. It is the narcissist's mathematics of emotions, their grammar and formal logic, the geometry of the syntax of passions. Devoid of real feelings, narcissists closely monitor people's behaviour and adjust their reactions in accordance with these feedback cues, until they mirror their listeners. This simulation is as close to empathy as the narcissist ever gets.

To summarize: the emotional life of the narcissist is colourless and eventless, as rigidly blind as his disorder, as dead as he is. The narcissist does feel rage and hurt and inordinate humiliation, envy and fear. These are very dominant, prevalent and recurrent hues in the canvass of his emotional existence. But there is nothing there except these atavistic gut reactions.

Whatever the narcissist experiences as emotions, he experiences in reaction to slights and injuries, real or imagined. His emotions are all reactive, not proactive. He feels insulted - he sulks. He feels devalued - he rages. He feels ignored - he pouts. He feels humiliated - he lashes

out. He feels threatened - he fears. He feels adored - he basks in glory. He is virulently envious of one and all.

The narcissist can appreciate beauty but in a cerebral, cold and "mathematical" way. Many have no mature, adult sex drive to speak of. Their emotional landscape is dim and grey, as though through a glass darkly.

Many narcissists can intelligently discuss emotions never experienced by them: empathy, love, or compassion. This is because they make it a point to read a lot and to communicate with people who claim to be experiencing them. Thus, they gradually construct working hypotheses as to what people feel. As far as the narcissist is concerned, it is pointless to try to really understand emotions, but at least these models which he forms allow him to better predict people's behaviours and adjust to them.

Narcissists do not envy others for having emotions. They disdain feelings and sentimental people because they deem them weak and vulnerable and they deride human frailties. Such contempt makes the narcissist feel superior.

Narcissists are afraid of pain. Their pains do not come isolated: they constitute families of anguish, tribes of hurt, whole races of agony. The narcissist cannot experience pain separately, only collectively with other types of mental suffering.

Narcissism, therefore, can be construed as an effort to contain the ominous onslaught of stale negative emotions, repressed rage, and one's childhood injuries.

Pathological narcissism is a useful survival strategy: this is why it is so resilient and resistant to change. When it is "conjured" by the tormented individual, it enhances his functionality and makes life bearable for him. Because it is so successful, it attains religious dimensions: it become rigid, doctrinaire, automatic and ritualistic.

In other words, pathological narcissism becomes a *pattern* of behaviour. This rigidity is like an outer shell, an exoskeleton. While it prevents the narcissist from disintegrating, it also constrains and limits him. It is often prohibitive and inhibitive. As a result, the narcissist is reluctant to do certain things or to act in certain ways. He is injured or humiliated when forced to engage in some activities. He reacts with rage when the mental edifice underlying his disorder is subjected to scrutiny and [criticism](#), no matter how benign or well-meaning.

Narcissism is painfully [ridiculous](#) and embarrassing to behold. Narcissists are pompous, grandiose, repulsive and contradictory. There is a serious mismatch between who they really are, their true accomplishments, and how they regard themselves. The narcissist

doesn't merely *think* that he is far superior to others - the perception of his superiority is ingrained in him, it is a part of his every mental cell, an all-pervasive sensation, an instinct, and a drive.

The narcissist feels that he is entitled to special treatment and to outstanding consideration because he is such a unique specimen, *sui generis*.

This opens a gap - rather, an abyss - between the narcissist and other people. Because he considers himself so superior and so special, he has no way of knowing how it feels to be [human](#), or even the inclination to find out. In other words: the narcissist cannot and will not [empathize](#) with others.

Empathy implies identity or equality with the empathees, both implications abhorrent to the narcissist. And being perceived by the narcissist to be so inferior, people are reduced, in his mind, to cartoonish, two-dimensional representations of functions. They become instrumental, or useful, or functional, or entertaining, gratifying or infuriating, frustrating or accommodating objects, rather than loving or emotionally responsive potential partners.

This state of mind leads to ruthlessness and [exploitativeness](#). Narcissists are [not "evil"](#) - actually, the narcissist considers himself to be a good person. Many narcissists help people, professionally, or voluntarily. But narcissists are indifferent. They couldn't care less. The narcissist helps people because it is a way to secure attention, gratitude, adulation, and admiration and because it is the fastest and the surest method to [get rid of them](#) and of their incessant nagging.

The narcissist may realize these unpleasant truths cognitively, but there is no corresponding emotional reaction (emotional correlate) to this realization. There is no resonance. To the narcissist, the act of [introspection](#) in order to gain psychological insight is like reading a boring users' manual pertaining to a computer you do not even own.

Still, to further insulate himself from the improbable possibility of confronting the inevitable gulf between reality and grandiose fantasy (the Grandiosity Gap), the narcissist conjures up the most elaborate mental structure, replete with mechanisms, switches, levers and flickering alarm lights: the False Self.

Narcissism isolates the narcissist from the pain of facing reality and allows him to inhabit the fantasyland of ideal perfection and brilliance.

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Empathy

Other People's Pain

What is Empathy?

Normal people use a variety of abstract concepts and psychological constructs to relate to other persons. Emotions are such modes of inter-relatedness. Narcissists and psychopaths are different. Their "equipment" is deficient: they lack empathy. They understand only one language: self-interest. Their inner dialog and private language revolve around the constant measurement of utility. They regard others as mere objects, instruments of gratification, and representations of functions.

This deficiency renders the narcissist and psychopath rigid and socially dysfunctional. They don't bond: instead, they become dependent (on Narcissistic Supply, on drugs, on adrenaline rushes). They seek pleasure by manipulating their dearest and nearest or even by destroying them, the way an infant interacts with his toys. Like autists, they fail to grasp cues: their interlocutor's body language, the subtleties of speech, or social etiquette.

Empathy requires both the suspension of disbelief (by assuming someone else's identity, like actors do) and the surrender of control (by allowing other people to dictate how one feels). Both feats go against the grain of narcissists, let alone psychopaths.

It is safe to say that the same applies to narcissistic or antisocial patients who are co-diagnosed (comorbid) with other personality disorders, notably Schizoid, Paranoid, Borderline, Avoidant, and Schizotypal.

Empathy lubricates the wheels of interpersonal relationships. The [Encyclopaedia Britannica \(2011 edition\)](#) defines empathy as:

"The ability to imagine oneself in another's place and understand the other's feelings, desires, ideas, and actions. It is a term coined in the early 20th century, equivalent to the German Einfühlung and modelled on 'sympathy'. The term is used with special (but not exclusive) reference to aesthetic experience. The most obvious example, perhaps, is that of the actor or singer who genuinely feels the part he is performing. With other works of art, a spectator may, by a kind of introjection, feel himself involved in what he observes or contemplates. The use of empathy is an important part of the counselling technique developed by the American psychologist Carl Rogers."

This is how empathy is defined in "Psychology - An Introduction" (Ninth Edition) by Charles G. Morris, Prentice Hall, 1996:

"Closely related to the ability to read other people's emotions is empathy - the arousal of an emotion in an observer that is a vicarious response to the other person's situation... Empathy depends not only on one's ability to identify someone else's emotions but also on one's capacity to put oneself in the other person's place and to experience an appropriate emotional response. Just as sensitivity to non-verbal cues increases with age, so does empathy: the cognitive and perceptual abilities required for empathy develop only as a child matures..." [p. 442]

Empathy is the cornerstone of morality. But, is it the outcome of social conditioning - or, is it an inbred, hereditary instinct?

When we see someone hurting, we grasp his pain for two reasons:

1. Because we feel guilty or somehow responsible for his or her condition; and
2. It is a learned response: we experience our own pain and project it onto the empathee.

We communicate our reaction to the other person and agree that we both understand the feeling experienced in the same way (of being hurt, of being in pain, in our example). This unwritten and unspoken intersubjective agreement is what we call empathy.

Still, empathy may be an instinctual and reflexive *reaction* to external stimuli that is projected by the empathor onto the empathee.

Consider "inborn empathy": the ability to exhibit empathy and altruistic behaviour in response to facial expressions. The newborn reacts this way to its mother's sadness or distress, happiness and contentment. Yet, no one would argue that the neonate has insight into the mother's state of mind! Its "empathy" is merely a reflexive reaction.

This serves to prove that empathy has very little to do with the feelings, experiences or sensations of the other person (the empathetee). Later on in life, empathy is still rather reflexive, the result of social conditioning.

The level of empathy is known to increase with the empathor's degree of positive emotions, such as happiness. This further indicates that empathy has little to do with the empathetee (the recipient or object of empathy) and everything to do with the empathor (the person who does the empathizing).

As Paul Bloom notes in his contrarian essay, "The Baby in the Well", published in the New-Yorker (May 20, 2013), empathy is a blunt, biased, and stereotypical tool, ill-suited for guiding the design of public policy, which ought to be partial only to justice and constructive outcomes. We bestow our empathy on those who most resemble us and on identifiable victims who garner the most media attention. Empathy for individual sufferers blinds us to the overall picture and provokes in us the base instincts of retribution and vengeance. It distorts decision-making: thinking with one's heart rather than one's mind is bound to yield catastrophic consequences. This is precisely why we delegate the weighing of empathy and its implementation to faceless, bureaucratic institutions. They are less likely to be swayed by prejudice and preconception. They are more likely to optimize resources. In the long-run, they benefit the many, not the few.

Cold Empathy vs. Warm Empathy And the Concept of "Uncanny Valley"

Contrary to widely held views, [narcissists](#) and [psychopaths](#) may actually possess empathy. They may even be hyper-empathic, attuned to the minutest signals emitted by their victims and endowed with a [penetrating "X-ray vision"](#). They tend to abuse their empathic skills by employing them exclusively for personal gain, for the extraction of [Narcissistic Supply](#), or in the pursuit of antisocial and sadistic goals. They regard their ability to empathize as another weapon in their arsenal.

There are two possible pathological reactions to childhood abuse and trauma: [codependence](#) and [narcissism](#). They both involve fantasy as a defence mechanism: the codependent has a pretty realistic assessment of herself, but her view of others is fantastic; the narcissist's self-image and self-perception are delusional and grandiose, but his penetrating view of others is bloodcurdlingly accurate.

I suggest we label the narcissistic psychopath's version of empathy: "*cold empathy*", akin to the "cold emotions" felt by psychopaths. The cognitive element of empathy is there, but not so its emotional correlate. It is, consequently, a barren, detached, and cerebral kind of intrusive gaze, devoid of compassion and a feeling of affinity with one's fellow humans.

To clarify: I propose a tripartite model of empathy, roughly corresponding to Freud's postulated id, ego, and superego. In this model, normal empathy is comprised of three components: instinctual, emotional, and cognitive. Children develop empathy in three phases which correspond to these three components, constructing the emotional and cognitive tiers upon an instinctual firmament. In adults, cognitive empathy always goes hand in hand with the instinctual element and the emotional correlate/component.

Cold empathy is not the same as merely cognitive empathy, though. It is intuitive: it is the residual instinctual component coupled with cognitive empathy, but divorced from and leapfrogging the emotional constituent. Cold empathy is the ossified consequence of "arrested empathy". It is a predator's "empathy". It is all about resonance, not about "putting yourself in other people's shoes".

Narcissists and psychopaths also appear to "empathize" with their possessions: objects, pets, and with their Sources of Narcissistic Supply or material benefits (often their nearest and dearest, significant others, or "[friends](#)" and associates). But this is not real empathy: it is a mere projection of the narcissist's or psychopath's own insecurities and fears, needs and wishes, fantasies and priorities. This kind of displayed, sometimes ostentatious "empathy" usually vanishes the minute its subject ceases to play a role in the narcissist's or psychopath's life and in his psychodynamic processes.

Cold Empathy evokes the concept of "*Uncanny Valley*", coined in 1970 by the Japanese roboticist Masahiro Mori. Mori suggested that people react positively to androids ([humanlike robots](#)) as long as they differ from real humans in meaningful and discernible ways. But the minute these contraptions come to resemble humans uncannily, though imperfectly, human observers tend to experience repulsion, revulsion, and other negative emotions, including fear.

The same applies to psychopathic narcissists: they are near-perfect imitations of humans, but, lacking empathy and emotions, they are not exactly there. Psychopaths and narcissists strike their interlocutors as being some kind of "alien life-forms" or "artificial intelligence", in short: akin to humanoid robots, or androids. When people come across narcissists or psychopaths the Uncanny Valley reaction kicks in: people feel revolted, scared, and repelled. They

can't put the finger on what it is that provokes these negative reactions, but, after a few initial encounters, they tend to keep their distance.

Empathy is more important socially than psychologically. The absence of empathy - for instance in [Narcissistic](#) and Antisocial Personality Disorders - predisposes people to exploit and abuse others. Empathy is the bedrock of our sense of morality. Arguably, aggressive behaviour is as inhibited by empathy at least as much as it is by anticipated punishment.

But the existence of empathy in a person is also a sign of self-awareness, a healthy identity, a well-regulated sense of self-worth, and self-love (in the positive sense). Its absence denotes emotional and cognitive immaturity, an inability to love, to truly relate to others, to respect their boundaries and accept their needs, feelings, hopes, fears, choices, and preferences as autonomous entities.

Empathy may be innate. Even toddlers seem to empathize with the pain - or happiness - of others (such as their caregivers). Empathy increases as the child forms a self-concept (identity). The more aware the infant is of its emotional states, the more it explores its limitations and capabilities, the more prone it is to projecting this new-found knowledge unto others. By attributing to people around it these new gained insights about itself, the child develops a moral sense and inhibits its anti-social impulses. The development of empathy is, therefore, a critical part of the process of socialization.

But, as the American psychologist Carl Rogers taught us, empathy is also learned and inculcated. We are coached to feel guilt and pain when we inflict suffering on another person. Empathy is an attempt to avoid our own self-imposed agony by projecting it onto another.

The social institutions that reified, propagated and administered empathy have imploded. The nuclear family, the closely-knit extended clan, the friendly neighbourhood, the functioning village, and the supportive Church have all unravelled. Society is atomized and anomic. The resulting alienation fostered a wave of antisocial behaviour, both criminal and "legitimate". The survival value of empathy is on the decline. It is far wiser to be cunning, to cheat, to cut corners, to deceive, and to abuse than to be empathic. Empathy has largely dropped from the contemporary curriculum of socialization.

In a desperate attempt to cope with these inexorable processes, behaviours predicated on a lack of empathy have been pathologized and "medicalized". The sad truth is that narcissistic or antisocial conduct is both normative and rational. No amount of "diagnosis",

"treatment", and medication can hide or reverse this fact. Ours is a cultural malaise which permeates every single cell and strand of the social fabric.

Empathy cannot be measured directly but only through proxies such as criminality, terrorism, charity, violence, antisocial behaviour, related mental health disorders, or abuse.

Moreover, it is extremely difficult to separate the effects of deterrence from the effects of empathy: if I refrain from battering my wife, torturing animals, or stealing - is it because I am empathetic or because I don't want to go to jail?

Rising litigiousness, zero tolerance penal regimes, and skyrocketing rates of incarceration - as well as the ageing of the population - have reduced intimate partner violence and other forms of crime across the United States in the last decade. But this benevolent decline has nothing to do with increasing empathy.

The statistics are open to interpretation but it would be safe to say that the last century has been the most violent and least empathetic in human history. Wars and terrorism are on the rise, charity giving on the wane (measured as a percentage of national wealth), welfare policies are being abolished, Darwinian models of capitalism are spreading. In the last two decades, mental health disorders were added to the Diagnostic and Statistical Manual of the American Psychiatric Association whose hallmark is the lack of empathy. The violence is reflected in our popular culture: movies, video games, and the media.

Empathy - supposedly a spontaneous reaction to the plight of our fellow humans - is now channelled through self-interested, self-appointed, and bloated non-government organizations or multilateral outfits. The vibrant world of private empathy has been replaced by faceless state largesse. Pity, mercy, and the elation of giving are tax-deductible. It is a sorry sight.

Question: Do narcissists actually enjoy the taunting, their sadistic behaviour, and the punishment that sometimes follows?

Answer: Most narcissists enjoy an irrational and brief burst of [relief](#) after having suffered emotionally ("[narcissistic injury](#)") or after having sustained a loss. It is a sense of freedom, which comes with being "unshackled". Having lost everything, the narcissist often feels that he has found himself, that he has been re-born, that he has been charged with natal energy, able to take on new challenges and to explore new territories. This elation is so addictive, that the narcissist often seeks pain, humiliation, punishment, scorn, and contempt as long as they are public and involve the attention of peers and

superiors. Being penalized accords with the tormenting inner voices of the narcissist which keep telling him that he is bad, corrupt, worthless, and worthy of punishment.

This is the masochistic streak in the narcissist. But the narcissist is also a sadist, albeit an unusual one. The narcissist inflicts pain and abuse on others. He devalues Sources of Supply, callously and offhandedly abandons them, and discards people, places, partnerships, and friendships unhesitatingly. Some narcissists, though by no means the majority, actually enjoy abusing, taunting, tormenting, and freakishly controlling other people ("gaslighting"). But most of them do these things absent-mindedly, indifferently, automatically, and, often, without good reason.

What is quite unusual about the narcissist's sadistic behaviours - premeditated acts of tormenting others while enjoying their anguished reactions - is that they are goal-orientated. "Pure" sadists have no goal in mind except the pursuit of pleasure: they regard pain as an art form and themselves as experts at inflicting it (remember the Marquis de Sade?). Conversely, the narcissist haunts and hunts his victims for a reason: he wants them to reflect his inner state. It is all part of a psychological [defence mechanism](#) called [Projective Identification](#).

When the narcissist is angry, unhappy, disappointed, injured, or hurt, he feels unable to express his emotions directly, sincerely, and openly since to do so would be to admit his frailty, his weaknesses, and his neediness. He deplores his own humanity: his emotions, his vulnerability, his susceptibility, his gullibility, his inadequacies, and his failures. So, he makes use of other people to express his pain and his frustration, his pent up anger and his aggression. He achieves this by mentally torturing other people to the point of madness, by driving them to violence, by forcing them to search for an outlet, for [closure](#), and, sometimes, revenge. He causes people to lose their own character traits and [adopt his own instead](#).

In reaction to the narcissist's constant and well-targeted abuse, his victims become abusive, vengeful, ruthless, lacking empathy, obsessed, and aggressive. They mirror him faithfully and thus relieve him of the need to express himself directly.

Having constructed this hall of writhing human mirrors, the narcissist withdraws. His goal achieved, he lets go. As opposed to the sadist, he is not in it, indefinitely, for the pleasure of it. He abuses and traumatizes, humiliates and abandons, discards and ignores, insults and provokes only for the purpose of purging his inner demons. By possessing others, he purifies himself cathartically and exorcizes his demented self.

This accomplished, he acts almost with remorse. An episode of extreme abuse is followed by an act of great care and by mellifluous apologies. The Narcissistic Pendulum swings between the extremes of torturing others and soothing the resulting pain.

This incongruous behaviour, these "sudden" shifts between sadism and compassion, abuse and "love", ignoring and caring, abandoning and clinging, viciousness and remorse, the harsh and the tender are, perhaps, the most difficult to comprehend and to accept.

These swings produce in people around the narcissist emotional insecurity, an eroded sense of self-worth, fear, stress, and anxiety (often described as "walking on eggshells"). Gradually, emotional paralysis sets in and they come to occupy the same emotional wasteland inhabited by the narcissist, in effect his prisoners and hostages in more ways than one and even when he is long out of their lives.

The Narcissism of Differences Big and Small

It is common to believe and state that the more marked the differences between newcomers and citizens, the more pronounced the resultant racism. After all, white Frenchmen, Americans, and Dutch hotheads attack black folks, not rightly-hued compatriots. The self-proclaimed liberal white often harbours averse racism (unconscious racist attitudes). But, this is probably only half the truth. The ugliest manifestations of racism (up to genocide) are reserved to immigrants who look, act, and talk like us. The more they try to emulate and imitate us, the harder they attempt to belong, the more ferocious our rejection of them.

In a study titled "[War and Relatedness](#)", published by the National Bureau of Economic Research, the authors, Enrico Spolaore, Romain Wacziarg concluded:

"(T)he degree of genealogical relatedness between populations has a positive effect on their conflict propensities because more closely related populations, on average, tend to interact more and develop more disputes over sets of common issues ... (P)opulations that are genetically closer are more prone to go to war with each other, even after controlling for a wide set of measures of geographic distance and other factors that affect conflict, including measures of trade and democracy."

Freud coined the phrase "narcissism of small differences" in a paper titled "The Taboo of Virginity" that he published in 1917. Referring to earlier work by British anthropologist Ernest Crawley, he said that we reserve our most virulent emotions - aggression, hatred, envy - towards those who resemble us the most. We feel threatened not by

the Other with whom we have little in common - but by the "nearly-we", who mirror and reflect us.

The "nearly-he" - the newcomer or member of a minority who resemble the narcissist most - imperil the narcissist's selfhood and challenge his uniqueness, perfection, and superiority: the fundamentals of the narcissist's sense of self-worth. This provokes in him primitive narcissistic defences and leads him to adopt desperate measures to protect, preserve, and restore his balance. I call it the Gulliver Array of Defence Mechanisms.

The very existence of the "nearly-he" constitutes a narcissistic injury. The narcissist feels humiliated, shamed, and embarrassed not to be unique after all and to be comparable to his "inferiors". He reacts with envy and aggression towards this source of frustration.

In doing so, he makes use of primitive, infantile psychological defence mechanisms such as splitting, projection, and Projective Identification. He attributes to other people personal traits that he dislikes in himself and he forces them to behave in conformity with his expectations. In other words, the narcissist sees in others those parts of himself that he cannot countenance. He forces people around him to become him and to reflect his shameful behaviours, hidden fears, and forbidden wishes.

But how does the narcissist avoid the realization that what he loudly decries and derides is actually his own reflection? By exaggerating, or even dreaming up and creatively inventing, differences between his superior qualities and conduct and other people's inferior traits, behaviours, and performance. The more hostile he becomes towards the "nearly-he", the easier it is to distinguish himself from "the Other".

To maintain this aggressive differentiation, the narcissist stokes the fires of hostility by obsessively and vengefully nurturing grudges and hurts and slights (some of them imagined); he dwells on injustice and pain inflicted on him by these stereotypically "bad or unworthy sub-humans"; he devalues and dehumanizes them and plots revenge to achieve closure; he obsessively indulges in grandiose fantasies, aimed to boost his feelings of omnipotence and magical immunity.

In the process of acquiring an adversary, the narcissist blocks out information that threatens to undermine his emerging self-perception as righteous and offended. He begins to base his whole identity on the brewing conflict, which is by now a major preoccupation and a defining or even all-pervasive dimension of his existence. He emphasizes the large disparities while transforming even the most minor ones into decisive and unbridgeable.

Deep inside, the narcissist is continuously subject to a gnawing suspicion that his self-perception as omnipotent, omniscient, and irresistible is flawed, [confabulated](#), and unrealistic. When criticized, the narcissist actually agrees with the critic. In other words, there are only minor differences of opinion between the narcissist and his detractors. But this threatens the narcissist's internal cohesion. Hence the wild rage at any hint of disagreement, resistance, or debate.

On the interpersonal level, intimacy brings people closer together: it makes them more similar. There are only minor differences between intimate partners. The narcissist perceives this as a threat to his sense of uniqueness. He reacts by devaluing the cause of his fears: his mate, spouse, lover, or partner. He re-establishes the boundaries and the distinctions that were eroded by intimacy. Thus restored, he is emotionally ready to embark on yet another round of idealization (the Approach-Avoidance Repetition Complex).

Nationalism vs. Patriotism: Narcissism vs. Self-love

Patriotism is akin to the healthy form of [self-love](#): it consists mainly of pride in one's self-identity and values based on one's culture and shared history. Patriotism is not exclusionary, but inclusive. The patriot, in constantly seeking to improve his lot and that of his compatriots, is open to advice and suggestions, and welcomes criticism. Patriotism is concerned with the concrete, the here and now. It is grounded in reality.

Nationalism is very much like [compensatory, malignant narcissism](#). It rears its head when people stop being patriots, when they are rendered by circumstances (usually of their own making) ashamed of who they are: [Nazi Germany](#) comes to mind. Nationalism is [exclusionary](#) and oppositional: the nationalist's sense of self-identity and self-worth depends on the aggressive belittlement and devaluation of other collectives (other nations, minorities, ethnic groups, or religions). The nationalist regards every [hint of criticism](#) of "his" nation as an act of violence. Though he volubly professes to an ardent love of his "Volk", the nationalist is mostly concerned with the abstract and the elitist: [megalomaniacal, grandiose fantasies](#) of a utopian future occupy his time, not the concrete, or the here and now.

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FREQUENTLY ASKED QUESTION # 32

The Dual Role of the False Self

Points to Ponder

The False Self replaces the narcissist's True Self and is intended to shield him from hurt and [narcissistic injury](#) by self-imputing [omnipotence, omniscience, and omnipresence](#) ([godlike attributes](#)). The narcissist pretends that his False Self is real and demands that others affirm this [confabulation](#). The False Self re-interprets information in a flattering or socially-acceptable light and also imitates and emulates [normal emotions](#) and [empathy](#).

Question: Why does the narcissist conjure up another self? Why not simply transform his True Self into a False one?

Answer: We often marvel at the discrepancy between the private and public lives of our idols: [celebrities](#), [statesmen](#), stars, writers, and other accomplished figures. It is as though they have two personalities, two selves: the "true" one which they reserve for their nearest and dearest and the "fake" or "false" or "concocted" one which they flaunt in public.

In contrast, the narcissist has no private life, no True Self, and no domain reserved exclusively for his nearest and dearest. His life is a spectacle, with free access to all, constantly on display, garnering [Narcissistic Supply](#) from his audience. In the theatre that is the narcissist's life, the actor is irrelevant. Only the show goes on. The False Self is everything the narcissist would like to be but, alas, cannot: omnipotent, omniscient, invulnerable, impregnable, brilliant, perfect, in short: godlike. Its most important role is to elicit Narcissistic Supply from others: admiration, adulation, awe, obedience, and, in general: unceasing attention.

The narcissist constructs a [narrative of his life that is partly confabulated](#) and whose purpose is to buttress, demonstrate, and prove the veracity of the fantastically grandiose and often impossible claims made by the False Self. This narrative allocates roles to significant others in the narcissist's personal history. Inevitably, such a narrative is hard to credibly sustain for long: reality intrudes and a yawning abyss opens between the narcissist's self-imputed divinity and his drab, pedestrian existence and attributes. I call it the [Grandiosity Gap](#). Additionally, meaningful figures around the narcissist often refuse to play the parts allotted to them, rebel, and abandon the narcissist.

The narcissist copes with this painful and ineluctable realization of the divorce between his self-perception and this less than stellar state of affairs by first denying reality and by [delusionally](#) ignoring and filtering out all inconvenient truths. Then, if this coping strategy fails, the narcissist invents a new narrative, which accommodates and incorporates the very intrusive data that served to undermine the previous, now discarded narrative. He even goes to the extent of denying that he ever had another narrative, except for the current, modified one.

The narcissist's (and the [codependent's](#)) [introjects and inner voices](#) (assimilated representations of parents, role models, and significant peers) are mostly [negative and sadistic](#). Rather than provide succour, motivation, and direction, they enhance his underlying ego-dystony (discontent with who he is) and the lability of his sense of self-worth.

Introjects possess a crucial role in the ultimate formation of an exegetic (interpretative) framework which allows one to decipher the world, construct a model of reality, of one's place in it, and, consequently of who one is (self-identity). Overwhelmingly negative introjects - or introjects which are manifestly fake, fallacious, and manipulative - hamper the narcissist's and codependent's ability to construct a true and efficacious exegetic (interpretative) framework.

Gradually, the disharmony between reality and one's perception of the universe and of oneself becomes unbearable and engenders pathological, maladaptive, and dysfunctional attempts to either deny the hurtful discrepancy away (delusions and fantasies); grandiosely compensate for it by eliciting positive external voices to counter the negative, inner ones ([narcissism](#) via the False Self and its [Narcissistic Supply](#)); attack it ([antisocial/psychopathy](#)); withdraw from the world altogether ([schizoid](#) solution); or disappear by merging and fusing with another person (codependence).

Once formed and functioning, the False Self stifles the growth of the True Self and paralyzes it. Henceforth, the ossified True Self is virtually non-existent and plays no role (active or passive) in the conscious life of the narcissist. It is difficult to "resuscitate" it, even with psychotherapy. The False Self sometimes parades the child-like, vulnerable, needy, and innocent True Self in order to capture, manipulate, and attract empathic Sources of Narcissistic Supply. When supply is low, the False Self is emaciated and dilapidated. It is unable to contain and repress the True Self which then emerges as a petulant, self-destructive, spoiled, and codependent entity. But the True Self's moments in the Sun are very brief and, usually, inconsequential.

This substitution is not only a question of alienation, as Horney observed. She said that because the Idealized (False) Self sets impossible goals to the narcissist, the results are frustration and self-hate which grow with every setback or failure. But the [constant sadistic judgement](#), the self-berating, the suicidal ideation emanate from the narcissist's idealized, sadistic, superego regardless of the existence or functioning of a False Self.

Actually, there is no overt conflict between the True Self and the False Self. The True Self is much too weak to do battle with the overbearing, though adaptive (or maladaptive) False Self. It helps the True Self to cope with a hostile world. Without the False Self, the True Self would be subjected to so much hurt that it will disintegrate. This happens to narcissists who go through a life crisis: their False Ego becomes dysfunctional and they experience a harrowing sensation of disintegration, bordering on annulment.

The False Self has many functions. The two most important ones are:

1. It serves as a decoy; it "attracts the fire". The False Self is a proxy for the True Self. It is tough as nails and can absorb any amount of pain, hurt and negative emotions. By inventing it, the child develops immunity to the indifference, manipulation, sadism, smothering, or exploitation - in short: to the abuse - inflicted on him by his parents (or by other Primary Objects, caregivers in his life). The False Self is a cloak, protecting the narcissist, rendering him invisible and omnipotent at the same time; and
2. The False Self is misrepresented by the narcissist as his True Self. The narcissist is saying, in effect: "I am not who you think I am. I am someone else. I am this (False) Self. Therefore, I deserve a better, painless, more considerate treatment." The False Self, thus, is a contraption intended to alter other people's behaviour

and attitude towards the narcissist and to justify his irrational sense of entitlement.

These roles are crucial to survival and to the proper psychological functioning of the narcissist. The False Self is by far more important to the narcissist than his dilapidated, dysfunctional, True Self.

The two Selves are not parts of a continuum, as the neo-Freudians postulated. Healthy people do not have a False Self which differs from its pathological equivalent in that it is more realistic and closer to the True Self.

It is true that even healthy people wear a mask (Goffman), or a persona (Jung), which they consciously present to the world. But these are a far cry from the False Self, which is mostly subconscious, depends on outside feedback, and is compulsive.

The False Self is an adaptive reaction to pathological circumstances. But its dynamics make it predominate, devour the psyche and prey upon the True Self. Thus, it prevents the efficient, flexible functioning of the personality as a whole.

That the narcissist possesses a prominent False Self as well as a suppressed and dilapidated True Self is common knowledge. Yet, how intertwined and inseparable are these two? Do they interact? How do they influence each other? And what behaviours can be attributed squarely to one or the other of these protagonists? Moreover, does the False Self assume traits and attributes of the True Self in order to deceive the world?

Let's start by referring to an oft-recurring question:

Why are narcissists not prone to suicide?

The simple answer is that they had died a long time ago. Narcissists are the true zombies of the world.

Many scholars and therapists tried to grapple with the void at the core of the narcissist. The common view is that the remnants of the True Self are so ossified, shredded, cowed into submission, and repressed that, for all practical purposes, the True Self is dysfunctional and useless. In treating the narcissist, the therapist often tries to construct and nurture a completely new healthy self, rather than build upon the distorted wreckage strewn across the narcissist's psyche.

But what of the rare glimpses of True Self reported by those who interact with the narcissist?

Pathological narcissism is frequently [comorbid with other mental health disorders](#). The narcissistic spectrum is made up of gradations and shades of narcissism. Narcissistic traits or style or even personality (overlay) often attach to other psychological issues (comorbidity). A person may well appear to be a full-fledged

narcissist - may well appear to be suffering from [Narcissistic Personality Disorder \(NPD\)](#) - but is not, in the strict, psychiatric, sense. In such people, the True Self is still there and can sometimes be observed.

In a full-fledged narcissist, the False Self imitates the True Self.

To do so artfully, it deploys two mechanisms:

Re-interpretation

The False Self causes the narcissist to re-interpret certain emotions and reactions in a flattering, socially acceptable, light. The narcissist may, for instance, interpret fear as compassion. Thus, if the narcissist offends someone that he fears (e.g., an authority figure), he may feel bad afterwards and interpret his discomfort as [empathy](#) and compassion. To be afraid is humiliating, but to be compassionate is commendable and earns the narcissist acclamation and understanding (Narcissistic Supply).

Emulation

The narcissist is possessed of an uncanny ability to psychologically penetrate others. Often, this gift is abused and put at the service of the narcissist's control freakery and [sadism](#). The narcissist uses it liberally to pulverize the natural defences of his victims by faking [empathy](#).

This capacity is coupled with the narcissist's eerie ability to imitate emotions and their attendant behaviours (i.e., affect). The narcissist possesses "emotional resonance tables". He keeps records of every action and reaction, every utterance and consequence, every datum provided by others regarding their state of mind and emotional makeup. From these data he constructs a set of formulas, which often result in impeccably accurate renditions of emotional behaviour. This can be enormously deceiving.

Loving Gaze, Adulating Gaze

The True Self as well as the False Self depend on the gaze of others. The False Self relies on [Narcissistic Supply](#) - adulation and attention - for the maintenance of the precarious, confabulated, fantastic, grandiose, and counterfactual narrative that is the narcissist's persona, his public face. Without a constant flow of such high-quality input and feedback, without the *adulating gaze*, the [narcissist crumbles](#) like a [house of ephemeral cards](#) and resorts to a variety of [dysfunctional, self-destructive, and self-defeating behaviours](#) and [defence mechanisms](#).

Similarly and equally, the True Self needs a *loving gaze* to sustain itself. Another person's love serves two purposes: it confirms the

existence of the True Self as a lovable object and thus lays the groundwork and facilitates the necessary and sufficient conditions for [self-love](#); and it allows the True Self to perceive the existence of a "safe", loving, and holding other. Such insight is at the very foundation of [empathy](#).

Do the False and True Selves ever fight it out, David vs. Goliath, Good vs. Evil?

Alas, they never do. The False Self is concocted by the narcissist to fend off hurt. It is a perfect, impenetrable, impermeable shield, a cocoon; it rewards the narcissist by flooding him with warm, fuzzy, exhilarating feelings; and it sustains the narcissist's delusions and fantasies. The False Self is the narcissist's dream come true. In other words: as far as the narcissist is concerned, the False Self is adaptive and functional. The [narcissist is emotionally invested in the False Self](#) and he despises the True Self for having failed to cope with the exigencies and vicissitudes of the narcissist's life.

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FREQUENTLY ASKED QUESTION # 50

The Inverted Narcissist

Points to Ponder

Also called "covert narcissist", Inverted Narcissist is a codependent who depends exclusively on [narcissists](#) (narcissist-codependent). The Inverted Narcissist craves to be in a [relationship with a narcissist](#), [regardless of any abuse](#) inflicted on her. She actively seeks relationships with narcissists and only with narcissists, no matter what her (bitter and traumatic) past experience has been. She feels empty and unhappy in relationships with [non-narcissists](#).

Terminology

Codependents

There is great confusion regarding the terms dependent, codependent, and counter-dependent.

Like dependents (people with Dependent Personality Disorder), codependents depend on other people for their emotional gratification and the performance of both inconsequential and crucial daily and psychological functions.

Codependents are needy, demanding, and submissive. They suffer from abandonment anxiety and - to avoid being overwhelmed by it - they cling to others and act immaturely. These behaviours are intended to elicit protective responses and to safeguard the "relationship" with their companion, or mate upon whom they depend. Codependents appear to be impervious to abuse. No matter how badly they are mistreated, they remain committed.

This is where the "co" in "codependence" comes into play. By accepting the role of victims, codependents seek to control their

abusers and manipulate them. It is a [dance macabre](#) in which both members of the dyad collaborate.

The codependent sometimes claims to pity her abuser and cast herself in the grandiose roles of his saviour, protector, advocate, and redeemer. Her overwhelming [empathy](#) imprisons the codependent in these dysfunctional relationships and she feels guilt either because she believes that she had driven the abuser to maltreat her, or because she contemplates abandoning him.

Typology of Codependents

Codependence is a complex, multi-dimensional, and multi-faceted defence against the codependent's fears and needs. There are four categories of codependence, stemming from their respective aetiologies:

1. Codependence that aims to fend off anxieties related to abandonment. These codependents are clingy, smothering, and prone to panic; they are plagued with [ideas of reference](#), and display self-negating submissiveness. Their main concern is to prevent their victims (friends, spouses, family members) from deserting them or from attaining [true autonomy and independence](#) without them. These codependents merge with their "loved" ones and experience any sign of abandonment (actual, threatened, or even imagined) as a form of self-annihilation or "amputation".
2. Codependence that is geared to cope with the codependent's fear of losing control. By feigning helplessness and neediness such codependents coerce their environment into ceaselessly catering to their needs, requirements, and wishes. These codependents are "[drama queens](#)" and their life is a kaleidoscope of [instability](#) and chaos. They [refuse to grow up](#) and force their nearest and dearest to treat them as emotional and/or physical cripples. They deploy their self-imputed deficiencies and disabilities as weapons.
Both these first two types of codependents use emotional blackmail and, when necessary, threats to secure the presence and blind compliance of their "[suppliers](#)".
3. Vicarious codependents are like the Moon to the Sun: they live through others. They "sacrifice" themselves in order to glory in the accomplishments of their chosen targets. They subsist on reflected light, on second-hand applause, and on derivative achievements. They have no personal history, having suspended their wishes, preferences, and dreams in favour of another's. The Inverted Narcissist belongs here.

4. Codependent or borderline narcissists oscillate between eras of clinging and other codependent behaviour patterns (which they interpret as "intimacy") and periods of aloofness, detachment, and emotional neglect and abandonment (which they regard as legitimate and the only possible manifestations of their personal autonomy and space). They also tend to form with their intimate partner a shared psychosis. These are all the outcomes of their overwhelming and all-pervasive abandonment anxiety: they either smother their partner in an attempt to forestall desertion - or they pre-emptively abandon ship, thus avoiding hurt and maintaining an illusion of control over the situation ("I walked out on her and dumped her, not the other way around"). The codependent deploys strategies such as merger (becoming one with her intimate partner while renouncing all personal autonomy and independence of both of them, up to a point of shared psychosis); coextensivity (the "ventriloquist defence": insisting that the partner mind-reads her and acts in ways that reflect her inner psychological states and moods); and shifting boundaries (using behavioural unpredictability and ambient uncertainty to induce paralysing dependence in the partner).

Situational Codependence

Some patients develop codependent behaviours and traits in the wake of a life crisis, especially if it involves an abandonment and resulting solitude (e.g. divorce, or an empty nest: when one's children embark on their own, autonomous lives, or leave home altogether).

Such late-onset codependence fosters a complex emotional and behavioural chain reaction whose role is to resolve the inner conflict by ridding oneself of the emergent, undesirable codependent conduct.

Consciously, such a patient may, at first, feel liberated. But, unconsciously, being abruptly "dumped" and lonesome has a disorienting and disconcerting effect (akin to intoxication). Many patients rush headlong and indiscriminately into new relationships. Deep inside, this kind of patient has always dreaded being lonely (lonely, not alone!). Following a divorce, the death of a significant other or intimate partner, the passing away of parents or other loved ones, children relocating to college, and similar somewhat traumatic episodes of dislocation, she suppresses this dread because she possesses no real, effective solutions and antidotes to her sudden solitude and has developed no meaningful ways to cope with it.

We are taught that denied and repressed emotions often re-emerge in camouflage, as it were. The dread of ending up all alone is such

that the patient becomes codependent in order to make sure that she never finds herself in a similar situation. Her codependence is a series of dysfunctional behaviours that are intended to fend off abandonment.

Still, patients who develop situational codependence (unlike classic, lifelong codependents) are fundamentally balanced and strong personalities who cherish their self-control. So, they always keep all their options open, including the vital option of going it alone yet again. They make sure to choose the wrong partner and then they spectacularly "expose" his egregious misconduct so that they can get rid of him and of the newly-acquired codependence in good conscience and at the same time.

To reiterate:

- The situational codependent is characterized by a deep-set fear of being lonely (abandonment anxiety, a form of attachment disorder) as an underlying, dormant inner landscape.
- This lurking abandonment anxiety is awakened by life's tribulations: divorce, an empty nest, death of one's nearest and dearest.
- At first, the newly-found freedom is exhilarating and intoxicating. But this "feel-good" factor actually serves to enhance the anxiety! The inner dialog goes something like this: "What if it feels so good that I will opt to remain by myself for the rest of my days? This prospect is terrifying!"
- Thus, a conflict erupts between conscious emotions and behaviours (liberation, joy, pleasure-seeking, etc.) and a nagging unconscious anxiety ("I am not getting any younger", "This can't go on for ever", "I've got to settle down, to find an appropriate mate, not to be left alone", etc.).
- To allay this internal tension, the patient comes up with situational codependence as a coping strategy: to attract and bond with a mate, so as to forestall abandonment.
- Yet, the situational codependent is ego-dystonic. She is very unhappy with her codependence (though, at this stage, she is utterly unaware of all these dynamics). It runs contrary to her primary nature as accomplished, assertive, self-confident person with a well-regulated sense of self-worth. She feels the need to frustrate this new set of compulsive addictions (codependence) and to get rid of it because it threatens who she is and who she thinks she is (her self-perception). Surely, she is not the clinging, maudlin, weak, out of control type! All her life, she has known herself to be a strong, good judge of character, intelligent, and in control. Codependence doesn't become her!

But how could she get rid of it? In three easy steps:

1. She chooses the wrong partner (unconsciously);
2. She proves to her satisfaction that he is the wrong partner for her; and
3. She gets rid of him, thus re-establishing her autonomy, self-control, and resilience and demonstrating credibly that she is codependent no more!

Inverted Narcissist (Covert Narcissist)

Inverted Narcissists are covert narcissists. They are self-centred, sensitive, vulnerable, and defensive, or hostile, and paranoid. They harbour grandiose fantasies and have a strong sense of entitlement. They tend to exploit other, albeit stealthily and subtly. Covert narcissists are aware of their innate limitations and shortcomings and, therefore, constantly fret and stress over their inability to fulfil their unrealistic dreams and expectations. They avoid recognition, competition, and the limelight for fear of being exposed as frauds or failures. They are ostentatiously modest.

Covert narcissists often feel guilty over and ashamed of their socially-impermissible aggressive urges and desires. Consequently, they are shy and unassertive and intensely self-critical (perfectionist). This inner conflict between an overwhelming sense of worthlessness and a grandiose False Self results in mood and anxiety disorders. They team up with classic narcissists [see below], but, in secret, resent and envy them.

Contrary to misinformation spread by "experts" online, covert narcissists are not cunning and manipulative. Classic narcissists are: they often disguise their true nature effectively, knowingly, and intentionally. They are persistent actors with great thespian skills. Not so the covert narcissist: he suppresses his true nature because he lacks the confidence to assert it. His is not a premeditated choice: can't help but shy away. The covert narcissist is his own worst critic.

The Inverted Narcissist, therefore, is a codependent who depends exclusively on narcissists (narcissist-codependent). If you have a relationship with a narcissist, are living with one, are married to one, or if you are working with a narcissist it does *not* mean that you are an Inverted Narcissist.

To "qualify" as an Inverted Narcissist, you must *crave* to be in a relationship with a narcissist, regardless of any abuse inflicted on you by him or her. You must *actively* seek relationships with narcissists and *only* with narcissists, no matter what your bitter and traumatic past experience had been. You must feel *empty* and *unhappy* in relationships with *any other* kind of person. Only then, and if you

satisfy the other diagnostic criteria of Dependent Personality Disorder, can you safely and assuredly be labelled an "Inverted Narcissist".

Finally, there is another form of dependence that is so subtle that it eluded detection until very recently.

Counter-dependents

Counter-dependents are contumacious; they reject and despise authority and often clash with [authority figures](#) (parents, boss, the Law). Their sense of self-worth and their very self-identity are premised on and derived from (in other words, are dependent on) these acts of bravura and defiance. They are "personal autonomy militants". Counter-dependents are fiercely, belligerently independent; controlling; self-centred; and aggressive. Many of them are antisocial and use [Projective Identification](#) (i.e. force people to behave in ways that buttresses and affirm the counter-dependent's view of the world and his expectations).

These behaviour patterns are often the result of a deep-seated [fear of intimacy](#). In an intimate relationship, the counter-dependent feels enslaved, ensnared, and captive. Counter-dependents are locked into Approach-Avoidance Repetition Complex cycles: a hesitant approach is followed by an avoidance of commitment. They are "lone wolves" and bad team players.

Most "classical" (overt) narcissists are counter-dependents. Their emotions and needs are buried under a "scar tissue", which had formed, coalesced, and hardened during years or decades of one form of abuse or another. Grandiosity; a sense of [entitlement](#); a lack of [empathy](#); and overweening haughtiness usually hide gnawing insecurity and a fluctuating sense of self-worth.

Counter-dependence is, in essence, a reaction formation. The counter-dependent dreads his weaknesses. He seeks to overcome them by projecting an image of omnipotence, omniscience, self-sufficiency, success, and superiority.

INTRODUCTION

Codependence is an important and integral part of narcissism. Narcissists are either counter-dependent or codependent (Inverted Narcissist).

The DSM IV-TR uses 9 criteria to define [Narcissistic Personality Disorder \(NPD\)](#). It is sufficient to show signs of five of them to be diagnosed as a narcissist. Thus, theoretically, it is possible to have NPD without being grandiose.

Many scholars (Alexander Lowen, Jeffrey Satinover, Theodore Millon, and others) suggest a "taxonomy" of pathological narcissism: they divided narcissists to sub-groups (very much as I do with my [Somatic vs. Cerebral Narcissist](#) dichotomy).

Lowen, for instance, talks about the "phallic" narcissist versus other types. Satinover and Millon make an important distinction between narcissists, who were brought up by "classically" abusive parents and those who were raised by doting and smothering or domineering mothers.

Glenn O. Gabbard in "Psychodynamic Psychiatry in Clinical Practice" (The DSM IV-TR Edition, Comments on Cluster B Personality Disorders - Narcissistic, American Psychiatric Press, Inc., 2000) writes this:

"...These criteria (the DSM IV-TR's) identify a certain kind of narcissistic patient - specifically, the arrogant, boastful, 'noisy' individual who demands to be in the spotlight. However, they fail to characterize the shy, quietly grandiose, narcissistic individual whose extreme sensitivity to slights leads to an assiduous avoidance of the spotlight."

The DSM III-R alluded to at least two types of narcissists, but the DSM IV-TR committee chose to delete this portion of the text:

"...included criterion, 'reacts to criticism with feelings of rage, shame, or humiliation (even not if expressed)' due to lack of 'specificity'."

Other theoreticians, clinicians and researchers similarly suggested a division between "the oblivious narcissist" (aka overt) and "the hypervigilant narcissist" (aka covert).

The Codependent's Inner Mother and Child

Parents of codependents teach their poor offspring to expect only conditional, transactional love: the child is supposed to render a service or fulfil the parent's wishes in return for affection and compassion, attention, and emotion. Ineluctably, the hurt child reacts with rage to this unjust mistreatment.

With no recourse to the offending parent, this fury is either directed outwardly, at others (who stand in for the bad parent) - or inwardly. The former solution yields a [psychopath](#), or a [passive-aggressive \(negativistic\)](#) - the latter solution, a [masochist](#). Similarly, with an unavailable parent, the child's reserve of love can be directed inward, at himself (to yield a [narcissist](#)), or outward, towards others (and, thus, form a codependent).

All these choices retard personal growth and are self-annihilating. In all four paths the adult plays the dual roles of a [punitive parent](#) and an [eternal child](#), who is unable and unwilling to grow up for fear of

incurring the wrath of the parent with whom he had merged so thoroughly early on.

When the codependent merges with a love object, she interprets her newfound attachment and bond as a betrayal of the punitive parent. She fully anticipates the internalized parent's disapproval and dreads its (self-)destructive disciplinarian measures. In an attempt to placate this implacable divinity she turns on and lashes out at her partner, thus establishing and demonstrating where her true loyalties and affiliation lie (i.e., with the parent). Concurrently, she punishes herself as she tries to pre-empt the merciless onslaught of her sadistic parental introjects and superego: she engages in a panoply of self-destructive and self-defeating behaviours.

Acutely aware of the risk of losing her partner as a consequence of her abusive misconduct, the codependent experiences extreme abandonment anxiety. She swings wildly between self-effacing and clinging ("doormat") behaviours on the one hand and explosive, vituperative invective on the other hand: the former being the manifestations of her "eternal child" and the latter expressions of her "punitive parent".

Such abrupt shifts in affect and conduct are often misdiagnosed as the hallmarks of a mood disorder, especially Bipolar Disorder. But where Dependent Personality Disorder is diagnosed, these pendular tectonic upheavals are indicative of an underlying personality structure rather than of any biochemically-induced mood perturbations.

Dependent Personality Disorder has always been a disputed mental health diagnosis.

We are all dependent to some degree. We all like to be taken care of. When should this need be judged as pathological, compulsive, pervasive, and excessive? Clinicians who contributed to the study of this disorder use words such as "craving", "clinging", "stifling" (both the dependent and her partner), and "humiliating", or "submissive" to describe the codependent's relationships. But these are all subjective terms, open to disagreement and differences of opinion.

Moreover, virtually all cultures encourage dependency to varying degrees. Even in developed countries, many women, the very old, the very young, the criminal, the mentally-handicapped, and the sick are denied personal autonomy rendering them legally and economically dependent on others, or on the authorities. Thus, Dependent Personality Disorder is diagnosed only when such behaviour does not conform to social or cultural norms.

Codependents are possessed by fantastic worries and concerns even as they are paralysed by their abandonment anxiety and fear of

separation. This inner turmoil renders them indecisive. Even the simplest everyday decision becomes an excruciating ordeal. This is why codependents rarely initiate projects, or do things on their own.

Dependents typically go around eliciting constant and repeated reassurances and advice from myriad sources. This recurrent solicitation of succour is proof that the codependent seeks to transfer responsibility for his or her life to others, whether they have agreed to assume it or not.

This recoil and studious avoidance of challenges may give the wrong impression that the dependent is indolent or insipid. Yet, most dependents are neither. They are often fired by repressed ambition, energy, and imagination. It is their lack self-confidence that holds them back. They don't trust their own abilities and judgement.

Absent an inner compass or a realistic assessment of their positive qualities on the one hand and limitations on the other hand, dependents are forced to rely on crucial input from the outside. Realizing this, their behaviour becomes self-negating: they never disagree with meaningful others or criticize them because they are afraid to lose their support and emotional nurturance.

Consequently, as I have written in the [Open Site Encyclopaedia](#) entry on this disorder:

"The codependent moulds himself/herself and bends over backwards to cater to the needs of his nearest and dearest and satisfy their every whim, wish, expectation, and demand. Nothing is too unpleasant, or unacceptable if it serves to secure the uninterrupted presence of the codependent's family and friends and the emotional sustenance s/he can extract (or extort) from them.

The codependent does not feel fully alive when alone: then s/he feels helpless, threatened, ill-at-ease, and child-like. This acute discomfort drives the codependent to hop from one relationship to another. The sources of nurturance are interchangeable. To the codependent, being with someone, with anyone, no matter who, is always preferable to solitude."

"I Can't Live Without Him/Her"

Akin to addiction, dependence on other people fulfils important mental health functions. First, it is an organizing principle: it serves to explicate and elucidate behaviours and events within the context of a coherent "narrative" (fictional story), or frame of reference ("I acted this way because of..."). Second, it gives meaning to life. Third: the constant ups and downs satisfy the codependent's need for excitement and thrills. Fourth, and most crucially, the dependent's

addiction and emotional lability place her at the centre of attention and allow her to manipulate people to do her bidding.

Indeed, the codependent is convinced that she cannot live without her dependence.

This is a subtle and important distinction: the codependent can actually survive without her intimate partner, but she believes profoundly (erroneously as it happens) that she cannot go on living without her addiction to her partner. She experiences her dependence as her best friend, her comfort zone, as familiar and warm and fitting as an old pair of slippers. She is addicted to and dependent on her dependence, but she attributes its source to boyfriends, mates, spouses, children, parents: anyone who happens to fit the bill and the plot of her narrative. They come and go, but her addiction remains intact; they are interchangeable - her dependence is immutable.

So, if you are a codependent, what can you do about it?

Extreme cases of intractable codependence (people diagnosed with Dependent or [Borderline Personality Disorders](#)) require professional help. Luckily, dependence is a spectrum and most people with dependent traits and behaviours are clustered somewhere in the middle. Help yourself by realizing that the world never comes to end when relationships do: it is your dependence which reacts with desperation, not you. Next, analyse your addiction: what are the stories and narratives that underlie it? Do you tend to idealize your intimate partner? If so, can you see him or her in a more realistic light? Are you anxious about being abandoned? Why so? Have you been traumatically abandoned in the past, as a child, perhaps? Write down the worst possible scenario: the relationship is over and s/he leaves you. Is your physical survival at stake? Of course it is not. Make a list of the consequences of the breakup and note, next to each one, what you can and intend to do about it. Armed with this plan of action, you are bound to feel safer and far more confident.

Finally, make sure to share your thoughts, fears, and emotions with friends and family. Social support is indispensable. One good friend is worth a hundred therapy sessions.

Countering Abandonment and Separation Anxiety

Clinging and smothering behaviours are the ineluctable albeit unsavoury consequences of a deep-set existential, almost mortal fear of abandonment and separation. For the codependent to maintain a long-term, healthy relationship, she must first confront her anxieties head on. This can be done via psychotherapy: the therapeutic alliance is a contract between patient and therapist which provides for a safe

environment, where abandonment is not an option and, thus, where the client can resume personal growth and form a modicum of self-autonomy. In extremis, a psychiatrist may wish to prescribe anti-anxiety medication.

Self-help is also an option, though: meditation, yoga, and the elimination of any and all addictions, such as workaholism, or binge eating. Feelings of emptiness and loneliness - at the core of abandonment anxiety and other dysfunctional attachment styles - can be countered with meaningful activities (mainly altruistic and charitable) and true, stable friends, who provide a safe haven and are unlikely to abandon her and, therefore, constitute a holding, supportive, and nourishing environment.

The codependent's reflexive responses to her inner turmoil are self-defeating and counterproductive. They often bring about the very outcomes she fears most. But these outcomes also tend to buttress her worldview ("the world is hostile, I am bound to get hurt") and sustain her comfort zone ("abuse and abandonment are familiar to me; at least I know the ropes and how to cope with these misbehaviours").

This is why she needs to exit this realm of mirrored fears and fearsome mental tumult. She should adopt new avocations and hobbies, meet new people, engage in non-committal, dispensable relationships, and, in general, take life more lightly.

Some codependents develop a type of "militant independence" as a defence against their own sorely felt vulnerability (their dependence). But even these daring "rebels" tend to view their relationships in terms of "black and white" (an infantile psychological defence mechanism known as "splitting"). They tend to regard their relationships as either doomed to failure or everlasting and their mates as both unique and indispensable ("twin", "soulmate"), or completely interchangeable (objectified).

Of course, both these are misperceptions; cognitive deficits grounded in emotional immaturity and thwarted personal development. Relationships have a life expectancy: a "sell by", "good before", or expiry date. No one is interchangeable or completely irreplaceable. The codependent's problems are rooted in a profound lack of self-love and an absence of object constancy (she regards herself as unloved and unlovable when she is all by her lonely self).

Yet, clinging, codependent, and counter-dependent (fiercely independent, defiant, and intimacy-retarding) behaviours can be modified.

If you fear abandonment to the point of a phobia, here's my advice:

Compile a written, very detailed "mission statement" regarding all the aspects of your romantic relationships: how would you like them to look like and how would you go about securing the best outcomes. Revisit and revise this "charter" regularly.

List your three most important mate choice criteria that you would be looking for in a first date and without which there will be no second date. This list is your filter, your proverbial selective membrane. Revisit and revise it regularly as your taste and preferences change.

Conduct a thorough and comprehensive background check on your prospective intimate partner. Go Google his name; visit his social networking accounts; ask friends and family for information and an appraisal of his personality, character, and temperament. This preparatory research will put you in control and empower you. It will serve as an antidote to uncertainty and the anxiety attendant upon it.

Next use the "Volatility Threshold" and the "Threat Monitoring" tools.

The "Volatility Threshold" instrument is a compilation of one to three types of behaviours that you consider critically desirable ("deal-makers") in your partner. Observe him closely and add up the number of times he had acted unequivocally inconsistently and, thus, reversed these crucial aspects of his behaviour essentially and substantially. Decide in advance how many "strikes" would constitute a "deal-breaker" and when he reaches this number - simply leave. Do not share with him either the existence or the content of this "test" lest it might affect his performance and cause him to playact and prevaricate.

As a codependent, you tend to jump to conclusions and then "jump the gun": you greatly exaggerate the significance of even minor infractions and disagreements and you are always unduly fatalistic and pessimistic about the chances for survival of your relationships. The "Threat Monitoring" tool is comprised of an inventory of warning signs and red flags that, in your view and from your experience, herald and portend abandonment. The aim is to falsify this list: to prove to you that, more often than not, you are wrong in predicting a breakup.

In general, try to act as though you were a scientist: construct alternative hypotheses (interpretations of behaviours and events) to account for what you regard as transgressions and bad omens. Test these hypotheses before you decide to end it all with a grand gesture, a dramatic exit, or a decisive finale. Pre-emptive, abrupt abandonment is based more on your insecurities than on facts, so make sure to test your hypotheses - and your partner - in a variety of

settings before you call it a day and before you prophesy doom and gloom.

This "scientific" approach to your intimate relationships has the added benefit of delaying the instant alleviation of your anxiety, which consists of impulsive, ill-thought actions. It takes time to form and test hypotheses. This lapse between trigger and reaction is all you need. By the time you have formed your informed opinion, your anxiety will have abated and you will no longer feel the urge to "do something now, whatever it may be!"

Armed with these "weapons" you should feel a lot more confident as you enter a new romantic liaison. But, the secret of the longevity of long-term relationships lies in being who you are, in acting transparently, in externalizing your internal dialog and inner voices. In short: if you want your relationships to last, you should express your emotions and concerns on a regular basis. You should knowingly and willingly assume all the risks associated with doing so: of exposing the chinks in your armour; of your vulnerabilities and blind spots being exploited, leveraged, and abused; of being misunderstood, even mocked. But the rewards of being open with your partner (without being naive or gullible) are enormous and multifarious: stronger bonding often results in long-lasting relationships.

Early on you should confer with your intimate partner and inform him of what, to you, constitutes a threat: what types of conduct he should avoid and what modes of communication he should eschew. You should both agree on protocols of communication: needs, fears, triggers, boundaries, wishes, preferences, priorities, and requests should all be shared on a regular basis and in a structured and predictable manner. Remember: structure, predictability, even formality are great antidotes to anxiety.

But there is only that much that your partner can do to ameliorate your mental anguish. You can and should help him in this oft-Herculean task. Start by using drama to desensitize yourself to your phobia. In your mind imagine and rehearse, in excruciating detail, both the worst-case and best-case scenarios (abandonment in the wake of adultery versus blissful marriage, for instance).

In these reveries, try to not act as an observer: place yourself firmly at the scene of the action and prepare detailed responses within these impromptu plays. At first, this pseudo-theatre may prove agonizing, but the more you exercise your capacity for daydreaming the more you will find yourself immune to abandonment. You may even end up laughing out loud during the more egregious scenes!

Similarly, prepare highly-detailed contingency plans of action for every eventuality, including the various ways in which your

relationship can disintegrate. Be well prepared for anything and everything, thoroughly and well in advance. Planning equals control and control means lessened dread.

The Inverted Narcissist

It is clear that there is, indeed, a hitherto neglected type of narcissist. It is the "self-effacing" or "introverted" narcissist. I call it "Inverted Narcissist" (hereinafter: IN). Others call it "narcissist-codependent", "co-narcissist", or "N-magnet" (which erroneously implies the Inverted Narcissist's passivity and victimhood).

The Inverted Narcissist is a narcissist who, in many respects, is the mirror image of the "classical" narcissist. The psychodynamics of the Inverted Narcissist are not clear, nor are its developmental roots. Perhaps it is the product of an overweening Primary Object (parent) or caregiver. Perhaps excessive abuse leads to the repression of even the narcissistic and other defence mechanisms. Perhaps the IN's parents suppress every manifestation of grandiosity and of narcissism (very common in early childhood and adolescence), so that the narcissistic defence mechanism is "inverted" and internalized in this unusual form.

These narcissists are self-effacing, emotionally fragile, sensitive, and sometimes socially phobic. They derive all their self-esteem and sense of self-worth from the outside (from others), are pathologically envious (a [transformation of aggression](#)), are likely to intermittently engage in aggressive/violent behaviours, and are more emotionally labile than the classic narcissist.

There are, therefore, three "basic" types of narcissists:

1. *The offspring of neglecting parents* who default to narcissism as the predominant form of object relations (with themselves as the exclusive love object);
2. *The offspring of doting or domineering parents (often narcissists themselves)*. These children internalize their parents' voices in the form of a sadistic, ideal, immature superego and spend their lives trying to be perfect, omnipotent, omniscient and to be judged "a success" by these parent-images and their later representations and substitutes (authority figures); and
3. *The offspring of abusive parents* internalize the abusing, demeaning and contemptuous voices and spend their lives in an effort to elicit "counter-voices" from other people and thus to regulate their labile self-esteem and sense of self-worth.

All three types experience recurrent and Sisyphean failures. Shielded by their defence mechanisms, they constantly gauge reality wrongly, their actions and reactions become more and more rigid, and

the damage inflicted by them on themselves and on others is ever greater.

The narcissistic parent seems to employ myriad primitive [defences](#) in his/her dealings with his/her children:

1. *Splitting, idealization, and devaluation*: idealizing the child and devaluing him in cycles, which reflect the internal dynamics of the parent rather than anything the child does;
2. *Projective Identification*: forcing the child to behave in a way which vindicates the parent's fears regarding himself/herself, his/her self-image, and his/her self-worth. This is a particularly powerful as well as pernicious mechanism. If the narcissist parent fears his/her own deficiencies ("defects"), vulnerabilities, perceived weaknesses, gullibility, susceptibility, or emotions, he/she is likely to subtly force the child to "experience" these rejected and (to the parent) repulsive or repugnant emotions, to behave in ways strongly abhorred by the parent, and to exhibit character traits that the parent strongly rejects in himself/herself;
3. *Projection*: the child, in a way, becomes the "trash bin", the reflecting mirror of the parents' inhibitions, self-loathing, self-contempt, fears, perceived lack of self-worth, sense of inadequacy, rejected traits, repressed emotions, emotional reticence, and failures. They attribute all these unwanted traits and emotions to the child.

Coupled with the parent's mistreatment of the child as the parent's extension, these psychological defences totally inhibit the psychological growth and emotional maturation of the child. The child becomes a reflection of the parent, a conduit through which the parent experiences and realizes himself/herself for better (hopes, aspirations, ambition, or life goals) and for worse (weaknesses, "undesirable" emotions, "negative" traits).

Relationships between [such parents](#) and their progeny easily deteriorate to sexual or other modes of [abuse](#) because there are no functioning boundaries between them.

Somatic vs. Cerebral Inverted Narcissists

The Inverted Narcissist (IN) is in reality her narcissistic parent internalized by the IN. Inevitably, we are likely to find among the Inverted some of the same traits, behaviour patterns, preferences, propensities, predilections, and inclinations that we find among proper narcissists.

The Cerebral IN is an IN whose Source of vicarious Primary Narcissistic Supply lies in the exercise of her intellectual faculties.

She tends to use her intelligence, erudition, and mental acuity to garner Narcissistic Supply for the narcissist in her life. A Somatic IN would tend to make use of her body, sex, shape or health in trying to secure NS for "her" narcissist.

The Inverted Narcissist feeds on the primary narcissist and this is her Narcissistic Supply. So these two typologies can essentially become a self-supporting, [symbiotic system](#).

In reality, both the narcissist and the Inverted Narcissist need to be quite well-aware of the dynamics of this relationship in order to make it work as a successful long-term arrangement. It might well be that this symbiosis would only work between a Cerebral Narcissist and a Cerebral Invert. The Somatic Narcissist's incessant sexual dalliances would be far too threatening to the equanimity of the Cerebral Invert for there to be much chance of this succeeding, even for a short time.

It would seem that only opposing types of narcissists can get along when the [couple](#) is comprised of two classic narcissists. It follows, syllogistically, that only identical types of narcissist and Inverted Narcissist can survive in a couple. In other words: the best suited, most enduring couples of narcissist and his Inverted Narcissist mate would involve a Somatic Narcissist and a Somatic IN, or a Cerebral Narcissist and a Cerebral IN.

The Child's Reaction to the Narcissistic Parent

The child's reaction to the narcissistic parent can be either accommodation and assimilation, or rejection.

Accommodation and Assimilation

The child accommodates, idealizes and internalizes (introjects) the narcissistic and abusive Primary Object (parent) successfully. This means that the child's "internal voice" is also narcissistic and abusive. The child tries to comply with its directives and with its explicit and perceived wishes.

The child becomes a masterful provider of [Narcissistic Supply](#), a perfect match to the parent's personality, an ideal source, a caring, understanding, and accommodating caterer to all the needs, whims, mood swings and cycles of the narcissist parent. It learns to endure devaluation and idealization with equanimity and to adapt to the narcissist's [cultish](#) world view. The child, in short, becomes the ultimate extension, an Inverted Narcissist.

We must not ignore the abusive aspect of such a relationship. The narcissistic parent always alternates between idealization and devaluation of his/her offspring. The child is likely to internalize

these devaluing, abusive, critical, demeaning, berating, diminishing, minimizing, upbraiding, and chastising voices.

The abusive parent (or caregiver) goes on to survive inside the child-turned-adult (as part of a sadistic and ideal superego and a fantastic ego ideal). These internalized voices are so powerful that they inhibit even the development of reactive narcissism - the child's typical defence mechanism in the face of such egregious mistreatment.

The child-turned-adult keeps teaming up with narcissists in order to feel whole, alive, and wanted. He craves to be narcissistically maltreated by a narcissist. What others call abuse is, to him/her, familiar territory and constitutes Narcissistic Supply. To the Inverted Narcissist, the classic narcissist is a Source of Supply (Primary or Secondary) and his narcissistic behaviours constitute Narcissistic Supply. The IN feels dissatisfied, empty, and unwanted when not "loved" by a narcissist.

The roles of Primary Source of Narcissistic Supply (PSNS) and Secondary Source of Narcissistic Supply (SSNS) are reversed. To the Inverted Narcissist, her narcissistic spouse is a Source of Primary Narcissistic Supply.

But the child can also reject the narcissistic Primary Object (parent) rather than accommodate him or her.

Rejection

The child may react to the narcissism of the parent with a peculiar type of rejection. It develops its own narcissistic personality, replete with grandiosity and a lack of empathy. Its personality, though, is antithetical to that of the narcissistic parent.

If the parent was a Somatic Narcissist, the child is likely to grow up to be a Cerebral one. If his father prided himself on being virtuous, the son turns out to be sinful. If his narcissistic mother bragged about her frugality, her daughter would tend towards profligacy. Such are the ways of the child's rebellion in the face of narcissistic abuse.

An Attempted DSM-Style List of Criteria

It is possible to compose a DSM IV-TR-like set of criteria for the Inverted Narcissist, using the classic narcissist's as a template. The two are, in many ways, flip sides of the same coin, or "the mould and the moulded" - hence the neologisms "mirror narcissist" or "Inverted Narcissist".

The narcissist tries to merge with an idealized but badly internalized object. He does so by "digesting" the meaningful others in his life and transforming them into extensions of his self. He uses

various techniques to achieve this. To the "digested", this is the crux of the harrowing experience called "life with a narcissist".

The Inverted Narcissist, on the other hand, does not attempt, except in fantasy or in dangerous, masochistic sexual practice, to merge with an idealized external object. This is because she had internalized the narcissistic Primary Object thoroughly, to the point of excluding everyone else. The IN feels ill at ease in her relationships with non-narcissists because these dalliances are unconsciously perceived by her to constitute a "betrayal", acts of "cheating", an abrogation of the exclusivity clause she has with the narcissistic Primary Object.

This is the big difference between classical narcissists and their inverted sisters: classic narcissists of all stripes reject the Primary Object in particular (and object relations in general) in favour of a handy substitute: themselves. In contrast, Inverted Narcissists accept the (narcissist) Primary Object and internalize it to the exclusion of all others (unless they are perceived to be faithful renditions, replicas of the narcissistic Primary Object).

Criterion ONE

Possesses a rigid sense of lack of self-worth.

The classic narcissist has a badly-regulated sense of self-worth. However this is not conscious. He goes through [cycles](#) of self-devaluation (and experiences them as dysphorias).

The IN's sense of self-worth does not fluctuate. It is rather stable, but it is very low. Whereas the narcissist devalues others - the IN devalues herself as an offering, a sacrifice to the narcissist. The IN pre-empts the narcissist by devaluing herself, by actively berating her own achievements, or talents. The IN is exceedingly distressed when singled out because of actual accomplishments or a demonstration of superior skills.

The IN is compelled to filter all of her narcissistic needs through the primary narcissist in her life. Independence and personal autonomy are not permitted. The Inverted Narcissist feels amplified by the narcissist's running commentary (because nothing can be accomplished by the IN without the approval of a primary narcissist in her life).

Criterion TWO

Pre-occupied with fantasies of unlimited success, power, brilliance and beauty, or of an ideal love.

This is the same as the DSM IV-TR criterion for Narcissistic Personality Disorder but it manifests absolutely differently with the

Inverted Narcissist, i.e. the cognitive dissonance is sharper here because the IN is so absolutely and completely convinced of her worthlessness that these fantasies of grandeur are extremely painful "dissonances".

With the classical narcissist, the dissonance exists on two levels:

1. Between his unstable sense of self-worth and his grandiose fantasies; and
2. between his grandiose fantasies and down-to-earth reality (the Grandiosity Gap).

In comparison, the IN can only vacillate between a sense of lack of self-worth and reality. No grandiosity is permitted, except in dangerous, forbidden fantasy. This shows that the IN is psychologically incapable of fully realizing her inherent potentials without a primary narcissist to filter the praise, accomplishments or adulation through. She must have someone to whom praise can be redirected.

The dissonance between the Inverted Narcissist's certainty of self-worthlessness and genuine praise that cannot be deflected is likely to emotionally derail the IN every time.

Criterion THREE

Believes that she is absolutely un-unique and un-special (i.e., worthless and not worthy of merger with the fantasized ideal) and that no one at all could understand her because she is innately unworthy of being understood. The IN becomes very agitated the more one tries to understand her because that also offends against her righteous sense of being properly excluded from the human race.

A sense of worthlessness is typical of many other personality disorders (as well as the feeling of being beyond understanding). The narcissist himself endures prolonged periods of self-doubt, self-devaluation, and self-deprecation. This is part of the aforementioned [Narcissistic Cycle](#). In this sense, the Inverted Narcissist is a partial narcissist. She is permanently fixated in a part of the Narcissistic Cycle, never to experience its complementary half: narcissistic grandiosity and sense of entitlement.

The "righteous sense of being properly excluded" comes from the sadistic superego in concert with an "overbearing, externally reinforced, conscience".

Criterion FOUR

Demands anonymity (in the sense of seeking to remain excluded at all costs) and is intensely irritated and uncomfortable with any attention being paid to her (similar to [Avoidant](#) and [Schizoid Personality Disorders](#)).

Criterion FIVE

Feels that she is undeserving and not entitled.

Feels that she is inferior to others, lacking, insubstantial, unworthy, unlikable, unappealing, unlovable, someone to scorn and dismiss, or to ignore.

Criterion SIX

Is extinguishingly selfless, sacrificial, or even unctuous in her interpersonal relationships and avoids the assistance of others at all costs. Can only interact with others when she can be seen to be giving, supportive, and expending an unusual effort to assist.

Some narcissists behave the [same way](#) but only as a means the end of obtaining Narcissistic Supply (praise, adulation, affirmation, attention). This must not be confused with the behaviour of the IN.

Criterion SEVEN

Lacks empathy. Is intensely attuned to others' needs, but only in so far as it relates to her own urge to perform the required self-sacrifice, which in turn is necessary in order for the IN to obtain her Narcissistic Supply from the primary narcissist.

By contrast, narcissists are never empathic. They are intermittently attuned to others only in order to optimize the extraction of Narcissistic Supply from them (a phenomenon I labelled "cold empathy").

Criterion EIGHT

Enviies others. Cannot conceive of being envied and becomes extremely agitated and uncomfortable if even brought into a situation where comparison might occur. Loathes and avoids competition at all costs, if there is any chance of actually winning it, or being singled out.

Criterion NINE

Displays extreme shyness, lack of any real relational connections, is publicly self-effacing in the extreme, is internally highly moralistic and critical of others; is a perfectionist and engages in lengthy ritualistic behaviours, which can never be perfectly performed (is [obsessive-compulsive](#), though not necessarily to the full extent exhibited in [Obsessive-Compulsive Personality Disorder](#)). Notions of being individualistic are anathema.

The Reactive Patterns of the Inverted Narcissist

The Inverted Narcissist (IN) does not suffer from a "milder" form of narcissism. Like "classic" narcissism, inverted narcissism has degrees

and shades. But it is much rarer and the DSM IV-TR classical variety is the more prevalent.

The Inverted Narcissist is liable to react with rage whenever threatened, or when she feels envious of other people's achievements, their ability to feel wholeness, their happiness, or their willingness to accept rewards and successes; when her sense of self-worthlessness is diminished by a behaviour, a comment, an event; or when her lack of self-worth and voided self-esteem is threatened. Thus, this type of narcissist might surprisingly react violently or wrathfully to a kind remark, a mission accomplished, a reward, a compliment, a proposition, or a sexual advance.

...When thinking about the past, when emotions and memories are evoked (usually negative ones) by certain music, a given smell, or sight.

The Inverted Narcissist is also likely to experience negative emotions when her pathological envy leads to an all-pervasive sense of injustice and being discriminated against or deprived by a spiteful world; when she believes that she had failed (and she always entertains this belief) and that, therefore, she is imperfect and useless and worthless, a good-for-nothing half-baked creature; when she realizes to what extent her inner demons possess her, constrain her life, torment her, and deform her and the hopelessness of it all.

When the Inverted Narcissist (IN) rages, she becomes verbally and emotionally abusive. She uncannily spots, homes in on, and attacks the vulnerabilities of her target, and mercilessly drives home the poisoned dagger of despair and self-loathing until it infects her adversary.

The calm after such a storm is even eerier, a thundering silence. The Inverted Narcissist regrets her behaviour and admits her feelings while apologizing profusely.

The Inverted Narcissist nurtures her negative emotions as yet another weapon of [self-destruction and self-defeat](#). It is from this repressed self-contempt and sadistic self-judgement that her [narcissistic rage](#) springs forth.

One important difference between Inverted Narcissists and non-narcissists is that the former are less likely to react with [PTSD \(Post-Traumatic Stress Disorder\)](#) following the breakup of their relationships with their narcissists. They seem to be "desensitized" to the narcissist's unpredictable ways by their early upbringing.

Whereas the reactions of normal people to narcissistic behaviour patterns comprise shock, profound hurt and disorientation - Inverted Narcissists show none of the above.

The Life of the Inverted Narcissist

The IN is, usually, exceedingly and painfully shy as a child. Despite this Social Phobia, her grandiosity (absorbed from the parent) might direct her to seek "limelight" professions and occupations, which involve exposure, competition, "stage fright", and social friction.

The setting can vary from the limited (family) to the expansive (national media) - but, whatever it is, the result is constant conflict and feelings of discomfort, even terror and extreme excitement and thrill ("[adrenaline rush](#)"). This is because the IN's grandiosity is "imported" and not fully integrated. It is, therefore, not supportive of her "grandiose" pursuits (as is the case with the classical narcissist). On the contrary, the IN feels awkward, pitted on the edge of a precipice, contrived, and deceitful.

The Inverted Narcissist grows up in a stifling environment: usually an orthodox, religious, collectivist, or traditionalist culture, a monovalent, "black and white", doctrinarian and indoctrinating society, or a family which manifests all the above in a cult-like microcosm.

The Inverted Narcissist is cast in a negative (emergent) role within her family. Her "negativity" is attributed to her gender; her birth order ("second child"); religious, social, or cultural dictates and commandments; her "character flaws"; her relation to a specific person or event; her acts or inaction; and so on.

In the words of one such IN:

"In the religious culture I grew up in, women are SO suppressed, their roles are so carefully restricted. They are the representation, in the flesh, of all that is sinful, degrading, of all that is wrong with the world.

These are the negative gender/cultural images that were force fed to us the negative 'otherness' of women, as defined by men, was fed to me. I was so shy, withdrawn, unable to really relate to people at all from as early as I can remember."

The IN is subjected and exposed either to an overbearing, overvalued parent, or to an aloof, detached, emotionally unavailable one - or to both - at an early stage of her life:

"I grew up in the shadow of my father who adored me, put me on a pedestal, told me I could do or be anything I wanted because I was incredibly bright, BUT, he ate me alive, I was his property and an extension of him.

I also grew up with the mounting hatred of my narcissistic brother who got none of this attention from our father and got no attention from our mother either. My function was to make my father look wonderful in the eyes of all outsiders, the wonderful parent with a

genius Wunderkind as his last child, and the only child of the six that he was physically present to raise from the get go.

The overvaluation combined with being abjectly ignored or raged at by him when I stepped out of line even the tiniest bit, was enough to warp my personality."

The IN is prevented from developing full-blown secondary narcissism. The IN is so heavily preoccupied in her pre-school years with satisfying the narcissistic parent that the traits of grandiosity and self-love, even the need for Narcissistic Supply, remain dormant, or repressed. The IN simply "knows" that only the narcissistic parent can provide the requisite amount of Narcissistic Supply. The narcissistic parent is so controlling that any attempt to garner praise or adulation from any other source (without the approval of the parent) is severely punished by swift devaluation and even the occasional spanking or abuse (physical, emotional, or sexual).

This is a vital part of the conditioning that gives rise to inverted narcissism. Where the classical narcissist exhibits grandiosity, the Inverted Narcissist is intensely uncomfortable with personal praise, and always wishes to divert it away from herself onto her narcissist. This is why the Inverted Narcissist can only truly feel anything when she is in a relationship with another narcissist. The IN is conditioned and programmed from the very beginning to be the perfect companion to the narcissist: to feed his ego, to be purely his extension, to seek adulation if it brings greater adulation to her narcissist.

The Inverted Narcissist's Survival Guide

- Listen attentively to everything the narcissist says and agree with it all. Don't believe a word of it but let it slide as if everything is just fine, business as usual.
- Offer something absolutely unique to the narcissist which they cannot obtain anywhere else. Also be prepared to line up future Sources of Primary NS for your narcissist because you will not be IT for very long, if at all. If you take over the procuring function for the narcissist, they become that much more dependent on you, which makes it a bit tougher for them to pull their haughty stuff - an inevitability, in any case.
- Be endlessly patient and prepared to go way out of your way to be accommodating, thus keeping the Narcissistic Supply flowing liberally, and keeping the peace (relatively speaking).
- Get tremendous personal satisfaction out of endlessly giving. This one may not be attractive to you, but it is a take it or leave it proposition.

- Be absolutely emotionally and financially independent of the narcissist. Take what you need: the excitement and engulfment (i.e., NS) and refuse to get upset or hurt when the narcissist does or says something dumb. Yelling back works really well but should be reserved for special occasions when you fear your narcissist may be on the verge of leaving you; the silent treatment is better as an ordinary response, but it must be devoid of emotional content, more with the air of boredom and "I'll talk to you later, when I am good and ready, and when you are behaving in a more reasonable fashion."
- If your narcissist is Cerebral and not interested in having much sex, give yourself ample permission to have sex with other people. Your Cerebral Narcissist is not indifferent to infidelity, so discretion and secrecy is of paramount importance.
- If your narcissist is Somatic and you do not mind, join in on group sex encounters but make sure that you choose carefully and properly for your narcissist. They are heedless and very indiscriminating in respect of sexual partners and that can get very problematic.
- If you are a "fixer" - which most Inverted Narcissists are - focus on fixing situations, preferably before they become "situations". Don't for one moment delude yourself that you can actually fix the narcissist - it simply will not happen. This is not because they are being stubborn - they just simply can't be fixed.
- If there is any fixing that can be done, it is to help your narcissist become aware of his condition and with no negative implications or accusations in the process at all. It is like living with a physically-handicapped person and being able to discuss, calmly, unemotionally, what the [benefits and limitations](#) of his disability are and how the two of you can work with these factors, rather than trying to change them.
- Finally, and most important of all for the Inverted Narcissist: get to know yourself. Why is this relationship attractive and interesting? What are you getting from the relationship? Are you actually a masochist?
Define for yourself what good and beneficial things you believe that you are receiving in this relationship. Define the things that you find harmful to you. Develop strategies to minimize the harm to yourself.
Do not expect that you will be able to reason with the narcissist to change who he is. This can only be accomplished in a very trusting, frank and open relationship. You may have some limited success in getting your narcissist to tone down on the really

harmful behaviours that affect you and which emanate from the unchangeable essence of the narcissist.

The Inverted Narcissist can have a reasonably good, long-lasting relationship with the narcissist. You must be prepared to give your narcissist a lot of space and leeway: you don't really exist for him as a fully realized person - no one does. They are not fully realized people so they cannot possibly have the skills, no matter how smart or sexy, to be a complete person in the sense that most adults are whole.

Relationships between Inverted Narcissists and Non-narcissists

The Inverted Narcissist can maintain relationships outside of the symbiotic primary relationship with a narcissist. But the IN does not feel "loved" that way because she finds the non-narcissist not "engulfing", or not "exciting". Thus, the IN tends to devalue her non-narcissistic primary partner as less worthy of the IN's love and attention.

The IN may be able to sustain a kind of relationship with a non-narcissist by finding other symbiotic liaisons with narcissists outside of this primary relationship. The IN may, for instance, have a narcissistic friend or lover, to whom she pays extraordinary attention, ignoring the real needs of the non-narcissistic partner.

Consequently, the feasible semi-stable primary relationship between an Inverted Narcissist and a non-narcissist is where the non-narcissist is very easy going, emotionally secure, and not needing much from the IN at all by way of time, energy, or commitment to activities requiring the involvement of both parties. In a relationship with this variety of non-narcissist, the IN may become a workaholic, or very involved in outside activities that exclude the non-narcissist spouse.

It appears that the Inverted Narcissist in a relationship with a non-narcissist is behaviourally indistinguishable from a true narcissist. The only important exception is that the IN does not rage at her non-narcissist partner - instead, she withdraws from the relationship even further. This passive-aggressive reaction has been noted, though, with narcissists as well.

The Inverted Narcissist in a Relationship with the Narcissist

The Inverted Narcissist is drawn to significant relationships with other narcissists in her adulthood. These relationships are usually spousal, but can also be friendships with narcissists.

In a primary relationship, the Inverted Narcissist attempts to re-create the parent-child relationship. The IN thrives on mirroring to the narcissist his grandiose fantasies and in so doing the IN obtains her

own brand of Narcissistic Supply: the dependence of the narcissist upon the IN for his Secondary Narcissistic Supply.

The IN must have this form of relationship with a narcissist in order to feel whole. The IN goes as far as needed to ensure that the narcissist is happy, cared for, properly adored, as she feels is the narcissist's right. The Inverted Narcissist lionizes and glorifies her narcissist, places him on a pedestal, endures any and all narcissistic devaluation with calm equanimity, impervious to the overt slights of the narcissist.

[Narcissistic rage](#) is handled deftly by the Inverted Narcissist. The IN is exceedingly adept at managing every aspect of her life, tightly controlling all situations, so as to minimize the potential for the inevitable eruptions of her narcissist.

The IN wishes to be subsumed by the narcissist: the IN only feels truly loved and alive in this kind of relationship. The IN is loath to abandon her liaisons with narcissists. The relationship only ends when the narcissist withdraws completely from the symbiosis. Once the narcissist has determined that the IN is of no further use, and withholds all Narcissistic Supply from the IN, only then does the IN reluctantly move on to another provider.

The IN is most likely to equate sexual intimacy with engulfment. This can be easily misread to mean that the IN is herself a Somatic Narcissist, but it would be incorrect. The IN can endure years of minimal sexual contact with her narcissist and still be able to maintain the self-delusion of intimacy and engulfment. The IN finds myriad other ways to "merge" with the narcissist, becoming intimately involved with the narcissist's business, career, or any other activity - though only in support roles. This enmeshment makes the IN feel that she is needed by the narcissist and is indispensable (read: not at risk of being abandoned).

The IN is an expert at doling out Narcissistic Supply and even goes as far as procuring Primary Narcissistic Supply for their narcissist (even where this means finding another lover for the narcissist, or participating in group sex with the narcissist).

Usually, the IN seems most attracted to the Cerebral Narcissist and finds him easier to manage than the Somatic Narcissist. The Cerebral Narcissist is uninterested in sex and this makes life considerably easier for the IN, i.e., the IN is less likely to "lose" her Cerebral Narcissist to another woman. A Somatic Narcissist may be prone to changing partners with greater frequency, or wish to have no partner at all, preferring to have multiple, casual sexual dalliances of no apparent depth which never last very long.

The IN regards an intimate dyad with a narcissist as the only true and legitimate form of primary relationship. The IN is capable of having primary relationships with non-narcissists - but, without the engulfment and the drama, the IN feels unneeded, unwanted and emotionally uninvolved.

Coping with Narcissists and Non-narcissists

The Inverted Narcissist is a person who grew up enthralled by the narcissistic parent. This parent engulfed and subsumed the child's being to such an extent that the child's personality was irrevocably shaped by this immersion, damaged beyond hope of repair. The child was not even able to develop defence mechanisms such as narcissism to cope with the abusive parent.

The end result is an inverted narcissistic personality. The traits of this personality are primarily evident in the context of romantic relationships. The child was conditioned by the narcissistic parent to only be entitled to feel whole, useful, productive, and happy when the child augmented or mirrored to the parent the parent's False Self. As a result the child is shaped by this engulfment and cannot feel complete in any significant adult relationship unless they are with narcissists.

When Can a Classic Narcissist become an Inverted Narcissist?

The rule of thumb is: Inverted Narcissists act as codependent or inverted when they are paired with classic narcissist and they act as classic narcissists when they team up with a codependent.

A classic narcissist can become an Inverted Narcissist in one (or more) of the following (typically cumulative) circumstances:

1. Immediately following a life crisis and a narcissistic injury (divorce, devastating financial loss, death of a parent, or a child, imprisonment, loss of social status and, in general, any other narcissistic injury); or,
2. When the injured narcissist then meets a classic narcissist who gradually restores a sense of meaning and superiority (uniqueness) to his life. The injured narcissist derives his Narcissistic Supply vicariously, by proxy, through the "dominant" narcissist; or,
3. As part of an effort to secure a particularly desired Source of Narcissistic Supply. The conversion from classic to inverted narcissism serves to foster and secure an attachment (bonding) between the narcissist and his source. When the narcissist judges that the source is his and can be taken for granted, he reverts to his former, classically narcissistic self.

Such a "conversion" is always temporary. It does not last and the narcissist reverts to his "default" or dominant state.

When Can an Inverted Narcissist become a [Classic Narcissist](#)?

The Inverted Narcissist can become a classic narcissist in one (or more) of the following (typically cumulative) circumstances:

1. Immediately following a life crisis that involves the incapacitation or dysfunction of the Inverted Narcissist's partner (sickness, accident, demotion, divorce, devastating financial loss, death of a parent, or a child, imprisonment, loss of social status, and any other narcissistic injury); or,
2. When the Inverted Narcissist (IN), injured and disillusioned, then meets another IN who restores a sense of meaning and superiority (uniqueness) to her life. The injured narcissist derives Narcissistic Supply from the Inverted Narcissist; or,
3. As part of an effort to secure a particularly desired Source of Narcissistic Supply. The conversion from inverted to classic narcissism serves to foster a safe attachment (bonding) between the narcissist and her source. When the narcissist judges that the source is hers and can be taken for granted, she reverts to her former, inverted narcissistic self.

Such a "conversion" is always temporary. It does not last and the narcissist reverts to her "default" or dominant state.

Inverted Narcissists Talk about Themselves

Competition and (Pathological) Envy

"I have a dynamic that comes up with every single person I get close to, where I feel extremely competitive toward and envious of the other person. But I don't ACT competitive, because at the very outset, I see myself as the loser in the competition. I would never dream of trying to beat the other person, because I know deep in my heart that they would win and I would be utterly humiliated. There are fewer things on earth that feel worse to me than losing a contest and having the other person gloat over me, especially if they know how much I cared about not losing. This is one thing that I actually feel violent about. I guess I tend to project the grandiosity part of the NPD package onto the other person rather than on a False Ego of my own. So most of the time I'm stuck in a state of deep resentment and envy toward her. To me, she's always far more intelligent, likable, popular, talented, self-confident, emotionally developed, morally good, and attractive than I am. And I really hate her for that, and feel humiliated by it. So it's incredibly hard for me to feel happy for this person when she has a success, because I'm overcome

with humiliation about myself. This has ruined many a close relationship. I tend to get this way about one person at a time, usually the person who is playing the role of 'my better half', best friends or lovers/partners. So it's not like I'm unable to be happy for anyone, ever, or that I envy every person I meet. I don't get obsessed with how rich or beautiful movie stars are or anything like that. It only gets projected onto this partner-person, the person I'm depending on the most in terms of supplies (attention, reassurance, security, building up my self-esteem, etc.)...

...The really destructive thing that happens is, I see her grandiose traits as giving her the power to have anything and anyone she wants. So I feel a basic insecurity, because why should she stay with a loser like me, when she's obviously so out of my league? So really, what I'm envious of is the power that all that talent, social ability, beauty, etc., gives her to have CHOICES - the choice to stay or leave me. Whereas I am utterly dependent on her. It's this emotional inequality that I find so humiliating."

"I agree with the Inverted Narcissist designation - sometimes I've called myself a 'closet narcissist'. That is, I've internalized the value system of grandiosity, but have not applied the grandiose identity to myself.

I believe I SHOULD BE those grandiose things, but at the same time, I know I'm not and I'm miserable about it. So people don't think of me as having an inflated ego - and indeed I don't - but scratch the surface, and you'll find all these inflated expectations. I mean to say that perhaps the parents suppressed every manifestation of grandiosity (very common in early childhood) and of narcissism - so that the defence mechanism that narcissism is was 'inverted' and internalized in this unusual form."

"Maybe there aren't two discrete states (NPD vs. 'regular' low self-esteem) - maybe it's more of a continuum. And maybe it's just the degree and depth of the problem that distinguishes one from the other.

My therapist describes NPD as 'the inability to love oneself'. As she defines it, the 'narcissistic wound' is a deep wounding of the sense of self, the image of oneself. That doesn't mean that other disorders - or for that matter, other life stressors - can't also cause low self-esteem. But I think NPD IS low self-esteem...

That's what the disorder is really about - an image of yourself that is profoundly negative, and the inability to attain a normal and healthy self-image..."

"Yes, I'm a survivor of child abuse. But remember that not all abuse is alike. There are different kinds of abuse, and different effects. My

XXX's style of abuse had to do with trying to annihilate me as a separate person. It also had to do with the need to put all his negative self-image onto me - to see in me what he hated in himself. So I got to play the role of the loser that he secretly feared he was. I was flipped back and forth in those roles - sometimes I'd be a Source of NS for him, and other times I was the receptacle of all his pain and rage. Sometimes my successes were used to reflect back on him, to show off to the rest of the family. Other times, my successes were threatening to my father, who suddenly feared that I was superior to him and had to be squelched.

I experience emotions that most people I know don't feel. Or maybe they do feel them, but to far less extreme intensity. For example, the envy and comparison/competition I feel toward others. I guess most of us have experienced rivalry, jealousy, being compared to others. Most of us have felt envy at another's success. Yet most people I know seem able to overcome those feelings to some extent, to be able to function normally. In a competition, for example, they may be driven to do their best so they can win. For me, the fear of losing and being humiliated is so intense that I avoid competition completely. I am terrified of showing people that I care about doing well, because it's so shaming for me if I lose. So I underachieve and pretend I don't care. Most people I know may envy another person's good luck or success, but it doesn't prevent them from also being happy for them and supporting them. But for me, when I'm in a competitive dynamic with someone, I can't hear about any of their successes, or compliments they've received, etc. I don't even like to see the person doing good things, like bringing Thanksgiving leftovers to the sick old guy next door, because those things make me feel inferior for not thinking of doing that myself (and not having anyone in my life that I'd do that for). It's just so incredibly painful for me to see evidence of the other person's good qualities, because it immediately brings up my feeling of inferiority. I can't even stand to date someone, who looks really good, because I'm jealous of their good looks! So this deep and obsessive envy has destroyed my joy in other people. All the things about other people that I love and take pleasure in is a double-edged sword because I also hate them for it, for having those good qualities (while, presumably, I don't).

I don't know - do you think this is garden-variety low self-esteem? I know plenty of people who suffer from lack of confidence, from timidity, social awkwardness, hatred of their body, feeling unlovable, etc. But they don't have this kind of hostile, corrosive resentment of another person for being all the wonderful things that they can't be, or aren't allowed to be, etc. And one thing I hate is

when people are judgemental of me about how I feel, as though I can help it. It's like, 'You shouldn't be so selfish, you should feel happy for her that she's successful', etc. They don't understand that I would love to feel those things, but I can't. I can't stop the incredible pain that explodes in me when these feelings get triggered, and I often can't even HIDE the feelings. It's just so overwhelming. I feel so damaged sometimes. There's more, but that's the crux of it for me, anyway."

Getting Compliments

"I love getting compliments and rewards, and do not react negatively to them. In some moods, when my self-hate has gotten triggered, I can sometimes get to places where I'm inconsolable, because I get stuck in bitterness and self-pity, and so I doubt the sincerity or the reliability of the good thing that someone is saying to me (to try to cheer me up or whatever). But, if I'm in a reasonable mood and someone offers me something good, I'm all too happy to accept it! I don't have a stake in staying miserable."

The Partiality of the Condition

"I do agree that it's (atypical or inverted narcissism) not MILDER. But how I see it is that it's PARTIAL. The part that's there is just as destructive as it is in the typical narcissist. But there are parts missing from that total, full-blown disorder - and I see that as healthy, actually. I see it as parts of myself that WERENT infected by the pathology, that are still intact.

In my case, I did not develop the overweening ego part of the disorder. So in a sense, what you have with me is the naked pathology, with no covering: no suaveness, no charm, no charisma, no confidence, no persuasiveness, but also no excuses, no lies, no justifications for my feelings. Just the ugly self-hate, for all to see. And the self-hate part is just as bad as it is with a full-blown narcissist, so again, it's not milder.

But because I don't have the denial part of the disorder, I have a lot more insight, a lot more motivation to do something about my problems (i.e., I 'self-refer' to therapy), and therefore, I think, a lot more hope of getting better than people whose defence involves totally denying they even have a problem."

"When my full-blown XXX's pathological envy would get triggered, he would respond by putting down the person he was envious of - or by putting down the accomplishment itself, or whatever good stuff the other person had. He'd trivialize it, or outright contradict it, or find some way to convince the other person (often me) that the thing

they're feeling good about isn't real, or isn't worthwhile, or is somehow bad, etc. He could do this because the inflated ego defence was fully formed and operating with him.

When MY pathological envy gets triggered, I will be bluntly honest about it. I'll say something self-pitying, such as: 'You always get the good stuff, and I get nothing'; 'You're so much better than I'; 'People like you better - you have good social skills and I'm a jerk'; and so on. Or I might even get hostile and sarcastic: 'Well, it must be nice to have so many people worshipping you, isn't it?' I don't try to convince myself that the other person's success isn't real or worthwhile, etc. Instead, I'm totally flooded with the pain of feeling utterly inferior and worthless - and there's no way for me to convince myself or anyone else otherwise. I'm not saying that the things I say are pleasant to hear - and it is still manipulative of me to say them, because the other person's attention is drawn away from their joy and onto my pain and hostility. And instead of doubting their success's worth or reality, they feel guilty about it, or about talking about it, because it hurts me so much. So from the other person's point of view, maybe it's not any easier to live with a partial narcissist than with a full-blown, in that their joys and successes lead to pain in both cases. It's certainly not easier for me, being flooded with rage and pain instead of being able to hide behind a delusion of grandeur. But from my therapist's point of view, I'm much better off because I know I'm unhappy - it's in my face all the time. So I'm motivated to work on it and change it. And time has borne her words out.

Over the past several years that I've worked on this issue, I have changed a great deal in how I deal with it. Now when the envy gets triggered, I don't feel so entwined with the other person - I recognize that it's my OWN pain getting triggered, not something they are doing to me. And so I can acknowledge the pain in a more responsible way, taking ownership of it by saying, 'The jealousy feelings are getting triggered again, and I'm feeling worthless and inferior. Can you reassure me that I'm not?' That's a lot better than making some snide, hostile, or self-pitying comment that puts the other person on the defensive or makes them feel guilty... I do prefer the term 'partial' because that's what it feels like to me. It's like a building that's partially built - the house of narcissism. For me, the structure is there, but not the outside, so you can see inside the skeleton to all the junk that's inside. It's the same junk that's inside a full-blown narcissist, but their building is completed, so you can't see inside. Their building is a fortress, and it's almost impossible to bring it down. My defences aren't as strong ... which makes my life more

difficult in some ways because I REALLY feel my pain. But it also means that the house can be brought down more easily, and the junk inside cleaned out..."

Thinking about the Past and the World

"I don't usually get rageful about the past. I feel sort of emotionally cut-off from the past, actually. I remember events very clearly, but usually can't remember the feelings. When I do remember the feelings, my reaction is usually one of sadness, and sometimes of relief that I can get back in touch with my past. But not rage. All my rage seems to get displaced on the current people in my life."

"...When I see someone being really socially awkward and geeky, passive-aggressive, indirect and victim-like, it does trigger anger in me because I identify with that person and I don't want to. I try to put my negative feelings onto them, to see that person as the jerk, not me - that's what a narcissist does, after all. But for me it doesn't completely work because I know, consciously, what I'm trying to do. And ultimately, I'm not kidding anyone, least of all myself."

Self-pity and Depression

"More self-pity and depression here - not so much rage. One of the things that triggers my rage more than anything else is the inability to control another person, the inability to dominate them and force my reality on them. I feel impotent, humiliated, forced back on my empty self. Part of what I'm feeling here is envy: that person who can't be controlled clearly has a self and I don't, and I just hate them for it. But it's also a power struggle - I want to get Narcissistic Supply by being in control and on top and having the other person submissive and compliant..."

Regretting, Admitting Mistakes

"I regret my behaviour horribly, and I DO admit my feelings. I am also able, in the aftermath, to have empathy for the feelings of the person I've hurt, and I'm horribly sad about it, and ashamed of myself. It's as though I'd been possessed by a demon, acted out all this abusive horrible stuff, and then, after the departure of the demon, I'm back in my right mind and it's like, 'What have I DONE???' I don't mean I'm not responsible for what I did (i.e., a demon made me do it). But when I'm triggered, I have no empathy - I can only see my projection onto that person, as a huge threat to me, someone who must be demolished. But when my head clears, I see that person's pain, hurt, fear - and I feel terrible. I want to make it up to them. And that feeling is totally sincere - it's not an act. I'm genuinely sorry for the pain I've caused the other person."

Rage

"I wouldn't say that my rage comes from repressed self-contempt (mine is not repressed - I'm totally aware of it). And it's not missing atonement either, since I do atone. The rage comes from feeling humiliated, from feeling that the other person has somehow sadistically and gleefully made me feel inferior, that they're getting off on being superior, that they're mocking me and ridiculing me, that they have scorn and contempt for me and find it all very amusing. That - whether real or imagined (usually imagined) - is what causes my rage."

Pursuing Relationships with Narcissists

"There are some very few of us who actually seek out relationships with narcissists. We do this with the full knowledge that we are not wanted, despised even. We persist and pursue no matter the consequences, no matter the cost.

I am an 'Inverted Narcissist'. It is because as a child I was 'imprinted/fixated' with a particular pattern involving relationships. I was engulfed so completely by my father's personality and repressed so severely by various other factors in my childhood that I simply didn't develop a recognizable personality. I existed purely as an extension of my father. I was his genius Wunderkind. He ignored my mother and poured all his energy and effort into me. I did not develop full-blown secondary narcissism... I developed into the perfect 'other half' of the narcissists moulding me. I became the perfect, eager codependent. And this is an imprint, a pattern in my psyche, a way of (not) relating to the world of relationships by only being able to truly relate to one person (my father) and then one kind of person - the narcissist.

He is my perfect lover, my perfect mate, a fit that is so slick and smooth, so comfortable and effortless, so filled with meaning and actual feelings - that's the other thing. I cannot feel on my own. I am incomplete. I can only feel when I am engulfed by another (first it was my father) and now - well now it has to be a narcissist. Not just any narcissist either. He must be exceedingly smart, good looking, have adequate reproductive equipment and some knowledge on how to use it and that's about it.

When I am engulfed by someone like this I feel completed, I can actually FEEL. I am whole again. I function as a sibyl, an oracle, an extension of the narcissist. His fiercest protector, his purveyor/procurer of NS, the secretary, organizer, manager, etc. I think you get the picture and this gives me INTENSE PLEASURE.

So the answer to your question: 'Why would anyone want to be with someone who doesn't want them back?' The short answer is, 'Because there is no one else remotely worth looking at.'

Making Amends

"I mostly apologize, and I give the person space to talk about what hurt them so that (1) they get to express their anger or hurt to me, and (2) I can understand better and know better how not to hurt them (if I can avoid it) the next time there's a conflict. Sometimes the hurt I cause is unintentional - maybe I've been insensitive or forgetful or something, in which case I feel more certain that I can avoid repeating the hurtful behaviour, since I didn't want to hurt them in the first place. If the hurt I caused has to do with my getting my trigger pulled and going into a rage, then that hurt was quite deliberate, although at the time I was unable to experience the other person as vulnerable or capable of being hurt by me. And I do realize that if that trigger is pulled again, it might happen again. But I also hope that there'll be a LITTLE TINY window where the memory of the conversation will come back to me while I'm in my rage, and I'll remember that the person really IS vulnerable. I hope that by hearing over and over that the person actually does feel hurt by what I say while in rages, that I might remember that when I am triggered and raging. So, mostly I apologize and try to communicate with the other person. I don't verbally self-flagellate, because that's manipulative. Not to say I never do that - in fact I've had a dynamic with people where I verbally put myself down and try to engage the other person into arguing me out of it.

But if I'm in the middle of apologizing to the other person for hurting them, then I feel like this is their moment, and I don't want to turn the focus toward getting them to try to make me feel better. I will talk about myself, but only in an attempt to communicate, so that we can understand each other better. I might say, 'I got triggered about such-and-such, and you seemed so invulnerable that it enraged me', etc. - and the other person might react with, 'But I was feeling vulnerable, I just couldn't show it', etc. - and we'll go back and forth like that. So it's not like I don't think my feelings count, and I do want the other person to UNDERSTAND my feelings, but I don't want to put the other person in the role of taking care of my feelings in that moment, because they have just been hurt by me and I'm trying to make it up to them, not squeeze more stuff OUT of them..."

"So when I've been a real jerk to someone, I want them to feel like it's OK to be pissed off at me, and I want them to know that I am

interested in and focused on how they feel, not just on how I feel. As for gifts - I used to do that, but eventually I came to feel that that was manipulative, too, that it muddled things because then the other person would feel like they couldn't be angry anymore, since after all, I've just brought them this nice gift. I also feel that in general, gift-giving is a sweet and tender thing to do, and I don't want to sully that tenderness by associating it with the hurt that comes from abusive behaviour."

Why Narcissists?

"I am BUILT this way. I may have overstated it by saying that I have 'no choice' because, in fact I do.

The choice is - live in an emotionally deadened monochrome world where I can reasonably interact with normal people OR I can choose to be with a narcissist in which case my world is Technicolor, emotionally satisfying, alive and wondrous (also can be turbulent and a real roller coaster ride for the unprepared, not to mention incredibly damaging for people who are not Inverted Narcissists and who fall into relationships with narcissists). As I have walked on both sides of the street, and because I have developed coping mechanisms that protect me really quite well, I can reasonably safely engage in a primary, intimate relationship with a narcissist without getting hurt by it.

The real WHY of it all is that I learned, as a young child, that being 'eaten alive' by a narcissist parent, to the point where your existence is but an extension of his own, was how all relationships ought to work. It is a psychological imprint - my 'love map', it is what feels right to me intrinsically. A pattern of living - I don't know how else to describe it so you and others will understand how very natural and normal this is for me. It is not the torturous existence that most of the survivors of narcissism are recounting on this list.

My experiences with narcissists, to me, ARE NORMAL for me. Comfortable like an old pair of slippers that fit perfectly. I don't expect many people to attempt to do this, to 'make themselves into' this kind of person. I don't think anyone could, if they tried.

It is my need to be engulfed and merged that drives me to these relationships and when I get those needs met I feel more normal, better about myself. I am the outer extension of the narcissist. In many ways I am a vanguard, a public two-way warning system, fiercely defending my narcissist from harm, and fiercely loyal to him, catering to his every need in order to protect his fragile existence. These are the dynamics of my particular version of engulfment. I don't need anyone to take care of me. I need only to be needed in

this very particular way, by a narcissist who inevitably possesses the ability to engulf in a way that normal, fully realized adults cannot. It is somewhat paradoxical - I feel freer and more independent with a narcissist than without one. I achieve more in my life when I am in this form of relationship. I try harder, work harder, am more creative, think better of myself, excel in most every aspect of my life."

"...I go ahead and cater to him and pretend that his words don't hurt, and later, I engage in an internal fight with myself for being so damned submissive. It's a constant battle and I can't seem to decide which voice in my head I should listen to... I feel like a fool, yet, I would rather be a fool with him than a lonely, well-rounded woman without him. I've often said that the only way that we can stay together is because we feed off of each other. I give him everything he needs and he takes it. Seeing him happy and pleased is what gives me pleasure. I feel very successful then."

Partial NPD

"I do think it's uncommon for girls to develop these patterns, as they are usually trained to be self-effacing. I certainly was! However, I have a lot of the very same underlying patterns that full-blown, obnoxiously egotistical NPs have, but I am not egotistical because I didn't develop the pattern of inflated ego and grandiosity. All the rest of it is there, though: fragile ego, lack of a centre or self, super-sensitive to criticism and rejections, pathological, obsessive envy, comparisons and competitive attitudes toward others, a belief that everyone in the world is either superior or inferior to me, and so on.

Sometimes I kind of wish I had developed the inflated ego of a complete NP, because then I would at least be able to hide from all the pain I feel.

But at the same time, I'm glad I didn't, because those people have a much lower chance of recovery - how can they recover if they don't acknowledge anything is wrong? Whereas it's pretty clear to me I have problems, and I've spent my life working on them and trying to change myself and heal."

Narcissist-Non Narcissist

And Narcissist-Inverted Narcissist Couples

"Can a N and a non-N ever maintain a long lasting marriage? It would seem that a non-N would have too much self-esteem to lend himself to a lifetime of catering and pandering to an N's unending need for unearned adoration and glory. I, as a non-N... got tired of these people and their unremitting attempts to drain my psyche within a

relatively short period of time and abandoned them as soon as I realized what I was dealing with to preserve my own sanity."

"It depends on the non-narcissist, really. Narcissism is a RIGID, systemic pattern of responses. It is so all-pervasive and all-encompassing that it is a PERSONALITY disorder. If the non-narcissist is codependent, for instance, then the narcissist is a perfect match for him and the union will last..."

"You have to pimp for the narcissist, intellectually, and sexually. If your narcissist is Somatic, you are much better off lining up the sex partners than leaving it to him. Intellectual pimping is more varied. You can think of wonderful things and then subtly string out the idea, in the most delicate of packages and watch the narcissist cogitate their way to 'their' brilliant discovery whilst you bask in the glow of their perfection and success... The point of this entire exercise is to assure YOUR supply, which is the narcissist himself, not to punish yourself by giving away a great idea or abase yourself because, of course, YOU are not worthy of having such a great idea on your own - but who knows, it may seem that way to the Inverted Narcissist. It really depends on how self-aware the Inverted is."

"The only rejection you need to fear is the possibility of losing the narcissist and if one is doing everything else right, this is very unlikely to happen! So by 'emotionally independent' I am talking about being self-assured, doing your own thing, having a life, feeling strong and good about yourself, getting emotional sustenance from other people. I mean, let's face it, a drug is a drug is a habit. Habits just are, and what they ARE NOT are the be all and end all of love, commitment and serene symmetrical, balanced emotional perfection that is the ideal of the romanticized 'love-for-a-lifetime' all-American relationship dream."

"(I am) terribly turned on by narcissists. The most exciting moments of my life in every venue have been with narcissists. It is as if living and loving with normal people is a grey thing by comparison, not fuelled by sufficient adrenaline. I feel like a junkie, now, that I no longer permit myself the giddy pleasure of the RUSH I used to know when I was deeply and hopelessly involved with an N. I am like a lotus-eater. And I always felt guilty about this and also sorry that I ever succumbed that first time to my first narcissist lover."

"I am exactly this way and I feel exactly as you do, that the world is a sepia motion picture but when I am intimately involved with a narcissist, it breaks out into three-dimensional Technicolor and I can see and feel in ways that are not available to me otherwise. In my case I developed this (inverted narcissism) as a result of being the favourite of my father who so completely absorbed me into his

personality that I was not able to develop a sense of separation. So I am stuck in this personality matrix of needing to be engulfed, adored by and completely taken over by a narcissist in my life. In turn, I worship, defend, regulate and procure Narcissistic Supply for my narcissist. It is like the mould and the moulded."

"In my case, I realize that while I can't stop loving my current narcissist, it isn't necessary for me to avoid as long as I can understand. In my way of looking at it, he is deserving of love, and since I can give him love without it hurting me, then as long as he needs it, he shall have it."

"My personal theory is that dogmatic religious culture is a retarding influence on the growth and maturation of those heavily involved - more and more autonomy (and hence personal responsibility) seems to be blithely sacrificed to the group mind/spirit. It is as though the church members become one personality and that personality is narcissistic and the individual just folds under the weight of that kind of group pressure - particularly if you are a child."

"If I displayed behaviour that made my XXX look good to others, I was insipidly overvalued. When I dared be something other than who she wanted me to be, the sarcastic criticism and total devaluation was unbelievable. So, I learned to be all things to all people. I get a heavenly high from surrendering my power to a narcissist, to catering to them, in having them overvalue and need me, and it is the only time that I truly feel alive..."

"We have very little choice in all of this. We are as vacant and warped as the narcissist. XXX is wont to say, 'I don't HAVE a personality disorder, I AM a personality disorder.' It defines who we are and how we will respond. You will always and ONLY have real feelings when you are with a narcissist. It is your love map, it is the programming within your psyche. Does it need to control your behaviour? Not necessarily. Knowing what you are can at least give you the opportunity to forecast the effect of an action before you take it. So, loveless black and white may be the very healthiest thing for you for the foreseeable future. I tend to think of these episodes with narcissists as being cyclic. You will likely need to cut loose for a while when your child is older.

DO NOT feel ashamed please! Should a physically handicapped person feel ashamed of their handicap? No and neither should we. The trouble with us is that we are fooled into thinking that these relationships are 'guilty pleasures'. They feel so very good for a time but they are more akin to addiction satisfaction rather than being the 'right match' or an 'appropriate relationship'. I am still very conflicted myself about this. I wrote a few months ago that it was

like having a caged very dangerous animal inside of me. When I get near narcissists, the animal smells its own kind and it wants out. I very carefully 'micro-manage' my life. This means that I daily do fairly regular reality checks and keep a very tight reign on my self and my behaviours. I am also obsessive-compulsive."

"I feel as though I'm constantly on an emotional roller coaster. I may wake up in a good mood, but if my N partner does or says something, which is hurtful to me, my mood changes immediately. I now feel sad, empty, afraid. All I want to do at this point is anything that will make him say something NICE to me.

Once he does, I'm back on top of the world. This pattern of mood changes, or whatever you may call them, can take place several times a day. Each and every day. I've gotten to the point where I'm not sure that I can trust myself to feel any one way, because I know that I have no control over myself. He has the control. It's scary, yet I've sort of come to depend on him determining how I am going to feel."

"When I was first involved with my Cerebral Narcissist I was like this but after awhile I just learned to become more emotionally distant (the ups and downs were just too much) and find emotional gratification with other people, mostly girl friends and one of two male friends. I make a point of saying ... that the Invert must be or become emotionally and financially independent (if you don't do this he will eat you up and when he has finished with you and you are nothing but a husk, you will be expelled from his life in one big vomit). It is really important for you to start to take responsibility for your own emotional wellness without regard to how he treats you. Remember that the narcissist has the emotional maturity of a two-year old! Don't expect much in the way of emotional depth or support in your relationship - he simply is not capable of anything that sophisticated."

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FREQUENTLY ASKED QUESTION # 57

Eating Disorders and the Narcissist

Question: Do narcissists also suffer from eating disorders such as Bulimia Nervosa or Anorexia Nervosa?

Answer: Patients with eating disorders either binge on food or refrain from eating and sometimes are both anorectic and bulimic. This is an [impulsive behaviour](#) as defined by the DSM and is sometimes comorbid with Cluster B personality disorders, particularly with Borderline Personality Disorder.

Some patients develop eating disorders as the convergence and confluence of two seemingly unrelated pathological behaviours: self-mutilation and an impulsive (rather, obsessive-compulsive, or ritualistic) behaviour.

The key to improving the mental state of patients who have been diagnosed with both a personality disorder and an eating disorder lies in focusing first upon their eating and sleeping disorders.

By controlling her eating disorder, the patient reasserts control over her life. This newfound power is bound to reduce depression, or even eliminate it altogether as a constant feature of her mental life. It is also likely to ameliorate other facets of her personality disorder.

It is a chain reaction: controlling one's eating disorders leads to a better regulation of one's sense of self-worth, self-confidence, and self-esteem. Successfully coping with one challenge - the eating disorder - generates a feeling of inner strength and results in better social functioning and an enhanced sense of well-being.

As opposed to eating disorders, personality disorders are intractable. They are rarely curable (though certain aspects, like obsessive-compulsive behaviours, or depression can be ameliorated with medication, or otherwise modified). The treatment of

personality disorders requires enormous, persistent, and continuous investment of resources of every kind by everyone involved.

From the patient's point of view, the treatment of her personality disorder is not an efficient allocation of scarce mental resources. Neither are personality disorders the real threat. If one's personality disorder is cured but one's eating disorders are left untouched, one might die of the latter.

An eating disorder is both a signal of distress ("I wish to die, I feel so bad, somebody help me") and a message: "I think I lost control. I am very afraid of losing control. I will control my food intake and discharge. This way I can control at least *one* aspect of my life."

This is where we can and should begin to help the patient: by letting her regain control of her life. The family, or other supporting figures must think what they can do to make the patient feel that she is in control, is managing things her own way, that she is contributing, has her own schedules, her own agenda, and that she, her needs, preferences, and choices do matter.

Eating disorders indicate the strong combined activity of an underlying sense of a lack of personal autonomy and an underlying sense of a lack of self-control. The patient feels inordinately, helpless and ineffective. Her eating disorders are an effort to exert and reassert mastery over her life.

At the early stage of an eating disorder, the patient is unable to differentiate her own feelings and needs from those of others. Her cognitive and perceptual distortions and deficits (e.g., with regards to her body image: Somatoform, or Body Dysmorphic Disorder) only increase her feeling of personal ineffectualness and her need to exercise even more self-control (via her diet).

Such a patient does not trust herself in the slightest. She rightly considers herself to be her own worst enemy, a mortal adversary. Therefore, any effort to collaborate with the patient against her own disorder is perceived by the patient as self-destructive. The patient is emotionally invested in her disorder - her vestigial mode of self-control.

The patient views the world in polarized terms of black and white, of absolutes ("splitting"). Thus, she cannot let go even to a very small degree. She is constantly anxious. This is why she finds it impossible to form relationships: she mistrusts (herself and by extension others); she does not want to become an adult; she does not enjoy sex or love (which both entail a modicum of loss of control).

All this ineluctably results in low self-esteem. These patients like their disorder. Their eating disorder is their only achievement. Otherwise they are ashamed of themselves and disgusted by their

shortcomings (expressed through the distaste with which they hold their body).

Eating disorders are typically amenable to treatment, though comorbidity with a personality disorder usually presages a poorer prognosis. The patient should be referred to talk therapy, be put on medication, and enrol in online and offline support groups (such as Overeaters Anonymous).

Recovery prognosis is good after two years of treatment and support. The family must be heavily involved in the therapeutic process. Family dynamics usually contribute to the development of such disorders.

The change in the patient following a successful course of treatment is very marked. Her Major Depression disappears together with her sleeping disorders. She becomes socially active again and gets a life. Her personality disorder might make it difficult for her, but, in isolation, without the exacerbating circumstances of her other disorders, she finds it easier to cope with.

Patients with eating disorders may be in mortal danger. Their behaviour is ruining their bodies relentlessly and inexorably. They might attempt suicide. They might do drugs. The therapist's goal is to buy them time. The older they get, the more experienced they become, the more their body chemistry changes with age, the better their chances to survive and thrive.

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The Narcissist's Victims

Points to Ponder

The narcissist's nearest and dearest end up being victimized by his [instability](#), [misleading cues](#), and [counter-dependence](#) (his [hatred of authority](#) figures, for instance).

Sooner, or later, everyone around the narcissist is bound to become his victim. People are sucked - voluntarily or involuntarily - into the vortex that constitutes his life, into the black hole that is his personality, into the whirlwind, which makes up his interpersonal relationships.

Different people are adversely affected by different aspects of the narcissist's life and psychological makeup. Some trust him and rely on him, only to be bitterly disappointed. Others love him and discover that he cannot reciprocate. Yet others are forced to live vicariously, through him.

There are three categories of victims:

Victims of the narcissist's instability - The narcissist leads an unpredictable, vicissitudinal, precarious, often dangerous life. His ground is ever-shifting: geographically as well as mentally. He changes addresses, workplaces, vocations, avocations, interests, friends and enemies with a bewildering speed. He baits authority and challenges it.

He is, therefore, prone to conflict: likely to be a criminal, a rebel, a dissident, or a critic. He gets bored easily, trapped in cycles of idealization and devaluation of people, places, hobbies, jobs, beliefs, and values. He is mercurial, unstable, and unreliable. His family

suffers: his spouse and children have to wander with him in his private wasteland and endure the Via Dolorosa that he incessantly treads.

They live in constant fear and trepidation: what next? Where next? Who is next? To a lesser extent, this apprehension is the lot of the narcissist's friends, employers, colleagues, or even his country. The narcissist's biographical vacillations and mental oscillations deny the people around him autonomy, unperturbed development and self-fulfilment, their path to self-recognition and contentment.

To the narcissist, other people are mere instruments, Sources of Narcissistic Supply. He sees no reason to consider their needs, wishes, priorities, plans, wants, desires and fears. He derails their life with ease and ignorance. Deep inside he knows that it is dangerous to do so because they might retaliate - hence, his persecutory delusions.

Victims of the narcissist's misleading signals - These are the victims of the narcissist's grossly deceitful emotional messages. The narcissist mimics real emotions artfully. He exudes the air of someone really capable of loving or of being hurt, of one passionate and soft, empathic and caring. Most people are misled into believing that he is even more humane than average.

They fall in love with the mirage, the fleeting image, with the fata morgana of a lush emotional oasis in the midst of their emotional desert. They succumb to the luring proposition that is the narcissist. They give in, give up, and give everything only to be discarded ruthlessly when deemed by the narcissist to be no longer useful.

Riding high on the crest of the narcissist's over-valuation only to crash into the abysmal depths of his devaluation, these victims lose control over their emotional life. Like a mental vampire, the narcissist drains them, exhausts their resources, and sucks the blood-life of Narcissistic Supply out of their dwindling, depleted selves.

This emotional roller coaster is so harrowing that the experience borders on the truly traumatic. To remove doubt: this behaviour pattern is not confined to matters of the heart. The narcissist's employer, for instance, is misled by his charge's apparent seriousness, industriousness, ambition, willing to sacrifice, honesty, thoroughness and a host of other utterly fake qualities. The narcissist's clients and suppliers may suffer from the same illusion. These apparent traits are false because they are directed at securing Narcissistic Supply rather than at doing a good job.

The narcissist's fraudulent emanations aren't restricted to messages with emotional content. They may contain wrong or false or partial information. The narcissist doesn't hesitate to lie, deceive or "reveal" (misleading) half-truths. He appears to be sincere, intelligent,

charming and, therefore, reliable. He is a convincing conjurer of words, signs, behaviours and body language.

These two classes of victims are casually exploited and then discarded by the narcissist. As far as the narcissist is concerned, no more [malice](#) is involved in this behaviour pattern than in any other interaction with an instrument. No more premeditation and contemplation than in breathing. These are victims of the narcissist's reflexes. Perhaps this is what makes it all so horrific: the offhanded nature of the damage inflicted.

Not so the third category of victims.

These are the *victims upon whom the narcissist designs*, maliciously and intentionally, to inflict his wrath, the targets of his bad intentions. The narcissist is both [sadistic](#) and [masochistic](#). In hurting others he always seeks to hurt himself. In punishing them he wishes to be penalized. Their [pains](#) are his.

Thus, he attacks figures of authority and social institutions with vicious, uncontrolled, almost insane rage - only to accept his due punishment (their reaction to his venomous diatribes or antisocial actions) with incredible complacency, or even relief. He engages in vitriolic humiliation of his kin and folk, of regime and government, of his firm, or of the Law - only to suffer ostentatiously in the role of the outcast, the ex-communicated, the exiled, and the imprisoned martyr, or dissident.

The punishment of the narcissist does little to compensate his randomly (rather incomprehensibly) selected victims. The narcissist forces individuals and groups of people around him to pay a heavy toll, materially, in reputation, and emotionally. He is ruinous, and disruptive.

In behaving so, the narcissist seeks not only to be punished, but also to maintain emotional detachment ([Emotional Involvement Preventive Measures, EIPMs](#)). Threatened by intimacy and by the predatory cosiness of routine and mediocrity, the narcissist lashes out at what he perceives to be the sources of this dual threat. He attacks those whom he thinks take him for granted; those who fail to recognize his superiority; those who consider him "average" and "normal".

And they, alas, include just about everyone he knows.

"I Attract Abusers like a Magnet"

Many victims of narcissists are firmly convinced that they have been "chosen" by their abusers because of their capacity to empathize, their innate sensitivity, compassion, and their ability to love and care. Indeed, these qualities tend to attract exploitative psychopathic predators, who leverage these human emotions to their advantage.

"Classical" narcissists, however, are actually repelled by such displays of contemptible "mushy" frailties. They regard natural-born "empaths" as the sort of deplorable and nauseating weaklings who deserve all the abuse and ill-fortune that life and the narcissist mete out to them.

Narcissists, therefore, are highly unlikely to be drawn to such displays of tenderness, understanding, and sympathy. They are bound to consider them fake, manipulative ploys whose sole purpose is either to extract something of value from the gullible narcissist by harping on his emotional needs - or to hurt and torment him once having secured his attachment and reciprocal love. Narcissists attribute to empathic, sensitive persons their own faults, traits, and dark motives: a primitive psychological defence mechanism known as projection.

So, what is the profile of the "typical" victim of narcissistic abuse?

There is none. Victims come in all shapes, sizes, ages, genders, and professions. They vary in family background; personal history; levels of self-esteem and self-confidence; educational and professional attainment; socio-economic strata; political affiliations; and any other parameter you can think of. Narcissists are not choosy and have no predilections when it comes to Sources of [Narcissistic Supply](#). They shack up with anyone who shows them adulation and showers them with attention.

You ought to get rid of this self-defeating refrain: "I attract abusers like a magnet, I am a narcissist-magnet (N-magnet)!"

Review your life in minute detail. Over the years and in a variety of settings - your family, your workplace, church, voluntary organizations - many people of both sexes must have found your company desirable and your personality agreeable. Were they all narcissists? Surely not! Were all the people who found you sexually attractive and sought your friendship and companionship monstrous abusers? Were you victimized in all your relationships whether romantic and intimate, or not? There is no way you can answer any of these questions in the affirmative!

If you chose your partners badly, or if you did not extricate yourself post haste once you have been mistreated, it must have been your doing! Magnets are passive, they have no judgement, and they cannot exert control over their destiny. They are a bad simile: human beings are not inert, helpless, mindless objects. They are aware of their actions; can distinguish right from wrong; can and do act upon information; and exercise judgement.

Bad relationships, however harrowing, constitute opportunities to learn lessons. If you fail to do so, you have no one to blame but yourself!

How Victims are Affected by Abuse

Repeated abuse has long lasting pernicious and traumatic effects such as: panic attacks, hypervigilance, sleep disturbances, flashbacks (intrusive memories), suicidal ideation, and psychosomatic symptoms. The victims experience shame, embarrassment, guilt, humiliation, anxiety, depression, abandonment, and an enhanced sense of vulnerability.

In "Stalking - An Overview of the Problem" (Can J Psychiatry 1998; 43: 473-476), authors Karen M Abrams and Gail Erlick Robinson write:

"Sometimes the victim develops an almost fatal resolve that, inevitably, one day she will be murdered. Victims, unable to live a normal life, describe feeling stripped of self-worth and dignity. Personal control and resources, psychosocial development, social support, premorbid personality traits, and the severity of the stress may all influence how the victim experiences and responds to it..."

Surprisingly, verbal, psychological, and emotional abuse have the same effects as the physical variety (Psychology Today, September/October 2000 issue, pp. 24). Abuse of all kinds also interferes with the victim's ability to work. Abrams and Robinson wrote this (in "Occupational Effects of Stalking", Can J Psychiatry 2002; 47: 468-472):

"... (B)eing stalked by a former partner may affect a victim's ability to work in 3 ways. First, the stalking behaviours often interfere directly with the ability to get to work (for example, flattening tires or other methods of preventing leaving the home). Second, the workplace may become an unsafe location if the offender decides to appear. Third, the mental health effects of such trauma may result in forgetfulness, fatigue, lowered concentration, and disorganization. These factors may lead to the loss of employment, with accompanying loss of income, security, and status."

Still, it is hard to generalize. Victims are not a uniform lot. In some cultures, abuse is commonplace and accepted as a legitimate mode of communication, a sign of love and caring, and a boost to the abuser's self-image. In such circumstances, the victim may adopt the norms of society and avoid serious trauma.

Deliberate, cold-blooded, and premeditated torture has worse and longer-lasting effects than abuse meted out by the abuser in rage and loss of self-control. The existence of a loving and accepting social support network is another mitigating factor. Finally, the ability to

express negative emotions safely and to cope with them constructively is crucial to healing.

Typically, by the time the abuse reaches critical and all-pervasive proportions, the abuser had already, spider-like, isolated his victim from family, friends, and colleagues. She is catapulted into a nether land, [cult-like setting](#) where reality itself dissolves into a continuing nightmare.

When she emerges on the other orifice of this wormhole, the abused woman (or, more rarely, man) feels helpless, worthless, stupid, self-doubting, and a [guilty failure](#) for having botched her relationship and for having "abandoned" her "family". In an effort to regain perspective and to avoid embarrassment, the victim denies the abuse, or minimizes it.

No wonder survivors of abuse tend to be clinically depressed, neglect their health and personal appearance, and succumb to boredom, rage, and impatience. Many end up abusing prescription drugs, or drinking to excess, or gambling with abandon, or otherwise behaving recklessly.

Some victims even develop Post-Traumatic Stress Disorder (PTSD).

Post-Traumatic Stress Disorder (PTSD)

Contrary to a popular misconception, Post-Traumatic Stress Disorder and Acute Stress Disorder (or Reaction), are not typical responses to prolonged abuse. They are the outcomes of sudden exposure to severe or extreme stressors (stressful events). Some victims whose life or body have been directly and unequivocally threatened by an abuser react by developing these syndromes. PTSD is, therefore, typically associated with the aftermath of physical and sexual abuse in both children and adults.

This is why another mental health diagnosis, C-PTSD (Complex PTSD) has been proposed by Dr. Judith Herman, Harvard University to account for the impact of extended periods of trauma and abuse.

One's (or someone else's) looming death, violation, personal injury, or powerful pain are sufficient to provoke the behaviours, cognitions, and emotions that together are known as PTSD. Even learning about such mishaps may be enough to trigger massive anxiety responses.

The first phase of PTSD involves incapacitating and overwhelming fear. The victim feels like she has been thrust into a nightmare or a horror movie. She is rendered helpless by her own terror. She keeps re-living the experience through recurrent and intrusive visual and auditory hallucinations ("flashbacks") or dreams. In some flashbacks, the victim completely lapses into a dissociative state and physically re-enacts the event while being thoroughly oblivious to her

whereabouts. In an attempt to suppress this constant playback and the attendant exaggerated startle response (jumpiness), the victim tries to avoid all stimuli associated, however indirectly, with the traumatic event. Many develop full-scale phobias (agoraphobia, fear of heights, claustrophobia, aversion to specific animals, objects, modes of transportation, neighbourhoods, buildings, occupations, weather, and so on).

Most PTSD victims are especially vulnerable on the anniversaries of their abuse. They try to avoid thoughts, feelings, conversations, activities, situations, or people who remind them of the traumatic occurrence ("triggers").

These constant hypervigilance and arousal; sleep disorders (mainly insomnia); irritability ("short fuse"); and the inability to concentrate and complete even relatively simple tasks erode the victim's resilience. Utterly fatigued, most patients manifest protracted periods of numbness, automatism, and, in radical cases, near-catatonic posture. Response times to verbal cues increase dramatically. Awareness of the environment decreases, sometimes dangerously so. The victims are described by their nearest and dearest as "zombies", "machines", or "automata".

The victims appear to be sleepwalking, depressed, dysphoric, anhedonic: they are not interested in anything and find pleasure in nothing. They report feeling detached, emotionally absent, estranged, and alienated. Many victims say that their "life is over" and expect to have no career, family, or otherwise meaningful future.

The victim's family and friends complain that she is no longer capable of showing intimacy, tenderness, empathy, compassion, and of having sex (due to her post-traumatic "frigidity"). Many victims become paranoid, impulsive, self-destructive, and reckless. Others somatize their mental problems and complain of numerous physical ailments. They all feel shameful, humiliated, guilty, desperate, hopeless, and hostile.

PTSD need not appear immediately after the harrowing experience. It can be - and often is - delayed by days or even months. It lasts more than one month (usually much longer). Sufferers of PTSD report subjective distress (the manifestations of PTSD are ego-dystonic). Their functioning in various settings - job performance, grades at school, sociability - deteriorates markedly.

The DSM IV-TR (Diagnostic and Statistical Manual) criteria for diagnosing PTSD are far too restrictive. PTSD seems to also develop in the wake of verbal and emotional abuse and in the aftermath of drawn out traumatic situations (such as a nasty divorce). Hopefully, the DSM text will be adapted to reflect this sad reality.

Recovery and Healing

Victims of abuse in all its forms - verbal, physical, sexual, emotional, and financial - are often disorientated. They require not only therapy to heal their emotional wounds, but also practical guidance and topical education. At first, the victim is, naturally, distrustful and even hostile. The therapist or case worker must establish confidence and rapport painstakingly and patiently.

The therapeutic alliance requires constant reassurance that the environment and treatment modalities chosen are safe and supportive. This is not easy to do, partly because of objective factors such as the fact that the records and notes of the therapist are not confidential. In many jurisdictions, the offender can force their disclosure in a court of law simply by filing a civil lawsuit against the survivor!

The first task is to legitimize and validate the victim's fears. This is done by making clear to her that she is not responsible for her abuse or guilty for what happened. Victimization is the abuser's fault - it is not the victim's choice. Victims do not seek abuse - although, admittedly some of them keep finding abusive partners and forming [relationships of codependence](#). The process of facing, reconstructing, and reframing traumatic experiences is a crucial and indispensable first phase.

The therapist should confront the victim with her own ambivalence and the ambiguity of her messages - but this ought to be done gently, non-judgementally, and without condemnation. The more willing and able the abuse survivor is to face the reality of her mistreatment (and the offender), the stronger she would feel and the less guilty.

Typically, the patient's helplessness decreases together with her self-denial. Her self-esteem as well as her sense of self-worth stabilize. The therapist should emphasize the survivor's strengths and demonstrate how they can save her from a recurrence of the abuse or help her cope with it and with her abuser.

Education is an important tool in this process of recovery. The patient should be made aware of the prevalence and nature of violence against women and stalking, their emotional and physical effects, [warning signs and red flags](#), [legal redresses](#), [coping strategies](#), and [safety precautions](#).

The therapist or social worker should provide the victim with lists of contacts: help-oriented organizations, law enforcement agencies, other women in her condition, domestic violence shelters, and victims' support groups both online and in her neighbourhood or city. Knowledge empowers and reduces the victim's sense of isolation and worthlessness.

Helping the survivor regain control of her life is the over-riding goal of the entire therapeutic process. With this aim in mind, she should be encouraged to re-establish contact with family, friends, colleagues, and the community at large. The importance of a tightly-knit social support network cannot be exaggerated.

The Conflicts of Therapy

Ideally, after a period of combined tutoring, talk therapy, and (anti-anxiety or antidepressant) medications, the survivor will self-mobilize and emerge from the experience more resilient and assertive and less gullible and self-deprecating.

But therapy is not always a smooth ride.

Victims of abuse are saddled with emotional baggage which often provokes even in the most experienced therapists reactions of helplessness, rage, fear, and guilt. Counter-transference is common: therapists of both genders identify with the victim and resent her for making them feel impotent and inadequate (in their role as "social protectors").

Reportedly, to fend off anxiety and a sense of vulnerability ("it could have been me, sitting there!"), female therapists involuntarily blame the "spineless" victim and her poor judgement for causing the abuse. Some female therapists concentrate on the victim's childhood (rather than her harrowing present) or accuse her of overreacting.

Male therapists may assume the mantle of the "chivalrous rescuer", the "knight in shining armour" - thus, inadvertently upholding the victim's view of herself as immature, helpless, in need of protection, vulnerable, weak, and ignorant. The male therapist may be driven to prove to the victim that not all men are "beasts", that there are "good" specimens (like him). If his (unconscious or conscious) overtures are rejected, the therapist may identify with the abuser and re-victimize or pathologize his patient.

Many therapists tend to overidentify with the victim and rage at the abuser, at the police, and at ["the system"](#). They expect the victim to be equally aggressive even as they broadcast to her how powerless, unjustly treated, and discriminated against she is. If she "fails" to externalize aggression and show assertiveness, they feel betrayed and disappointed.

Most therapists react impatiently to the victim's perceived codependence, unclear messages, and on-off relationship with her tormentor. Such rejection by the therapist may lead to a premature termination of the therapy, well before the victim learned how to process anger and cope with her low self-esteem and learned helplessness.

Finally, there is the issue of personal security. Some ex-lovers and ex-spouses are paranoid stalkers and, therefore, dangerous. The therapist may even be required to testify against the offender in a court of law. Therapists are human and fear for their own safety and the security of their loved ones. This affects their ability to help the victim.

This is not to say that therapy invariably fails. On the contrary, most therapeutic alliances succeed to teach the victim to accept and transform her negative emotions into positive energy and to competently draw and implement realistic plans of action while avoiding the pitfalls of the past. Good therapy is empowering and restores the victim's sense of control over her life.

Traumas as Social Interactions

We react to serious mishaps, life altering setbacks, abuse, death, and disasters by going through the phases of grieving. Traumas are the complex outcomes of psychodynamic and biochemical processes. But the particulars of traumas depend heavily on the interaction between the victim and his social milieu.

It seems that while the victim moves from denial to helplessness, rage, depression and thence to acceptance of the traumatizing events - society demonstrates the converse progression. This incompatibility, this mismatch of psychological phases is what leads to the formation and crystallization of trauma.

PHASE I

Victim - DENIAL

The magnitude of unfortunate events is often so overwhelming, their nature so alien, and their message so menacing that denial sets in as a defence mechanism aimed at self-preservation. The victim denies that the event had occurred; that he or she is being abused; that a loved one had passed away; and so on.

Society - ACCEPTANCE, MOVING ON

The victim's nearest ("society") - his colleagues, his employees, his clients, even his spouse, children, and friends - rarely experience the traumatizing events with the same shattering intensity. They are likely to accept the bad news and move on. Even at their most considerate and empathic, they are likely to lose patience with the victim's state of mind. They tend to ignore the victim, or chastise her, to mock her, or to deride her feelings or behaviour, to collude to repress the painful memories, or to trivialize them.

Summary

The mismatch between the victim's reactive patterns and emotional needs and society's matter-of-fact attitude hinders growth and healing. The victim requires society's help in avoiding a head-on confrontation with a reality she cannot digest. Instead, society serves as a constant and mentally destabilizing reminder of the root of the victim's unbearable agony (the Job Syndrome).

PHASE II

Victim - HELPLESSNESS

Denial gradually gives way to a sense of all-pervasive and humiliating helplessness, often accompanied by debilitating fatigue and mental disintegration. These are among the classic symptoms of Post-Traumatic Stress Disorder (PTSD). These are the bitter results of the internalization and integration of the harsh realization that there is nothing one can do to alter the outcomes of a natural, or man-made, catastrophe. The horror in confronting one's finiteness, meaninglessness, negligibility, and powerlessness is overpowering.

Society - DEPRESSION

The more the members of society come to grips with the magnitude of the loss, or evil, or threat represented by the grief-inducing events, the sadder they become. Depression is often little more than suppressed or self-directed anger. The anger, in this case, is belatedly induced by an identified or diffuse source of threat, or of evil, or by a loss. It is a higher level variant of the "fight or flight" reaction, tampered by the rational understanding that the "source" of the trauma is often impossible to tackle directly and to contain.

Summary

Thus, when the victim is most in need, terrified by his helplessness and adrift, society is immersed in depression and unable to provide a holding and supporting environment. Growth and healing is again retarded by social interaction. The victim's innate sense of annulment is enhanced by the self-addressed anger (depression) of those around him.

PHASE III

Both the victim and society react with *rage* to their respective predicaments. In an effort to narcissistically reassert himself, the victim develops a grandiose sense of anger directed at paranoidly selected, unreal, diffuse, and abstract targets (sources of frustration). By being aggressive, the victim re-acquires mastery of the world and of himself.

Members of society use rage to re-direct the root cause of their depression (which is, as we said, self-directed anger) and to channel it safely. To ensure that this expressed aggression does alleviate society's "depression", real targets are selected and real punishments meted out. In this respect, "social rage" differs from the victim's. The former is intended to sublimate aggression and channel it in a socially acceptable manner - the latter to reassert narcissistic self-love as an antidote to an all-devouring sense of helplessness.

In other words, society, by itself being in a state of rage, positively reinforces the narcissistic rage reactions of the grieving victim. This, in the long run, is counterproductive, inhibits personal growth, and prevents healing. It also erodes the reality test of the victim and encourages self-delusions, paranoid ideation, and ideas of reference.

PHASE IV

Victim - DEPRESSION

As the untoward consequences of narcissistic rage - both social and personal - grow more unacceptable, depression sets in. The victim internalizes her aggressive impulses. Self-directed rage is safer but is the cause of great sadness and even suicidal ideation. The victim's depression is her way of conforming to social norms and is also instrumental in ridding the victim of the unhealthy residues of narcissistic regression. It is when the victim acknowledges the malignancy of her rage (and its anti-social nature) that she adopts a depressive stance.

Society - HELPLESSNESS

People around the victim ("society") also emerge transformed from their phase of rage. As they realize the futility of their fury, they feel more and more helpless and devoid of options. They grasp their limitations and the irrelevance of their good intentions. They accept the inevitability of loss and evil in life and Kafkaesquely agree to live under an ominous cloud of arbitrary judgement, meted out by impersonal powers.

Summary

Again, society is unable to help the victim to emerge from a self-destructive phase. Her depression is enhanced by their apparent helplessness. Their introversion and inefficacy induce in the victim a feeling of nightmarish isolation and alienation. Healing and growth are once again retarded or even inhibited.

PHASE V

Victim - ACCEPTANCE, MOVING ON

Depression - when pathologically protracted and in conjunction with other mental health problems - sometimes leads to suicide. But more often, it allows the victim to process mentally hurtful and potentially harmful material and paves the way to acceptance. Withdrawal from social pressures enables the direct transformation of anger into other emotions, some of them socially unacceptable. The honest encounter between the victim and his own mortality often becomes a cathartic and self-empowering inner dynamic. The victim emerges ready to move on.

Society - DENIAL

Society, on the other hand, having exhausted its reactive arsenal, resorts to denial. As memories fade and as the victim recovers and abandons his obsessive-compulsive dwelling on his pain, society feels morally justified to forget and forgive. This mood of historical revisionism, of moral leniency, of effusive forgiveness, of re-interpretation, and of a refusal to remember in detail leads to a repression and denial of the painful events by society.

Summary

This final mismatch between the victim's emotional needs and society's reactions is less damaging to the victim. He is now more resilient, more flexible, and more willing to forgive and forget. Society's denial is really a denial of the victim. But, having rid himself of more primitive narcissistic defences, the victim can do without society's acceptance and approval. Having endured the purgatory of grieving, he has now re-acquired his self, independent of society's acknowledgement.

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FREQUENTLY ASKED QUESTION # 85

Vindictive and Violent Narcissists

Points to Ponder

You can [frighten](#) a [vindictive narcissist](#) and let his paranoia run amok - or lure him with promises of [Narcissistic Supply](#). Some narcissists are also [sadists](#) or [sexual paraphiliacs](#) and are involved in [serial and mass murders](#), spree and school shootings.

It is an [established fact](#) that abuse - verbal, physical, emotional, psychological, and sexual - co-occurs with intimacy. Most reported offences are between intimate partners and between parents and children. This defies common sense. Emotionally, it should be easier to batter, molest, assault, or humiliate a total stranger. It's as if intimacy *causes* abuse, incubates and nurtures it.

And, in a way, it does.

Many abusers believe that their abusive conduct enhances, fosters, and cements their intimate relationships. To them, pathological jealousy is proof of love, possessiveness replaces mature bonding, and battering is a form of paying attention to the partner and communicating with her. Psychopaths and narcissists possess "[cold empathy](#)": the ability to "see through" people and instantly discern their vulnerabilities, fears, and needs. They leverage this knowledge to foster faux-intimacy with a select few.

This "targeted intimacy" helps to condition the abuser's nearest, dearest and closest, and transform them into a "flock" or an "audience": members of his mini-[cult](#). Targeted intimacy is exclusionary (excludes everyone outside the "cult"); ephemeral (waned when no longer useful); and utilitarian (intended to

manipulate the recipient of the intimacy and its ostensible beneficiary).

Targeted intimacy is triggered when the abuser sets a goal and embarks on a charm offensive intended to re-acquire a potential Source of Narcissistic Supply or of material benefits by idealizing her. His needs satisfied, the abuser's warm interest in his target abruptly dissipates and he turns cold and distant, devalues and discards. He blames his prey for this startling about-face: she made him withdraw with her nagging, insensitivity, dumbness, insufferable character, hypocrisy, evil designs, and so on.

Such habitual offenders do not know any better. They were often raised in [families, societies, and cultures](#) where abuse is condoned outright - or, at least, not frowned upon. Maltreatment of one's significant others is part of daily life, as inevitable as the weather, a force of nature.

Intimacy is often perceived to include a license to abuse. The abuser treats his nearest, dearest, and closest as mere objects, instruments of gratification, utilities, or extensions of himself. He feels that he "owns" his spouse, girlfriend, lovers, children, parents, siblings, or colleagues. As the owner, he has the right to "damage the goods" or even dispose of them altogether.

Most abusers are scared of real intimacy and deep commitment. They lead a "pretend", [confabulated life](#). Their "love" and "relationships" are gaudy, fake imitations. The abuser seeks to put a distance between himself and those who truly love him, who cherish and value him as a human being, who enjoy his company, and who strive to establish a long-term, meaningful relationship with him.

Abuse, in other words, is a reaction to the perceived threat of looming intimacy, aimed at fending it off, intended to decimate closeness, tenderness, affection, and compassion before they thrive and consume the abuser. Abuse is a panic reaction. The batterer, the molester, are scared out of their wits - they feel entrapped, imprisoned, shackled, and insidiously altered.

Lashing out in blind and violent rage they punish the perceived perpetrators of intimacy. The more obnoxiously they behave, the less the risk of lifelong bondage. The more heinous their acts, the safer they feel. Battering, molesting, raping, berating, taunting - are all forms of reasserting lost control. In the abuser's thwarted mind, abuse equals mastery and continued, painless, emotionally numbed, survival.

Narcissists often use [verbal and psychological abuse](#) and [violence](#) against those closest to them. Some of them move from abstract

aggression (the emotion leading to violence and permeating it) to the physically concrete sphere of violence.

Many narcissists are also paranoid and vindictive. They aim to punish (by tormenting) and destroy the source of their frustration and pain.

Narcissists often stalk and harass. The narcissist feels [entitled](#) to other people's time, attention, admiration, and resources. He interprets every rejection as an act of aggression which leads to a narcissistic injury. The narcissist reacts with sustained [rage](#) and vindictiveness and can turn violent because he feels omnipotent and immune to the consequences of his actions.

Invariably, violent behaviour is triggered by frustration, perceived to be a threat to the integrity and veracity of the False Self. In other words, if the narcissist cannot achieve gratification, or is criticized, or encounters resistance and disagreement he tends to turn violent. He feels that his grandiose fantasies are being undermined and that his sense of entitlement due to his uniqueness is being challenged. This often happens in settings, such as prison, where the atmosphere is paranoid and every real or imaginary slight is magnified to the point of narcissistic injury.

Pathological narcissism rarely appears in isolation. It is usually comorbid with other personality or mental health disorders. Substance abuse and other forms of reckless behaviour are common. The best predictor of future overt aggression is past violence. But it is safe to say that narcissists who also abuse alcohol or drugs and those co-diagnosed with psychopathy or Antisocial Personality Disorder are very likely to be consistently violent.

The narcissist has alloplastic defences and an external locus of control. He does not accept responsibility for his actions. He accuses others or the world at large for provoking or aggravating his outbursts of violent behaviour. He feels immune to the consequences of his actions by virtue of his inbred superiority and entitlement. Narcissists are also mildly dissociative. They sometimes experience depersonalization and derealization. In other words, some narcissists sort of "watch themselves" and their life from the outside, as one would watch a movie. Such narcissists do not feel fully and truly responsible for their acts of violence. "I don't know what came over me" is their frequent refrain.

Violent narcissists typically hail from dysfunctional and abusive families. There are a million ways to abuse. To love too much is also to abuse. It is tantamount to treating someone as an extension, an object, or an instrument of gratification. To be over-protective, to not respect one's privacy, to be brutally honest, with a sadistic sense

of humour, or to act consistently tactless is to abuse. To expect too much, to denigrate, and to ignore are all modes of abuse. There is physical abuse, verbal abuse, psychological abuse, sexual abuse. The list is long.

Narcissists who have been exposed in early childhood to abusive behaviours by parents, caregivers, teachers, other role models, or even by peers would tend to propagate the abuse and behave aggressively, if not violently.

Any person - known to the narcissist or not - who is perceived by the narcissist to be a source of frustration is in danger of becoming a victim of his violence. If you disagree with the narcissist, criticize him, or deny him the unfettered and instantaneous fulfilment of his wishes you become his enemy and the target of his unwelcome attentions.

Typology of Stalkers and Bullies

Stalkers are not made of one cloth. Some of them are psychopaths, while others are schizoids, narcissists, paranoids, or an admixture of these mental health disorders. Stalkers harass their victims because they are lonely, or because it is fun (these are latent sadists), or because they can't help it (clinging or codependent behaviour), or for a myriad different reasons.

Clearly, coping techniques suited to one type of stalker may backfire or prove to be futile with another. The only denominator common to all bullying stalkers is their pent-up rage. The stalker is angry at his or her targets, envies, and hates them. He perceives his victims as unnecessarily and churlishly frustrating. The aim of stalking is to "educate" the victim and to punish her.

Hence the catch-22 of coping with stalkers:

The standard - and good - advice is to avoid all contact with your stalker, to ignore him, even as you take precautions. But being evaded only inflames the stalker's wrath and enhances his frustration. The more he feels sidelined and stonewalled, the more persistent, the more intrusive, and the more aggressive he becomes.

It is essential, therefore, to first identify the type of stalker you are faced with. In addition to the narcissistic stalker discussed above, stalkers are erotomaniac, psychopathic, or paranoid-sadistic. While not strictly narcissists, they often exhibit many narcissistic traits and behaviours.

The Erotomaniac

The psychology of the erotomaniac (de Clérambault's Syndrome) stalker is similar to that of the paedophile, but the object of his affections is,

usually, an adult [see the section "[Sex with Children Guarantees Companionship](#)" in FAQ 95].

The Psychopath (Antisocial)

Stalking is a crime and stalkers are criminals. This simple truth is often ignored by mental health practitioners, by law enforcement agencies, and by the media. The horrid consequences of stalking are often underestimated and stalkers are mocked as eccentric and lonely weirdoes. Yet, stalking affects one fifth of all women and an unknown number of men - and often ends in violence and bloodshed.

A 1997 Review Paper titled "Stalking (Part I) An Overview of the Problem", Karen M. Abrams, MD, FRCPC1, Gail Erlick Robinson, MD, DPsych, FRCPC2, define stalking thus:

"Stalking, or criminal harassment, is defined as the 'wilful, malicious, and repeated following or harassing of another person', usually requiring a 'credible threat of violence' against the victim or the victim's family (1). 'Harass' refers to wilful conduct directed at a person that seriously alarms, annoys, or distresses the person and which serves no legitimate purpose (2). Typically, the behaviour involves such things as loitering near the victim, approaching, making multiple phone calls, constantly surveilling, harassing the victim's employer or children, harming a pet, interfering with personal property, sabotaging dates, and sending threatening or sexually suggestive 'gifts' or letters. The harassment usually escalates, often beginning with phone calls that gradually become more threatening and aggressive in nature, and frequently ends in violent acts (3). In essence, the offender's behaviour is terrorizing, intimidating, and threatening, and restricts the freedom of and controls the victim."

Many criminals suffer from personality disorders - most prevalently, Antisocial Personality Disorder (APD or ASPD). Comorbidity - a "cocktail" of personality and other mental health disorders - is frequent in most offenders. Many stalkers abuse substances (alcohol, drugs, prescription medication) and are prone to violence or other forms of aggression.

Antisocial Personality Disorder was formerly called "psychopathy", or "sociopathy". Some scholars, such as Robert Hare, still distinguish psychopathy from mere antisocial behaviour. The disorder appears in early adolescence but criminal behaviour and substance abuse often abate with age, usually by the fourth or fifth decade of life. It may have a genetic or hereditary determinant and afflicts mainly men. The diagnosis is controversial and regarded by some scholars as scientifically unfounded.

Psychopaths regard other people as objects to be manipulated and as instruments of gratification and utility. They have no discernible conscience, are devoid of empathy, and find it difficult to accurately perceive and decipher other people's nonverbal cues, needs, emotions, and preferences. Consequently, the psychopath rejects other people's rights and his commensurate obligations. He is impulsive, reckless, irresponsible, and unable to postpone gratification. He often rationalizes his behaviour showing an utter absence of remorse for hurting or defrauding others.

The antisocial psychopath's (primitive) defence mechanisms include splitting (they view the world - and people in it - as "all good" or "all evil"), projection (attribute their own shortcomings unto others) and [Projective Identification](#) (force others to behave the way they expect them to).

The psychopath fails to comply with social norms. Hence the criminal acts, the deceitfulness and identity theft, the use of aliases, the constant lying, and the conning of even his nearest and dearest for gain or pleasure. Psychopaths are unreliable and do not honour their undertakings, obligations, contracts, and responsibilities. They rarely hold a job for long or repay their debts. They are vindictive, remorseless, ruthless, driven, dangerous, aggressive, violent, irritable, and, sometimes, prone to magical thinking. Believing themselves to be immune to the consequences of their own actions, psychopaths seldom plan for the long or even medium term.

Many psychopaths are outright [bullies](#). Michigan psychologist Donald B. Saunders distinguishes between three types of aggressors: "family-only", "generally violent" (most likely to suffer from APD), and the "emotionally volatile". In an interview to [Psychology Today](#), he described the "generally violent" thus:

"Type 2 men - the generally violent - use violence outside the home as well as in it. Their violence is severe and tied to alcohol; they have high rates of arrest for drunk driving and violence. Most have been abused as children and have rigid attitudes about sex roles. These men are calculating; they have a history with the criminal justice system and know what they can get away with."

Bullies feel inadequate and compensate for it by being violent - verbally, psychologically, or physically. Some bullies suffer from personality and other mental health disorders. They feel entitled to special treatment, seek attention, lack empathy, are rageful and envious, and exploit and then discard (for instance, their co-workers).

Bullies are insincere, haughty, unreliable, and lack empathy and sensitivity to the emotions, needs, wishes, and preferences of others whom they regard and treat as objects or instruments of gratification.

Bullies are ruthless, cold, and have alloplastic defences (an outside locus of control): they blame others for their failures, defeats, or misfortunes. They have low frustration and tolerance thresholds, get bored and anxious easily; are violently impatient, emotionally labile, unstable, erratic, and untrustworthy. Bullies lack self-discipline, are egotistic, exploitative, rapacious, opportunistic, driven, reckless, and callous.

Bullies are emotionally immature and control freaks. They are consummate liars and deceptively charming. Bullies dress, talk, and behave normally. Many of them are persuasive, manipulative, or even charismatic. They are socially adept, liked, and often fun to be around and the centre of attention. Only a prolonged and intensive interaction with them - sometimes as a victim - exposes their dysfunctions.

Though ruthless and, typically, violent, the psychopathic bully is a calculating machine, out to maximize his gratification and personal profit. Psychopaths lack empathy and may even be sadistic - but understand well and instantly the language of carrots and sticks.

The Paranoid-Sadistic

By far the most dangerous of the lot. Lives in an inaccessible world of his own making. Cannot be reasoned with or cajoled. Thrives on threats, anxiety, and fear. Distorts every communication to feed his [persecutory delusions](#) (which place him squarely and narcissistically at the centre of conspiratorial attention).

The paranoid's conduct is unpredictable and there is no "typical scenario". But experience shows that you can minimize the danger to yourself and to your household by taking some basic steps.

If at all possible, put as much physical distance as you can between yourself and the stalker. Change address, phone number, email accounts, cell phone number, enlist the kids in a new school, find a new job, get a new credit card, open a new bank account. Do not inform your paranoid ex about your whereabouts and your new life. You may have to make painful sacrifices, such as minimize contact with your family and friends.

Even with all these precautions, your abusive ex is likely to find you, furious that you have fled and evaded him, raging at your newfound existence, suspicious and resentful of your freedom and personal autonomy. Violence is more than likely. Unless deterred, paranoid former spouses tend to be harmful, even lethal.

Be prepared: alert your local law enforcement officers, check out your neighbourhood domestic violence shelter, consider owning a gun for self-defence (or, at the very least, a stun gun, or spray). Carry

these with you at all times. Keep them close by and accessible even when you are asleep or in the bathroom.

Erotomanic and paranoid stalking can last many years. Do not let down your guard even if you haven't heard from him. Stalkers leave traces. They tend, for instance, to "scout" the territory before they make their move. A typical stalker invades his or her victim's privacy a few times long before the crucial and injurious encounter.

Is your computer being tampered with? Is someone downloading your e-mail? Has anyone been to your house while you were away? Any signs of breaking and entering, missing things, atypical disorder (or too much order)? Is your post being delivered erratically, some of the envelopes opened and then sealed? Mysterious phone calls abruptly disconnected when you pick up? Your stalker must have dropped by and is monitoring you.

Notice any unusual pattern, any strange event, any weird occurrence. Someone is driving by your house morning and evening? A new "gardener" or maintenance man came by in your absence? Someone is making enquiries about you and your family? Maybe it's time to move on.

Teach your children to avoid your paranoid ex and to report to you immediately any contact he has made with them. Abusive bullies often strike where it hurts most - at one's kids. Explain the danger without being unduly alarming. Make a distinction between adults they can trust - and your abusive former spouse, whom they should avoid.

Ignore your gut reactions and impulses. Sometimes, the stress is so onerous and so infuriating that you feel like striking back at the stalker. Don't do it. Don't play his game. He is better at it than you are and is likely to defeat you. Instead, unleash the full force of the law whenever you get the chance to do so: restraining orders, spells in jail, and frequent visits from the police tend to check the abuser's violent and intrusive conduct.

The other behavioural extreme is equally futile and counterproductive. Do not try to buy peace by appeasing your abuser. Submissiveness and attempts to reason with him only whet the stalker's appetite. He regards both as contemptible weaknesses, vulnerabilities he can exploit. You cannot communicate with a paranoid because he is likely to distort everything you say to support his persecutory delusions, [sense of entitlement](#), and [grandiose fantasies](#). You cannot appeal to his emotions - he has none, at least not positive ones.

Remember: your abusive and paranoid former partner [blames it all on you](#). As far as he is concerned, you recklessly and unscrupulously

wrecked a wonderful thing you both had going. He is vengeful, seething, and prone to bouts of uncontrolled and extreme aggression. Don't listen to those who tell you to "take it easy". Hundreds of thousands of women paid with their lives for heeding this advice. Your paranoid stalker is inordinately dangerous - and, more likely than not, he is with you for a long time to come.

Coping Strategies

There are only four ways of coping with vindictive narcissists:

1. To Frighten Them

Narcissists live in a state of constant rage, repressed aggression, envy, and hatred. They firmly believe that everyone else is precisely like them. As a result, they are paranoid, scared, unpredictable, suspicious, and labile. Frightening the narcissist is a powerful behaviour modification tool. When sufficiently deterred, the narcissist promptly disengages, gives up everything he had fought for and sometimes makes amends.

To act effectively, one has to identify the vulnerabilities and susceptibilities of the narcissist and strike repeated, escalating blows at them until the narcissist lets go and vanishes.

Example: If a narcissist has a secret, one should use this fact to threaten him. One should drop cryptic hints that there are mysterious witnesses to the events and recently revealed evidence. The narcissist has a very vivid imagination. Let it do the rest.

The narcissist may have been involved in tax evasion, in malpractice, in child abuse, in infidelity - there are so many possibilities, which offer a rich vein of attack. If these insinuations are done cleverly, noncommittally, gradually, legally, and incrementally, the narcissist crumbles, disengages and disappears. He lowers his profile thoroughly in the hope of avoiding hurt and pain.

Many narcissists have been known to disown and abandon a whole Pathological Narcissistic Space in response to a well-focused campaign by their victims. Thus, the narcissist may leave town, change his job, abandon a field of professional interest, and avoid friends and acquaintances only to relieve the unrelenting pressure exerted on him by his victims.

To reiterate: most of the drama takes place in the paranoid mind of the narcissist. His imagination runs amok and he finds himself snarled by horrifying scenarios, pursued by the vilest "certainties". Indeed, the narcissist is his own worst persecutor and prosecutor.

You don't have to do much except utter a vague reference, make an ominous allusion, delineate a possible turn of events. The narcissist

will do the rest for you. He is like a small child in the dark, generating the very monsters that paralyse him with all-consuming fear.

Needless to add that all these activities have to be pursued legally, preferably through the good services of law offices and in broad daylight. Done the wrong way, they might constitute extortion or blackmail, harassment and a host of other criminal offences.

II. To Lure Them

Another way to neutralize a vindictive narcissist is to offer him continued [Narcissistic Supply](#) until the war is over and won by you. Dazzled by the drug of Narcissistic Supply, the narcissist immediately becomes tamed, forgets his vindictiveness and triumphantly claims his "property" and "territory".

Under the influence of Narcissistic Supply, the narcissist is unable to tell when he is being [manipulated](#). He is blind, dumb and deaf. You can make a narcissist do anything by offering, withholding, or threatening to withhold Narcissistic Supply (adulation, admiration, attention, sex, awe, subservience, etc.).

III. Threaten Him with Abandonment

The threat to abandon need not be explicit or conditional ("If you don't do something or if you do it, I will dump you"). It is sufficient to [confront](#) the narcissist, to completely ignore him, to insist on respect for one's boundaries and wishes, or to shout back at him. The narcissist takes these signs of personal autonomy to be harbingers of impending separation and reacts with anxiety.

The narcissist is a living emotional pendulum. If he gets too close to someone emotionally, if he becomes intimate with someone, he fears ultimate and inevitable abandonment. He, thus, immediately distances himself, acts cruelly and [brings about the very abandonment](#) that he fears in the first place. This is called the Approach-Avoidance Repetition Complex.

In this paradox lies the key to coping with the narcissist. If, for instance, he is having a [rage attack](#) - rage back. This will provoke in him fears of being abandoned and calm him down instantaneously (and eerily).

Mirror the narcissist's actions and repeat his words. If he threatens - threaten back and credibly try to use the same language and content. If he leaves the house - do the same, disappear on him. If he is suspicious - act suspicious. Be critical, denigrating, humiliating, and go down to his level - because that's the only way to penetrate his thick defences. Faced with his mirror image, the narcissist always recoils.

You will find that when you mirror the narcissist constantly and consistently, he becomes obsequious and tries to make amends, moving from one (cold and bitter, cynical and misanthropic, cruel and sadistic) pole to another (warm, even "loving", emotional, fuzzy, engulfing, maudlin, and saccharine).

IV. Manipulate Him

By playing on the narcissist's grandiosity and paranoia, it is possible to deceive and manipulate him effortlessly. Just offer him [Narcissistic Supply](#) - admiration, affirmation, adulation - and he is yours. Harp on his insecurities and his persecutory delusions - and he is likely to trust only you and cling to you for dear life. But be careful not to overdo it!

Guns and Narcissists

Question: Should I tell my narcissist that I have a concealed weapon? I want to deter him.

Answer: My advice is to conceal the weapon both physically and verbally. For two reasons:

One, narcissists are paranoids. The presence of a weapon confirms their worst persecutory delusions and often tips them over the edge.

The second reason has to do with the balance of power (or rather balance of terror) complex.

In his mind, the narcissist is superior in every way. This fantasized and grandiose superiority is what maintains the precarious equilibrium of his personality.

Owning a gun - the virile and phallic symbol that it is - upsets the power relations in favour of the victim. It is a humiliation, a failure, a mockery, a defying challenge. The narcissist will likely seek to restore the previous poise by "diminishing" his opponent and "containing" the menace.

In other words, the presence of a gun guarantees conflict - sometimes a potentially lethal one. As the narcissist - now terrified by his own deranged persecutory phantasms - seeks redress, he may resort to the physical elimination of the source of his frustration (to battering, or worse).

School Shootings

Healthy narcissism is common in adolescents. Their narcissistic defences help them to cope with the anxieties and fears engendered by the demands and challenges of modern society: leaving home, going to college, sexual performance, marriage, and other rites of passage. There is nothing wrong with healthy narcissism. It sustains

the adolescent in a critical time of his life and shields him from emotional injuries.

Still, in certain circumstances, healthy narcissism can change into a malignant form, destructive to self and to others.

[Adolescents](#) who are consistently mocked and bullied by peers, role models, and socialization agents (such as teachers, coaches, and parents) are prone to find succour in grandiose fantasies of omnipotence and omniscience. To sustain these personal myths, they may resort to violence and counter-bullying.

The same applies to youths who feel deprived, underestimated, discriminated against, or at a dead end. They are likely to evoke narcissistic defences to fend off the constant hurt and to achieve self-sufficient and self-contained emotional gratification.

Finally, pampered adolescents, who serve as mere extensions of their smothering parents and the instrument of these parents' unrealistic expectations are equally liable to develop grandiosity and a sense of entitlement incommensurate with their real-life achievements. When frustrated they become aggressive.

This propensity to other-directed violence is further exacerbated by what Lasch called "[The Culture of Narcissism](#)". We live in a civilization which condones and positively encourages malignant individualism, bad hero worship (remember the movie "Born Killers"?), exploitativeness, inane ambitiousness, and the anomic atomization of social structures and support networks. Alienation is a hallmark of our age, not only among youngsters.

When societies turn anomic, under both external and internal pressures (terrorism, crime, civil unrest, immigration, economic crises, widespread job insecurity, war, religious strife, rampant corruption, and so on), narcissists tend to become violent. This is because communities in anomic states offer little by way of externally-imposed impulse control and regulation, penal discipline, and consistent rewards for conformity and "good behaviour". Narcissists in such settings of disintegration become [mass and serial killers](#) on a greater ([Hitler](#)) or lesser scale.

Typology of Revenge

The need to seek revenge on wrong- and evil-doers is as ancient as Mankind. But people attempt to address their grievances in three ways:

1. *Punitive-moralistic* - The aim of this type of vengeance is to restore justice and, with it, the victim's view of the world as orderly, predictable, and causal. Perpetrators should be punished; victims should be soothed and elevated; and society

should publicly acknowledge who is who and mete out opprobrium and succour respectively.

This type of revenge tends to devolve into an obsession (intrusive, uncontrolled thoughts) and compulsion (an irresistible urge to behave in a way that is sometimes inconsistent with one's values or even true wishes, or incommensurate with one's long-term interests, skills, needs, capabilities, or wherewithal). It is unhealthy and, in the long-term, counterproductive as it taxes the victim's time and resources; adversely affects her other relationships; renders her dysfunctional; and, ultimately, consumes her.

2. *Narcissistic* - Vindictiveness is the narcissist's way of restoring his self-imputed grandiosity and of recuperating from a [narcissistic injury](#). Having fallen prey to malfeasance or crime, the narcissist is proven to be gullible, ignorant, and helpless. This experience is humiliating and the circumstances of victimhood contrast sharply with the narcissist's inflated view of himself as omniscient, omnipotent, shrewd, brilliant, and perfect. Only by bringing the culprit to utter ruin does the narcissist regain his sense of self.

Ask yourself if your bruised ego is the main reason for your indignation and spite. If it is, try to separate the elements of your conduct that have to do with your justified grievance and those that revolve around your unhealthy narcissism. Avoid the latter and pursue the former.

3. *Pragmatic-restorative* - With this type of revenge, the victim merely wishes to restore her fortunes and reassert her rights - in other words: to revert the world to its erstwhile state by acting against her violator decisively and assertively. This is a healthy, functional, and just way of coping with the pain and damage wrought by other people's malicious and premeditated misbehaviour.

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FREQUENTLY ASKED QUESTION # 92

The Double Reflection

Narcissistic Couples and Narcissistic Types

Points to Ponder

Two [narcissists](#) of the same type (Somatic, [Cerebral](#), [Inverted](#)) are bound to be at each other's throat in no time. Two narcissists of different types can make each other very happy indeed as serve as each other's perfect [Sources of Narcissistic Supply](#).

Question: Can two narcissists establish a long-term, stable relationship?

Answer: Two narcissists of the same type (classic, compensatory, Somatic, Cerebral, or [Inverted](#)) cannot maintain a [stable](#), long-term, full-fledged, and functional relationship.

Consider two types of narcissists: the Somatic Narcissist and the Cerebral Narcissist. The Somatic Narcissist relies on his body and sexuality as Sources of Narcissistic Supply. The Cerebral Narcissist uses his intellect, his intelligence and his professional achievements to obtain the same.

Narcissists are either predominantly Cerebral or overwhelmingly Somatic. In other words, they either generate their Narcissistic Supply by using their bodies or by flaunting their minds.

The Somatic Narcissist flaunts his sexual conquests, parades his possessions, exhibits his muscles, brags about his physical aesthetics, youthfulness, sexual prowess or exploits, and is often a health freak and a hypochondriac. He regards his body as an object to be sculpted and honed (via extreme diets, multiple cosmetic surgeries,

bodybuilding, or weightlifting). When coupled with psychopathic tendencies, the Somatic appropriates other people's bodies and treats these as "raw materials" to be dismembered, tampered with, altered, invaded, or otherwise abused.

Somatic Narcissists are often portrayed as sex addicts or histrionic. But really they derive their Narcissistic Supply not so much from the sex act as from the process of securing it: the conspiracies and assignations, the chase and conquest, the subjugation and habituation of their targets, and even from dumping and discarding their prey, once having extracted the attention and admiration they had sought. These extracurricular activities endow them with a sense of omnipotence and all-pervasive control. Their sway over their paramours and would-be lovers proves to them (and to others) their uniqueness, desirability and irresistibility.

The Cerebral Narcissist is a know-it-all, haughty and intelligent "[computer](#)". He uses his ostensibly awesome intellect, or knowledge (real or pretended) to secure adoration, adulation, and admiration. To him, his body and its maintenance are a burden and a distraction.

Both types are autoerotic (psychosexually in love with themselves, with their bodies or with their brains). Both types prefer masturbation to adult, mature, interactive, multi-dimensional and emotion-laden sex.

The Cerebral Narcissist is often celibate (even when he has a girlfriend or a spouse). He prefers pornography and sexual auto-stimulation to the real thing. The Cerebral Narcissist is sometimes a latent (hidden, not yet outed) homosexual.

The Somatic Narcissist uses other people's bodies to masturbate with. Sex with him - pyrotechnics and acrobatics aside - is likely to be an impersonal and emotionally alienating and draining experience. The partner is often treated as an extension of the Somatic Narcissist, an object, a sex toy, or a sex slave.

It is a mistake to assume type-constancy. All narcissists are both Cerebral and Somatic. In each narcissist, one of the types is dominant. So, the narcissist is either largely Cerebral - or dominantly Somatic. But the other, recessive (manifested less frequently) type, is there. It is lurking, waiting to erupt.

The narcissist swings between his dominant type and his recessive type which manifests mainly after a major narcissistic injury or life crisis.

The Cerebral Narcissist brandishes his brainpower, exhibits his intellectual achievements, and basks in the attention given to his mind and to its products. He [hates his body](#) and neglects it. It is a nuisance, a burden, a derided annex, an inconvenience, a

punishment. As Sherlock Holmes was wont of saying: "I am a brain, Watson. The rest of me is a mere appendix."

The Cerebral Narcissist is asexual, or has a low libido and rare sexual encounters, often years apart. He masturbates regularly and very mechanically. His fantasies are paedophilic or homosexual or tend to objectify his partner (rape, group sex). He stays away from women because he perceives them to be ruthless predators who are out to consume and ensnare him.

The Cerebral Narcissist may go through a major life crisis. He may get divorced, go bankrupt, do time in prison, be threatened, harassed and stalked, be devalued, betrayed, denigrated, and insulted. He is prone to all manner of chronic illnesses.

Invariably, following a life crisis, the Somatic Narcissist in him takes over. The Cerebral Narcissist suddenly becomes a lascivious lecher. When this happens, he maintains a few relationships - replete with abundant and addictive sex - going simultaneously. He sometimes participates in and initiates group sex and mass orgies. He exercises, loses weight and hones his body into an irresistible proposition.

This outburst of unrestrained, primordial lust wanes in a few months and he settles back into his cerebral ways. No sex, no women, no body.

These total reversals of character stun his mates. His girlfriend or spouse finds it impossible to digest this eerie transformation from the gregarious, darkly handsome, well-built, and sexually insatiable stud that swept her off her feet - to the bodiless, bookwormish hermit with not an inkling of interest in either sex or other carnal pleasures.

The Cerebral Narcissist misses his somatic half, but finding a modicum of balance is a doomed quest. The satyr that is the Somatic Narcissist is forever trapped in the intellectual cage of the Cerebral: his Brain. Thus, if both members of the couple are Cerebral Narcissists - for instance if both of them are scholars - the resulting friction and competition prevents them from serving as ample Sources of Narcissistic Supply to each other. Finally the mutual admiration society crumbles.

Consumed by the pursuit of their narcissistic gratification, they have no time, or energy, or will left to cater to the narcissistic needs of their partner. Moreover, the partner is perceived as a dangerous and vicious contender for a scarce resource: extant Sources of Narcissistic Supply. This may be less true if the two narcissists work in totally unrelated academic or intellectual fields.

But if the narcissists involved are of different types, if one of them is Cerebral and the other one Somatic, a long-term partnership based on the mutual provision of Narcissistic Supply can definitely survive.

Example: if one of the narcissists is Somatic (uses his body as a source of narcissistic gratification) and the other one Cerebral (uses his intellect or his professional achievements as such a source), there is nothing to destabilize such collaboration. It is even potentially emotionally rewarding.

The relationship between these two narcissists resembles the one that exists between an artist and his art or a collector and his collection. This can and does change, of course, as the narcissists involved grow older, flabbier and less agile intellectually. The Somatic Narcissist is also prone to multiple sexual relationships and encounters intended to support his somatic and sexual self-image. These may subject the relationship to fracturing strains. But, all in all, a stable and enduring relationship can - and often does - develop between dissimilar narcissists.

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FREQUENTLY ASKED QUESTION # 94

Narcissists and Children

Points to Ponder

The narcissist regards his children as extensions of himself, mere avatars of his inner constructs, pawns in the grand chess game that is his Life, props in the theatre of his [False Self](#) (Sources of Narcissistic Supply), potential competitors, and bargaining chips in the inevitable showdown with a hostile world as reified by his reneging, traitorous spouse. In a custody battle, all these figments of his psychodynamics need to be adroitly addressed to achieve a favourable outcome as far as the children involved are concerned.

"... I should be unhappy ... having to put up indefinitely with the company of other children, their noise, their nastiness, their boasting, their back-answers, their cruelty, their silliness... The realization that it was not people I disliked but children was for me one of those celebrated moments of revelation..."

[Philip Larkin, *Required Writing: Miscellaneous Pieces 1955-1982*, Faber, 1983, p. 111]

"Anybody who hates children and dogs can't be all bad."

[Leo Rosten, introducing W.C. Fields at a dinner]

Question: My husband positively detests children. When a child enters the room, I can see him arching like a cat, ready to do battle. Needless to say we are childless.

Answer: The narcissist sees in children feigned innocence, ruthless and relentless manipulation, the cunning of the weak. They are ageless. Their narcissism is disarming in its directness, in its cruel and absolute lack of empathy. They demand with insistence, punish

absent-mindedly, idealize and devalue capriciously. They have no loyalty. They do not love, they cling. Their dependence is a mighty weapon and their neediness - a drug. They are timeless, they have no before, not after. To children, existence is a play: they are the actors, and we all are but audience and props. They raise and drop the curtain of their mock emotions at will. The peals of their laughter often tinnabulate. They are the fresh abode of good and evil, and pure they are.

Children, to the narcissist, are both mirrors and competitors. They reflect authentically the narcissist's constant need for adulation and attention. Their grandiose fantasies of omnipotence and omniscience are crass caricatures of his internal world. The way they abuse others and mistreat them hits close to home. Their innocuous charm, their endless curiosity, their manic fount of energy, their sulking, nagging, boasting, bragging, lying, and manipulating are mutations of the narcissist's own behaviour. He recognizes his thwarted self in them. When children make their entrance, all attention is diverted. Their fantasies endear them to their listeners. Their vainglorious swagger often causes smiles. Their trite inanities are invariably treated as pearls of wisdom. Their nagging is yielded to, their threats provoke to action, their needs accommodated urgently. The narcissist stands aside, an abandoned centre of attention, the dormant eye of an intellectual storm, all but neglected and ignored. He watches the child with envy, with rage, with wrath. He hates the child's effortless ability to defeat him at his own game and on his turf.

Children are loved by their mothers, as the narcissist was not. They are bundled emotions, and happiness and hope. The narcissist is envious of them, infuriated by his deprivation, fearful of the sadness and hopelessness that they provoke in him. Like music, they reify a threat to the precariously balanced emotional black hole that is the narcissist. They are his past, his dilapidated and petrified True Self, his wasted potentials, his self-loathing and his defences. They are his pathology projected.

The narcissist revels in his Orwellian narcissistic newspeak: love is weakness, happiness is a psychosis, hope is malignant optimism. Children defy all this: they are proof positive of how different it could all have been.

But what the narcissist consciously experiences is disbelief. He cannot understand how anyone can love these thuggish brats, their dripping noses, gelatinous fat bodies, whitish sweat, and bad breath. How can anyone stand their cruelty and vanity, their sadistic insistence and blackmail, their prevarication and deceit? In truth, no one except their parents can.

As far as the narcissist knows, children are always derided by everyone except their parents. To him, there is something sick and sickening in a mother's affections, a maddening blindness involved, an addiction, a psychotic episode, it's sick, this bond, it's nauseous. The narcissist hates children. He hates them for being him.

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FREQUENTLY ASKED QUESTION # 98

Mourning the Narcissist

Points to Ponder

At first the narcissist presents himself as an ideal soul-mate. It is difficult to let go of this image. Denial wears many forms: from ideas of reference to persecutory delusions. Grief stages also include rage, depression, and acceptance.

Question: If the narcissist is as abusive as you say, why do we react so badly when he leaves? Why do we miss him so and why do we want him back?

Answer: At the commencement of the relationship, the narcissist is a dream-come-true. He is often intelligent, witty, charming, good looking, an achiever, empathetic, in need of love, loving, caring, attentive and much more besides. He is the perfect bundled answer to the nagging questions of life: finding meaning, companionship, compatibility, and happiness. The narcissist is, in other words, ideal. At first, the narcissist is too good to be true. Then, he is too true to be good.

It is difficult to let go of this idealized figure. Relationships with narcissists inevitably and invariably end with the dawn of a double realization: that you have been (ab)used by the narcissist and that you have been regarded by the narcissist as a disposable, dispensable and interchangeable instrument (object).

The assimilation of this new gained knowledge is an excruciating process, often unsuccessfully completed. People get fixated at different stages. They fail to come to terms with their rejection as human beings - the most total form of rejection there is.

We all react to loss. Loss makes us feel helpless and objectified. When our loved ones die, we feel that Nature, or God, or Life treats us as playthings. When we divorce (especially if we did not initiate the breakup), we often feel that we have been exploited and abused in the relationship, that we are being "dumped", that our needs and emotions are ignored. In short, we again feel objectified.

Losing the narcissist is no different to any other major loss in life. It provokes a cycle of bereavement and grief (as well as some kind of mild [Post-Traumatic Stress Syndrome](#) in cases of severe abuse). This cycle has four phases: denial, rage, sadness and acceptance.

Denial can assume many forms. Some go on pretending that the narcissist is still a part of their life, even going to the extreme of "interacting" with the narcissist by pretending to "communicate" with him or to "meet" him (through others, for instance). Extreme cases of such denial are known as [erotomania](#).

Others develop persecutory delusions, thus incorporating the narcissist into their life and psyche as an ominous, ambient, and dark presence, as a "bad object". This ensures "his" continued "interest" in them - however malevolent and threatening that "interest" is perceived to be. These are radical denial mechanisms, which border on the psychotic and often resolve into brief psychotic micro-episodes.

More benign and transient forms of denial include the development of [ideas of reference](#). The narcissist's every move or utterance is interpreted as being directed at the suffering person, his ex, and to carry a hidden message which can be "decoded" only by the recipient.

Others deny the very narcissistic nature of the narcissist. They attribute his abusive conduct to ignorance, mischief, lack of self-control (due to childhood abuse or trauma), or benign intentions. This denial mechanism leads them to believe that the narcissist is really not a narcissist at all but someone who is merely not aware of his "true" essence; or someone who innocently enjoys mind games and toying with people's lives; or an unwitting part of a dark conspiracy to defraud and abuse gullible victims.

Often the narcissist is gullibly depicted as obsessed or possessed: imprisoned by his self-invented and self-imposed condition and, really, deep inside, a nice and gentle and lovable person.

At the healthier end of the spectrum of denial reactions we find the classical denial of loss: the disbelief; the hope that the narcissist may return; and the suspension and repression of all information to the contrary.

Denial in mentally healthy people quickly evolves into rage. There are a few types of rage. Rage can be focussed and directed at the

narcissist; at other facilitators of the loss, such as the narcissist's lover; or at specific circumstances. It can also be directed at oneself - which often leads to depression, suicidal ideation, self-mutilation and, in some cases, suicide. Or, it can be diffuse, all-pervasive, all-encompassing, and engulfing. Such loss-related rage can be intense and in bursts - or osmotic and permeate the whole emotional landscape.

Rage gives place to profound sadness. It is the sadness of the trapped animal, an existential angst mixed with acute depression. It involves dysphoria (inability to rejoice, to be optimistic, or expectant) and anhedonia (inability to experience pleasure or to find meaning in life). It is a paralysing sensation, which slows one down and then enshrouds everything in the grey veil of randomness. Everything suddenly looks meaningless and empty.

This, in turn, gives place to gradual acceptance, renewed energy, and bouts of activity. The narcissist is gone both physically and mentally. The void left in his wake still hurts and pangs of regret and hope still exist. But, on the whole, the narcissist is transformed into a narrative, a symbol, another life experience, or a (tedious) cliché. He is no longer omnipresent and his former victim entertains no delusions as to the one-sided and abusive nature of the relationship or as to the possibility and desirability of its renewal.

The Three Forms of Closure

For her traumatic wounds to heal, the victim of abuse requires closure: one final interaction with her tormentor in which he, hopefully, acknowledges his misbehaviour and even tenders an apology. Fat chance. Few abusers - especially if they are [narcissistic](#) - are amenable to such weakling pleasantries. More often, the abused are left to wallow in a poisonous stew of misery, self-pity, and [self-recrimination](#).

Depending on the severity, duration, and nature of the abuse, there are three forms of effective closure:

Conceptual Closure

This most common variant involves a frank dissection of the abusive relationship. The parties meet to analyse what went wrong, to allocate blame and guilt, to derive lessons, and to part ways cathartically cleansed. In such an exchange, a compassionate offender (quite the oxymoron, admittedly) offers his prey the chance to rid herself of cumulating resentment.

He also disabuses her of the notion that she, in any way, had been guilty or responsible for her maltreatment; that it was all her fault;

that she deserved to be punished; and that she could have saved the relationship ([malignant optimism](#)). With this burden gone, the victim is ready to resume her life and to seek love and companionship elsewhere.

Retributive Closure

When the abuse has been "gratuitous" ([sadistic](#)), repeated, and protracted, conceptual closure is far from enough. Retribution is called for, an element of vengeance, of restorative justice and a restored balance. Recuperation hinges on punishing the delinquent and merciless party. The penal intervention of the Law is often therapeutic to the abused.

Some victims smugly delude themselves into believing that their abuser assuredly is experiencing guilt and conscience pangs (which is [rarely the case](#)). They revel in his ostensible self-inflicted torment. His sleepless nights become their sweet revenge.

Regrettably, the victim's understandable emotions often lead to abusive (and illegal) acts. Many of the tormented [stalk](#) their erstwhile abusers and take the law into their own hands. [Abuse tends to breed abuse](#) all around, in both prey and predator.

Dissociative Closure

Absent the other two forms of closure, victims of egregious and prolonged mistreatment tend to repress their painful memories. In extremis, they dissociate. Dissociative Identity Disorder (DID) - formerly known as "Multiple Personality Disorder" - is thought to be such a reaction. The harrowing experiences are "sliced off", tucked away, and attributed to "another personality".

Sometimes, the victim "assimilates" his tormentor, and even openly and consciously identifies with him. This is a narcissistic defence. In his own anguished mind, the victim becomes omnipotent and, therefore, invulnerable. He develops a [False Self](#). The True Self is, thus, shielded from further harm and injury.

According to several psychodynamic theories of psychopathology, repressed content rendered unconscious is the cause of all manner of [mental health disorders](#). The victim thus pays a [hefty price](#) for avoiding and evading his or her predicament.

Back to La-la Land: Giving the Narcissist a Second Chance

Relationships with narcissists peter out slowly and tortuously. Narcissists do not provide closure. They stalk. They cajole, beg, promise, persuade, and, ultimately, succeed in doing the impossible yet again: sweep you off your feet, though you know better than to succumb to their spurious and superficial charms.

So, you go back to your "relationship" and hope for a better ending. You walk on eggshells. You become the epitome of submissiveness, a perfect Source of Narcissistic Supply, the ideal mate, or spouse, or partner, or colleague. You gingerly keep your fingers crossed.

But how does the narcissist react to the resurrection of the bond?

It depends on whether you have re-entered the liaison from a position of strength, or of vulnerability and weakness.

The narcissist casts all interactions with other people in terms of conflicts or competitions to be won. He does not regard you as a partner, but as an adversary to be subjugated and defeated. Thus, as far as he is concerned, your return to the fold is a clear triumph, proof of his superiority and irresistibility.

If he perceives you as autonomous, dangerously independent, and capable of bailing out and abandoning him, the narcissist acts the part of the sensitive, empathic, compassionate, and loving counterpart. Narcissists respect strength, they are awed by it. As long as you maintain a "no nonsense" attitude, placing the narcissist on probation, he is likely to behave himself.

If, on the other hand, you have resumed contact because you have capitulated to his threats or because you are manifestly dependent on him financially or emotionally, the narcissist will pounce on your frailty and exploit your fragility to the maximum. Following a perfunctory honeymoon, he will immediately seek to control and abuse you.

In both cases, the narcissist's thespian reserves are ultimately exhausted and his true nature and feelings emerge. The facade crumbles and beneath it lurks the same old heartless falsity that is the narcissist. His gleeful smugness at having bent you to his wishes and rules; his all-consuming sense of entitlement; his sexual depravity; his aggression, pathological envy, and rage - all erupt uncontrollably.

The prognosis for the renewed affair is far worse if it follows a lengthy separation in which you have made a life for yourself with your own interests, pursuits, set of friends, needs, wishes, plans, and obligations, independent of your narcissistic ex.

The narcissist cannot countenance your separateness. To him, you are a mere instrument of gratification or an extension of his bloated False Self. He resents your pecuniary wherewithal; is insanely jealous of your friends; refuses to accept your preferences or compromise his own; is envious and dismissive of your accomplishments.

Ultimately, the fact that you have survived without his constant presence seems to deny him his much-needed Narcissistic Supply. He rides the inevitable cycle of idealization and devaluation. He berates

you; humiliates you in public; threatens you; destabilizes you by behaving unpredictably; fosters [ambient abuse](#); and uses others to intimidate and humble you ("[abuse by proxy](#)").

You are then faced with a tough choice:

To leave again and be forced to give up all the emotional and financial investments that went into your attempt to resurrect the relationship - or to go on trying, subject to daily abuse, conflict, and worse?

It is a well-known landscape. You have been here before. But this familiarity doesn't make it less nightmarish.

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Psychological Signs and Symptoms

The first encounter between psychiatrist or therapist and patient (or client) is multi-phased. The mental health practitioner notes the patient's history and administers or prescribes a physical examination to rule out certain medical conditions. Armed with the results, the diagnostician now observes the patient carefully and compiles lists of signs and symptoms, grouped into syndromes.

Symptoms are the patient's complaints. They are highly subjective and amenable to suggestion and to alterations in the patient's mood and other mental processes. Symptoms are no more than mere indications.

Signs, on the other hand, are objective and measurable. Signs are evidence of the existence, stage, and extent of a pathological state. Headache is a symptom - short-sightedness (which may well be the cause of the headache) is a sign.

Here is a partial list of the most important signs and symptoms in alphabetical order:

Affect

We all experience emotions, but each and every one of us expresses them differently. Affect is *how* we express our innermost feelings and how other people observe and interpret our expressions. Affect is characterized by the type of emotion involved (sadness, happiness, anger, etc.) and by the intensity of its expression. Some people have flat affect: they maintain "poker faces", monotonous, immobile, apparently unmoved. This is typical of the Schizoid Personality Disorder. Others have blunted, constricted, or broad (healthy) affect. Patients with the dramatic (Cluster B) personality disorders - especially Histrionic and Borderline - have an exaggerated and labile (changeable) affect. They are "drama queens".

In certain mental health disorders, the [affect is inappropriate](#). For instance: such people laugh when they recount a sad or horrifying event or when they find themselves in morbid settings (e.g., in a funeral). [Also see: [Mood](#)]

Ambivalence

We have all come across situations and dilemmas which evoked equipotent - but opposing and conflicting - emotions or ideas. Now, imagine someone with a permanent state of inner turmoil: her emotions come in mutually exclusive pairs, her thoughts and conclusions arrayed in contradictory dyads. The result is, of course, extreme indecision, to the point of utter paralysis and inaction. Sufferers of [obsessive-compulsive disorders](#) and the [Obsessive-Compulsive Personality Disorder](#) are highly ambivalent.

Anhedonia

When we lose the urge to seek pleasure and to prefer it to nothingness or even pain, we become anhedonic. [Depression](#) inevitably involves anhedonia. The depressed are unable to conjure sufficient mental energy to get off the couch and do something because they find everything equally boring and unattractive.

Anorexia

Diminished appetite to the point of refraining from eating. Whether it is part of a depressive illness or a Body Dysmorphic Disorder (erroneous perception of one's body as too fat) is still debated. Anorexia is one of a family of [eating disorders](#) which also includes bulimia (compulsive gorging on food and then its forced purging, usually by vomiting).

Anxiety

A kind of unpleasant (dysphoric), mild fear, with no apparent external reason. Anxiety is akin to dread, or apprehension, or fearful anticipation of some imminent but diffuse and unspecified danger. The mental state of anxiety (and the concomitant hypervigilance) has physiological complements: tensed muscle tone, elevated blood pressure, tachycardia, and sweating (arousal).

Generalized Anxiety Disorder is sometimes [misdiagnosed as a personality disorder](#).

Autism

More precisely: autistic thinking and inter-relating (relating to other people). Fantasy-infused thoughts. The patient's cognitions derive from an overarching and all-pervasive fantasy life. Moreover, the patient infuses people and events around him or her with fantastic and completely subjective meanings. The patient regards the external world as an extension or projection of the internal one. He, thus, often withdraws completely and retreats into his inner, private realm, unavailable to communicate and interact with others.

Asperger's Disorder, one of the spectrums of autistic disorders, is sometimes [misdiagnosed as Narcissistic Personality Disorder \(NPD\)](#).

Automatic Obeisance or Obedience

Automatic, unquestioning, and immediate obeisance of all commands, even the most manifestly absurd and dangerous ones. This suspension of critical judgment is sometimes an indication of incipient catatonia.

Blocking

Halted, frequently interrupted speech to the point of incoherence indicates a parallel disruption of thought processes. The patient appears to try hard to remember what it was that he or she were saying or thinking (as if they "lost the thread" of conversation).

Catalepsy

"Human sculptures" are patients who freeze in any posture and position that they are placed, no matter how painful and unusual. Typical of catatonics.

Catatonia

A syndrome comprised of various signs, amongst which are: catalepsy, mutism, stereotypy, negativism, stupor, automatic obedience, echolalia, and echopraxia. Until recently it was thought to be related to Schizophrenia, but this view has been discredited when the biochemical basis for Schizophrenia had been discovered. The current thinking is that catatonia is an exaggerated form of mania (in other words: an affective disorder). It is a feature of catatonic Schizophrenia, though, and also appears in certain psychotic states and mental disorders that have organic (medical) roots.

Cerea Flexibilitas

Literally: wax-like flexibility. In the common form of catalepsy, the patient offers no resistance to the re-arrangement of his limbs or to the re-alignment of her posture. In Cerea Flexibilitas, there is some resistance, though it is very mild, much like the resistance a sculpture made of soft wax would offer.

Circumstantiality

When the train of thought and speech is often derailed by unrelated digressions, based on chaotic associations. The patient finally succeeds to express his or her main idea but only after much effort and wandering. In extreme cases considered to be a communication disorder.

Clang Associations

Rhyming or punning associations of words with no logical connection or any discernible relationship between them. Typical of manic episodes, psychotic states, and Schizophrenia.

Clouding (Clouding of Consciousness)

The patient is wide awake but his or her awareness of the environment is partial, distorted, or impaired. Clouding also occurs when one gradually loses consciousness (for instance, as a result of intense pain or lack of oxygen).

Compulsion

Involuntary repetition of a stereotyped and ritualistic action or movement, usually in connection with a wish or a fear. The patient is aware of the irrationality of the [compulsive act](#) (in other words: she knows that there is no real connection between her fears and wishes and what she is repeatedly compelled to do). Most compulsive patients find their compulsions tedious, bothersome, distressing, and unpleasant - but resisting the urge results in mounting anxiety from which only the compulsive act provides much needed relief. Compulsions are common in obsessive-compulsive disorders, the [Obsessive-Compulsive Personality Disorder \(OCPD\)](#), and in certain types of Schizophrenia.

Concrete Thinking

Inability or diminished capacity to form abstractions or to think using abstract categories. The patient is unable to consider and formulate hypotheses or to grasp and apply metaphors. Only one layer of meaning is attributed to each word or phrase and figures of speech are taken literally. Consequently, nuances are not detected or appreciated. A common feature of Schizophrenia, autism spectrum disorders, and certain organic disorders.

[Read about [narcissism and Asperger's Disorder](#)]

Confabulation

The constant and unnecessary fabrication of information or events to fill in gaps in the patient's memory, biography or knowledge, or to substitute for unacceptable reality. Common in the Cluster B personality disorders (Narcissistic, Histrionic, Borderline, and Antisocial) and in organic memory impairment or the amnesic syndrome (amnesia).

[Read about the [narcissist's confabulated life](#)]

Confusion

Complete (though often momentary) loss of orientation in relation to one's location, time, and to other people. Usually the result of impaired memory (often occurs in dementia) or attention deficit (for instance, in delirium). [Also see: [Disorientation](#)]

Delirium

A syndrome which involves clouding, confusion, restlessness, psychomotor disorders (retardation or, on the opposite pole, agitation), and mood and affective disturbances (lability). Delirium is not a constant state. It waxes and wanes and its onset is sudden, usually the result of some organic affliction of the brain.

Delusion

A belief, idea, or conviction firmly held despite abundant information to the contrary. The partial or complete loss of reality test is the first indication of a psychotic state or episode. Beliefs, ideas, or convictions shared by other people, members of the same collective, are not, strictly speaking, delusions, although they may be hallmarks of shared psychosis.

There are many types of delusions:

1. *Paranoid* - The belief that one is being controlled or persecuted by stealth powers and conspiracies;
2. *Grandiose-magical* - The conviction that one is important, omnipotent, possessed of occult powers, or a historic figure;
3. *Referential (ideas of reference)* - The belief that external, objective events carry hidden or coded messages or that one is the subject of discussion, derision, or opprobrium, even by total strangers.

[Read: [The Delusional Way Out](#), [Psychosis and Delusions](#), [Ideas of Reference](#)]

Dementia

Simultaneous impairment of various mental faculties, especially the intellect, memory, judgement, abstract thinking, and impulse control due to brain damage, usually as an outcome of organic illness. Dementia ultimately leads to the transformation of the patient's whole personality. Dementia does not involve clouding and can have acute or slow (insidious) onset. Some dementia states are reversible.

Depersonalization

Feeling that one's body has changed shape or that specific organs have become elastic and are not under one's control. Usually coupled with "out of body" experiences. Common in a variety of mental health and physiological disorders: depression, anxiety, epilepsy, Schizophrenia,

and hypnagogic states. Often is observed in adolescents. [Also see: [Derealization](#)]

Derailment

A loosening of associations. A pattern of speech in which unrelated or loosely-related ideas are expressed hurriedly and forcefully, with frequent topical shifts and with no apparent internal logic or reason. [Also see: [Incoherence](#)]

Derealization

Feeling that one's immediate environment is unreal, dream-like, or somehow altered. [Also see: [Depersonalization](#)]

[Read more about [narcissist's depersonalization and derealization](#)]

Dereistic Thinking

Inability to incorporate reality-based facts and logical inference into one's thinking. Fantasy-based thoughts.

Disorientation

Not knowing what year, month, or day it is or not knowing one's location (country, state, city, street, or building one is in). Also: not knowing who one is, one's identity. One of the signs of delirium. [Also see: [Delirium](#)]

Echolalia

Imitation by way of exactly repeating another person's speech. Involuntary, semiautomatic, uncontrollable, and repeated imitation of the speech of others. Observed in organic mental disorders, pervasive developmental disorders, psychosis, and catatonia. [Also see: [Echopraxia](#)]

Echopraxia

Imitation by way or exactly repeating another person's movements. Involuntary, semiautomatic, uncontrollable, and repeated imitation of the movements of others. Observed in organic mental disorders, pervasive developmental disorders, psychosis, and catatonia. [Also see: [Echolalia](#)]

Flight of Ideas

Rapidly verbalized train of unrelated thoughts or of thoughts related only via relatively-coherent associations. Still, in its extreme forms, flight of ideas involves cognitive incoherence and disorganization. Appears as a sign of mania, certain organic mental health disorders, Schizophrenia, and psychotic states. [Also see: [Pressure of Speech](#) and [Loosening of Associations](#)]

[More about the [manic phase of the Bipolar Disorder](#)]

Folie a Deux (Madness in Twosome, Shared Psychosis)

The sharing of delusional (often persecutory) ideas and beliefs by two or more (folie a plusieurs) persons who cohabitate or form a social unit (e.g., a family, a cult, or an organization). One of the members in each of these groups is dominant and is the source of the delusional content and the instigator of the idiosyncratic behaviours that accompany the delusions.

[Read more about Shared Psychosis and cults on these links: [The Spouse/Mate/Partner of the Narcissist](#), [The Inverted Narcissist](#), [The Cult of the Narcissist](#), <http://samvak.tripod.com/abusefamily.html>]

Fugue

Vanishing act. A sudden flight or wandering away and disappearance from home or work, followed by the assumption of a new identity and the commencement of a new life in a new place. The previous life is completely erased from memory (amnesia). When the fugue is over, it is also forgotten as is the new life adopted by the patient.

Hallucination

False perceptions based on false sensa (sensory input) not triggered by any external event or entity. The patient is usually not psychotic - he is aware that what he sees, smells, feels, or hears is not there. Still, some psychotic states are accompanied by hallucinations (e.g., formication - the feeling that bugs are crawling over or under one's skin).

There are a few classes of hallucinations:

- *Auditory* - The false perception of voices and sounds (such as buzzing, humming, radio transmissions, whispering, motor noises, and so on);
- *Gustatory* - The false perception of tastes;
- *Olfactory* - The false perception of smells and scents (e.g., burning flesh, candles);
- *Somatic* - The false perception of processes and events that are happening inside the body or to the body (e.g., piercing objects,

electricity running through one's extremities). Usually supported by an appropriate and relevant delusional content;

- *Tactile* - The false sensation of being touched or crawled upon, or that events and processes are taking place under one's skin. Usually supported by an appropriate and relevant delusional content;
- *Visual* - The false perception of objects, people, or events in broad daylight or in an illuminated environment with eyes wide open;
- *Hypnagogic and Hypnopompic* - Images and trains of events experienced while falling asleep or when waking up. Not hallucinations in the strict sense of the word.

Hallucinations are common in Schizophrenia, affective disorders, and mental health disorders with organic origins; Hallucinations are also common in drug and alcohol withdrawal and among substance abusers.

Ideas of Reference

Weak delusions of reference, devoid of inner conviction and with a stronger reality test. [Also see: [Delusion](#)]

[Read: [The Delusional Way Out](#), [Psychosis and Delusions](#), and [Ideas of Reference](#)]

Illusion

The misperception or misinterpretation of real external - visual or auditory - stimuli, attributing them to non-existent events and actions. Incorrect perception of a material object. [Also see: [Hallucination](#)]

Incoherence

Incomprehensible speech, rife with severely loose associations, distorted grammar, tortured syntax, and idiosyncratic definitions of the words used by the patient ("private language"). A loosening of associations. A pattern of speech in which unrelated or loosely-related ideas are expressed hurriedly and forcefully, using broken, ungrammatical, non-syntactical sentences, an idiosyncratic vocabulary ("private language"), topical shifts, and inane juxtapositions ("word salad"). [Also see: [Loosening of Associations](#), [Flight of Ideas](#), and [Tangentiality](#)]

Insomnia

Sleep disorder or disturbance involving difficulties to either fall asleep ("initial insomnia") or to remain asleep ("middle insomnia"). Waking up early and being unable to resume sleep is also a form of insomnia ("terminal insomnia").

Loosening of Associations

Thought and speech disorder which involves the translocation of the focus of attention from one subject to another for no apparent reason. The patient is usually unaware of the fact that his train of thoughts and his speech are incongruous and incoherent. A sign of Schizophrenia and some psychotic states. [Also see: [Incoherence](#), [Flight of Ideas](#), and [Tangentiality](#)]

Mood

Pervasive and sustained feelings and emotions as subjectively described by the patient. The same phenomena observed by the clinician are called affect. Mood can be either dysphoric (unpleasant) or euphoric (elevated, expansive, "good mood"). Dysphoric moods are characterized by a reduced sense of well-being, depleted energy, and negative self-regard or sense of self-worth. Euphoric moods typically involve an increased sense of well-being, ample energy, and a stable sense of self-worth and self-esteem. [Also see: [Affect](#)]

Mood Congruence and Incongruence

The contents of mood-congruent hallucinations and delusions are consistent and compatible with the patient's mood. During the manic phase of the [Bipolar Disorder](#), for instance, such hallucinations and delusions involve grandiosity, omnipotence, personal identification with great personalities in history or with deities, and magical thinking. In [depression](#), mood-congruent hallucinations and delusions revolve around themes like the patient's self-misperceived faults, shortcomings, failures, worthlessness, guilt - or the patient's impending doom, death, and "well-deserved" sadistic punishment.

The contents of mood-incongruent hallucinations and delusions are inconsistent and incompatible with the patient's mood. Most persecutory delusions and delusions and [ideas of reference](#), as well as phenomena such as control "freakery" and Schneiderian First-rank Symptoms are mood-incongruent. Mood incongruence is especially prevalent in Schizophrenia, psychosis, mania, and depression.

Mutism

Abstinence from speech or refusal to speak. Common in catatonia. [Also see: [Catatonia](#)]

Negativism

In catatonia, complete opposition and resistance to suggestion. [Also see: [Catatonia](#)]

Neologism

In Schizophrenia and other psychotic disorders, the invention of new "words" which are meaningful to the patient but meaningless to everyone else. To form the neologisms, the patient fuses together and combines syllables or other elements from existing words.

Obsession

Recurring and intrusive images, thoughts, ideas, or wishes that dominate and exclude other cognitions. The patient often finds the contents of his [obsessions](#) unacceptable or even repulsive and actively resists them, but to no avail. Common in Schizophrenia and [Obsessive-Compulsive Disorder](#).

Panic Attack

A form of severe anxiety attack accompanied by a sense of losing control and of an impending and imminent life-threatening danger (where there is none). Physiological markers of panic attacks include palpitation, sweating, tachycardia (rapid heart beats), dyspnea or apnoea (chest tightening and difficulties breathing), hyperventilation, light-headedness or dizziness, nausea, and peripheral paresthesias (an abnormal sensation of burning, prickling, tingling, or tickling). In normal people it is a reaction to sustained and extreme stress. Common in many mental health disorders.

Sudden, overpowering feelings of imminent threat and apprehension, bordering on fear and terror. There usually is no external cause for alarm (the attacks are uncued or unexpected, with no situational trigger) - though some panic attacks are situationally-bound (reactive) and follow exposure to "cues" (potentially or actually dangerous events or circumstances). Most patients display a mixture of both types of attacks (they are situationally predisposed).

Bodily manifestations include shortness of breath, sweating, pounding heart and increased pulse as well as palpitations, chest pain, overall discomfort, and choking. Sufferers often describe their experience as being smothered or suffocated. They are afraid that they may be going crazy or about to lose control.

[Read more about [misdiagnosing General Anxiety Disorder \(GAD\)](#) as Narcissistic Personality Disorder]

Paranoia

Psychotic grandiose and persecutory delusions. Paranoids are characterized by a paranoid style: they are rigid, sullen, suspicious, hypervigilant, hypersensitive, envious, guarded, resentful, humourless, and litigious. Paranoids often suffer from paranoid ideation - they believe (though not firmly) that they are being stalked or followed, plotted against, or maliciously slandered. They constantly gather information to prove their "case" that they are the objects of conspiracies against them. Paranoia is not the same as Paranoid Schizophrenia, which is a subtype of Schizophrenia.

[Read more about [Paranoid Personality Disorder](#)]

Perseveration

Repeating the same gesture, behaviour, concept, idea, phrase, or word in speech. Common in Schizophrenia, organic mental disorders, and psychotic disorders.

Phobia

Dread of a particular object or situation, acknowledged by the patient to be irrational or excessive. Leads to all-pervasive avoidance behaviour (attempts to avoid the feared object or situation). A persistent, unfounded, and irrational fear or dread of one or more classes of objects, activities, situations, or locations (the phobic stimuli) and the resulting overwhelming and compulsive desire to avoid them. [Also see: [Anxiety](#)]

Posturing

Assuming and remaining in abnormal and contorted bodily positions for prolonged periods of time. Typical of catatonic states. [Also see: [Catatonia](#)]

Poverty of Content (of Speech)

Persistently vague, overly abstract or concrete, repetitive, or stereotyped speech.

Poverty of Speech

Reactive, non-spontaneous, extremely brief, intermittent, and halting speech. Such patients often remain silent for days on end unless and until spoken to.

Pressure of Speech

Rapid, condensed, unstoppable and "driven" speech. The patient dominates the conversation, speaks loudly and emphatically, ignores attempted interruptions, and does not care if anyone is listening or responding to him or her. Seen in manic states, psychotic or organic mental disorders, and conditions associated with stress. [Also see: [Flight of Ideas](#)]

Psychomotor Agitation

Mounting internal tension associated with excessive, non-productive (not goal orientated), and repeated motor activity (hand wringing, fidgeting, and similar gestures). Hyperactivity and motor restlessness which co-occur with anxiety and irritability.

Psychomotor Retardation

Visible slowing of speech or movements or both. Usually affects the entire range of performance (entire repertory). Typically involves poverty of speech, delayed response time (subjects answer questions after an inordinately long silence), monotonous and flat voice tone, and constant feelings of overwhelming fatigue.

Psychosis

Chaotic thinking that is the result of a severely impaired reality test (the patient cannot tell inner fantasy from outside reality). Some psychotic states are short-lived and transient (microepisodes). These last from a few hours to a few days and are sometimes reactions to stress. Persistent psychoses are a fixture of the patient's mental life and manifest for months or years.

Psychotics are fully aware of events and people "out there". They cannot, however separate data and experiences originating in the outside world from information generated by internal mental processes. They confuse the external universe with their inner emotions, cognitions, preconceptions, fears, expectations, and representations.

Consequently, psychotics have a distorted view of reality and are not rational. No amount of objective evidence can cause them to doubt or reject their hypotheses and convictions. Full-fledged psychosis involves complex and ever more bizarre delusions and the unwillingness to confront and consider contrary data and information (preoccupation with the subjective rather than the objective). Thought becomes utterly disorganized and fantastic.

There is a thin line separating non-psychotic from psychotic perception and ideation. On this spectrum we also find the Schizotypal Personality Disorder.

[Read more about [Narcissism, Psychosis, and Delusions](#)]

Reality Sense

The way one thinks about, perceives, and feels reality.

Reality Testing

Comparing one's reality sense and one's hypotheses about the way things are and how things operate to objective, external cues from the environment.

Schneiderian First-rank Symptoms

A list of symptoms compiled by Kurt Schneider, a German psychiatrist, in 1957, and indicative of the presence of Schizophrenia. Includes:

- *Auditory hallucinations* - Hearing conversations between a few imaginary "interlocutors", or one's thoughts spoken out loud, or a running background commentary on one's actions and thoughts;
- *Somatic hallucinations* - Experiencing imagined sexual acts couple with delusions attributed to forces, "energy", or hypnotic suggestion;
- *Thought withdrawal* - The delusion that one's thoughts are taken over and controlled by others and then "drained" from one's brain;
- *Thought insertion* - The delusion that thoughts are being implanted or inserted into one's mind involuntarily;
- *Thought broadcasting* - The delusion that everyone can read one's mind, as though one's thoughts were being broadcast;
- *Delusional perception* - Attaching unusual meanings and significance to genuine perceptions, usually with some kind of (paranoid or narcissistic) self-reference;
- *Delusion of control* - The delusion that one's acts, thoughts, feelings, perceptions, and impulses are directed or influenced by other people.

Stereotyping or Stereotyped Movement (or Motion)

Repetitive, urgent, compulsive, purposeless, and non-functional movements, such as head banging, waving, rocking, biting, or picking at one's nose or skin. Common in catatonia, amphetamine poisoning, and Schizophrenia. [Also see: [Catatonia](#)]

Stupor

Restricted and constricted consciousness akin in some respects to coma. Activity, both mental and physical, is limited. Some patients in stupor are unresponsive and seem to be unaware of the environment. Others sit motionless and frozen but are clearly cognizant of their surroundings. Often the result of an organic impairment. Common in catatonia, Schizophrenia, and extreme depressive states. [Also see: [Catatonia](#)]

Tangentiality

Inability or unwillingness to focus on an idea, issue, question, or theme of conversation. The patient "takes off on a tangent" and hops from one topic to another in accordance with his own coherent inner agenda, frequently changing subjects, and ignoring any attempts to restore "discipline" to the communication. Often co-occurs with speech derailment. As distinct from loosening of associations, tangential thinking and speech are coherent and logical but they seek to evade the issue, problem, question, or theme raised by the other interlocutor.

Thought Broadcasting, Thought Insertion, Thought Withdrawal

See: [Schneiderian First-rank Symptoms](#)

Thought Disorder

A consistent disturbance that affects the process or content of thinking, the use of language, and, consequently, the ability to communicate effectively. An all-pervasive failure to observe semantic, logical, or even syntactical rules and forms. A fundamental feature of Schizophrenia.

Vegetative Signs

A set of signs in depression which includes loss of appetite, sleep disorder, loss of sexual drive, loss of weight, and constipation. May also indicate an [eating disorder](#).

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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

Full proficiency in Hebrew and in English

Education

1970 to 1978

Completed nine semesters in the Technion - Israel Institute of Technology, Haifa

1982 to 1983

[Ph.D. in Philosophy](#) (dissertation: "[Time Asymmetry Revisited](#)") - [California Miramar University](#) (formerly: [Pacific Western University](#)), California, USA

1982 to 1985

Graduate of numerous courses in Finance Theory and International Trading in the UK and USA.

Certified [E-Commerce Concepts Analyst](#) by [Brainbench](#)

Certified [Financial Analyst](#) by [Brainbench](#)

Certified in [Psychological Counselling Techniques](#) by [Brainbench](#)

Business Experience

1979 to 1983

Commentator in Yedioth Aharonot, Ma'ariv, and Bamakhane. Published sci-fi short fiction in Fantasy 2000.

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 in various media in the United States.

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.

Tried and incarcerated for 11 months for his role in an attempted takeover of Israel's Agriculture Bank involving securities fraud.

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 courses in Macedonia 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)

2005 to Present

Associate Editor and columnist, [Global Politician](#)

Founding Analyst, The Analyst Network

Contributing Writer, The American Chronicle Media Group

Expert, [Self-growth](#) and [Bizymoms](#) and contributor to [Mental Health Matters](#)

2007 to 2008

Columnist and analyst in "Nova Makedonija", "Fokus", and "Kapital" (Macedonian papers and newsweeklies)

2008 to 2011

Member of the Steering Committee for the Advancement of Healthcare in the Republic of Macedonia

Advisor to the Minister of Health of Macedonia

Seminars and lectures on economic issues in various forums in Macedonia

Contributor to CommentVision

2011 to Present

[Editor in Chief](#) of [Global Politician](#) and [Investment Politics](#)

Columnist in [Dnevnik and Publika](#), [Fokus](#), and [Nova Makedonija](#) (Macedonia)

Columnist in [InfoPlus](#) and [Libertas](#)

Member [CFACT Board of Advisors](#)

Contributor to [Recovering the Self](#)

Columnist in [New York Daily Sun](#)

Web and Journalistic Activities

Author of extensive Web sites in:

- Psychology ("[Malignant Self-love: Narcissism Revisited](#)") - an Open Directory Cool Site for 8 years
- Philosophy ("[Philosophical Musings](#)")
- Economics and Geopolitics ("[World in Conflict and Transition](#)")

Owner of the [Narcissistic Abuse Study](#) List, the [Toxic Relationships](#) List, and the [Abusive Relationships Newsletter](#) (more than 7,000 members)

Owner of the [Economies in Conflict and Transition Study](#) List and the [Links 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 contributing author on [Bellaonline](#).

Columnist and commentator in "The New Presence", [United Press International \(UPI\)](#), InternetContent, eBookWeb, [PopMatters](#), [Global Politician](#), The Analyst Network, Conservative Voice, The American Chronicle Media Group, [eBookNet.org](#), 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"](#), Miskal-Yedioth Aharonot, Tel-Aviv, 1997

["The Suffering of Being Kafka"](#) (electronic book of Hebrew and English Short Fiction), Prague, 1998-2004

"The Macedonian Economy at a Crossroads - On the Way to a Healthier Economy" (dialogues with [Nikola Gruevski](#)), Skopje, 1998

["The Exporter's Pocketbook"](#) Ministry of Trade, Republic of Macedonia, Skopje, 1999

["Malignant Self-love: Narcissism Revisited"](#), Narcissus Publications, Prague and Skopje, 1999-2015 (Read excerpts - click [here](#))

[The Narcissism, Psychopathy, and Abuse in Relationships Series](#) (electronic books regarding relationships with abusive narcissists and psychopaths), Prague, 1999-2015

["After the Rain - How the West Lost the East"](#), Narcissus Publications in association with [Central Europe Review/CEENMI](#), Prague and Skopje, 2000

[Personality Disorders Revisited](#) (electronic book about personality disorders), Prague, 2007

More than [30 e-books](#) about psychology, international affairs, business and economics, philosophy, short fiction, and reference (free downloads [here](#))

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 finance and economics, 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 and print media](#) on subjects in psychology, philosophy, and the sciences, and concerning economic matters.

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Poetry:

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Fiction:

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Participate in discussions about Abusive Relationships:

<https://plus.google.com/communities/116582645889927140499>

<http://www.runboard.com/bnarcissisticabuserecovery>

<http://thepsychopath.freeforums.org/>

The Narcissistic Abuse Study List

<http://health.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/>

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II. ELECTRONIC BOOKS (e-Books)

1. From KINDLE (AMAZON)

Kindle Books about Narcissists, Psychopaths, and Abusive Relationships - click on these links:

http://www.amazon.com/s/ref=ntt_athr_dp_sr_1?encoding=UTF8&field-author=Sam%20Vaknin&search-alias=digital-text&sort=relevancerank (Amazon USA)

http://www.amazon.co.uk/s/ref=ntt_athr_dp_sr_1?encoding=UTF8&field-author=Sam%20Vaknin&search-alias=digital-text&sort=relevancerank (Amazon UK)

2. 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, smartphone, or e-reader (Kindle, Nook) and click on the file to open, read, and learn!

To purchase - click on these links:

"The Narcissism Series"

Save 63\$! Buy SIXTEEN electronic books (e-books) regarding Pathological Narcissism, relationships with abusive narcissists and psychopaths, and Narcissistic Personality Disorder (NPD):

http://www.ccnw.com/cgi-local/cart.cgi?vaksam_SERIES

You can also purchase some of the books comprising the Narcissism Series separately:

1. **"Malignant Self-love: Narcissism Revisited"**
TENTH, Revised Edition - FULL TEXT
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_MSL-EBOOK
2. "The Narcissist and Psychopath in the Workplace"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_WORKPLACE
3. "Abusive Relationships WORKBOOK"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_WORKBOOK
4. "Toxic Relationships: Abuse and its Aftermath"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_ABUSE
5. "The Narcissist and Psychopath in Therapy"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_THERAPY
6. "Pathological Narcissism FAQs (Frequently Asked Questions)"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_FAQS
7. "The World of the Narcissist"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_ESSAY
8. "Excerpts from the Archives of the Narcissism List"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_EXCERPTS
9. "Diary of a Narcissist"
http://www.ccnw.com/cgi-local/cart.cgi?vaksam_JOURNAL

NEW!!! "A to Z of Narcissistic Abuse, Narcissism, and Narcissistic Personality Disorder Encyclopedia: The Narcissism Bible"

Almost 1000 pages of A to Z entries: the first comprehensive encyclopedia of pathological narcissism and Narcissistic Personality Disorder in clinical and non-clinical settings; family, workplace, church, community, law enforcement and judiciary, and politics.

Click on this link to purchase the e-book:

http://www.ccnw.com/cgi-local/cart.cgi?vaksam_ENCNCARC

NEW!!! "Personality Disorders Revisited"

450 pages about Borderline, Narcissistic, Antisocial-Psychopathic, Histrionic, Paranoid, Obsessive-Compulsive, Schizoid, Schizotypal, Masochistic, Sadistic, Depressive, Negativistic-Passive-Aggressive, Dependent, and other Personality Disorders!

Click on this link to purchase the e-book:

http://www.ccnw.com/cgi-local/cart.cgi?vaksam_PERSONALITY

NEW!!! "How to Divorce a Narcissist or a Psychopath"

Divorcing a narcissist or a psychopath is no easy or dangerless task. This book is no substitute for legal aid, though it does provide copious advice on anything from hiring an attorney, to domestic violence shelters, planning your getaway, involving the police, and obtaining restraining orders. Issues from court-mandated evaluation to custody are elaborated upon. The book describes the psychology of psychopathic narcissists, paranoids, bullies and stalkers and guides you through dozens of coping strategies and techniques, especially if you have shared children.

Click on this link now:

http://www.cnow.com/cgi-local/cart.cgi?vaksam_DIVORCEABUSER

New!!! "How to Cope with Narcissistic and Psychopathic Abusers and Stalkers"

How to cope with stalkers, bullies, narcissists, psychopaths, and other abusers in the family, community, and workplace; how to navigate a system, which is often hostile to the victim: the courts, law enforcement (police), psychotherapists, evaluators, and social or welfare services; tips, advice, and information.

Click on this link now:

http://www.cnow.com/cgi-local/cart.cgi?vaksam_COPING

III. Video Lectures on DVDs

Purchase **3 DVDs** with 16 hours of video lectures on narcissists, psychopaths, and abuse in relationships - click on this link:

http://www.cnow.com/cgi-local/cart.cgi?vaksam_DVD

Save 73\$! Purchase the **3 DVDs** (16 hours of video lectures) + The Narcissism, Psychopathy and Abuse in Relationships Series of **SIXTEEN e-BOOKS** - click on this link:

http://www.cnow.com/cgi-local/cart.cgi?vaksam_DVDSERIES

Purchase the **3 DVDs** (16 hours of video lectures) + the print book "**Malignant Self-love: Narcissism Revisited**" (tenth print edition) - click on this link:

http://www.cnow.com/cgi-local/cart.cgi?vaksam_DVDPRINT

Free excerpts from the EIGHTH, Revised Impression of "Malignant Self-love: Narcissism Revisited" are available as well as a **NEW EDITION of the Narcissism Book of Quotes**.

Click on this link to download the files:

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

Download Free Electronic Books - click on this link:

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

Additional Resources

Testimonials and Additional Resources

You can read Readers' Reviews at the Barnes and Noble Web page dedicated to "Malignant Self-love" - HERE:

<http://search.barnesandnoble.com/bookSearch/isbnInquiry.asp?r=1&SBN=9788023833843>

Links to Therapist Directories, Psychological Tests, NPD Resources, Support Groups for Narcissists and Their Victims, and Tutorials

<http://health.groups.yahoo.com/group/narcissisticabuse/message/5458>

Support Groups for Victims of Narcissists and Narcissists

http://dmoz.org/Health/Mental_Health/Disorders/Personality/Narcissistic