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The Developmental Psychology of Psychopathology

1st EDITION

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The Narcissistic Parent

By: Dr. Sam Vaknin

Question:

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

Answer:

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

The narcissist has a dichotomous view of humanity: humans are either Sources of Narcissistic Supply (and, then, idealised and over-valued) or do not fulfil this function (and, therefore, are valueless, devalued). The narcissist gets all the love that he needs from himself. From the outside he needs approval, affirmation, admiration, adoration, attention - in other words, externalised Ego boundary functions. He does not require - nor does he seek - his parents' or his siblings' love, or to be loved by his children. He casts them as the audience in the theatre of his inflated grandiosity.

He wishes to impress them, shock them, threaten them, infuse them with awe, inspire them, attract their attention, subjugate them, or manipulate them. He emulates and simulates an entire range of emotions and employs every means to achieve these effects. He lies (narcissists are pathological liars - their very self is a false one). He plays the pitiful, or, its opposite, the resilient and reliable. He stuns and shines with outstanding intellectual, or physical (or anything else appreciated by the members of the family) capacities and achievements. When confronted with (younger) siblings or with his own children, the narcissist is likely to react in three phases:

At first, he perceives his offspring as a threat to his Narcissistic Supply Sources (his turf, the Pathological Narcissistic Space). He does his best to belittle them, hurt (also physically) and humiliate them and then, when these reactions prove ineffective or counter productive,

he retreats into an imaginary world of omnipotence. A period of emotional absence and detachment ensues. The narcissist indulges himself in daydreaming, delusions of grandeur, planning of future coups, nostalgia and hurt (the Lost Paradise Syndrome). The narcissist reacts this way to the birth of his children or to the introduction of new foci of attention to the family cell (even to a new pet!). Whatever the narcissist perceives to be competition for scarce Narcissistic Supply is relegated to the role of the enemy. Where the uninhibited expression of the aggression and hostility aroused by this predicament is considered illegitimate - the narcissist prefers to stay away. He disconnects, detaches himself emotionally, becomes cold and disinterested, directs transformed anger at his mate or at his parents (the more legitimate targets).

Other narcissists see the opportunity in the "mishap". They seek to manipulate their parents (or their mate) by "taking over" the newcomer. Such narcissists monopolise their siblings or their newborn children. This way, indirectly, the narcissist basks in the attention directed at the infants. An example: by being closely identified with his offspring, a narcissistic father secures the grateful admiration of the mother ("What an outstanding father he is"). He also assumes part of or all the credit for baby's/sibling's achievements. This is a process of annexation and assimilation of the other, a strategy that the narcissist makes use of in most of his relationships.

As the baby/sibling grows older, the narcissist begins to see their potential to be edifying, reliable and satisfactory Sources of Narcissistic Supply. His attitude, then, is completely transformed. The former threats have now become promising potentials. He cultivates those whom he trusts to be the most rewarding. He encourages them to idolise him, to adore him, to be awed by him, to admire his deeds and capabilities, to learn to blindly trust and obey him, in short to surrender to his charisma and to become submerged in his folies-de-grandeur. These roles - allocated to them explicitly and demandingly or implicitly and perniciously by the narcissist - are best fulfilled by ones whose mind is not fully formed and independent. The older the siblings or offspring, the more they become critical, even judgemental, of the narcissist. They are better able to put into context and perspective his actions, to question his motives, to anticipate his moves. They refuse to continue to play the mindless pawns in his chess game.

They hold grudges against him for what he has done to them in the past, when they were less capable of resistance. They can gauge his true stature, talents and achievements - which, usually, lag far behind the claims that he makes.

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

claustrophobic. He wants to get away, to abandon his commitments to people who have become totally useless (or even damaging) to him. He does not understand why he has to support them, to suffer their company and he believes himself to have been trapped. He rebels either passively-aggressively (by refusing to act or intentionally sabotaging the relationships) or actively (by being overly critical, aggressive, unpleasant, verbally and psychologically abusive and so on). Slowly - to justify his acts to himself - he gets immersed in conspiracy theories with clear paranoid hues. To his mind, the members of the family conspire against him, seek to belittle or humiliate or subordinate him, do not understand him, stymie his growth. The narcissist usually finally gets what he wants and the family that he has created disintegrates to his great sorrow (due to the loss of the Narcissistic Space) - but also to his great relief and surprise (how could they have let go someone as unique as he?).

This is the cycle: the narcissist feels threatened by arrival of new family members - assimilation of siblings or offspring - obtaining Narcissistic Supply from them - overvaluation of these new sources by the narcissist - as sources grow older and independent, they adopt anti narcissistic behaviours - the narcissist devalues them - the narcissist feels stifled and trapped - the narcissist becomes paranoid - the narcissist rebels and the family disintegrates. This cycle characterises not only the family life of the narcissist. It is to be found in other realms of his life (his career, for instance). At work, the narcissist, initially, feels threatened (no one knows him, he is a nobody). Then, he develops a circle of admirers, cronies and friends which he "nurtures and cultivates" in order to obtain Narcissistic Supply from them. He overvalues them (they are the brightest, the most loyal, with the biggest chances to climb the corporate ladder and other superlatives).

But following some anti-narcissistic behaviours on their part (a critical remark, a disagreement, a refusal, however polite, all constitute such behaviours) - the narcissist devalues all these previously over-valued individuals. Now they are stupid, cowardly, lack ambition, skills and talents, common (the worst expletive in the narcissist's vocabulary), with an unspectacular career ahead of them. The narcissist feels that he is misallocating his resources (for instance, his time). He feels besieged and suffocated. He rebels and erupts in a series of self-defeating and self-destructive behaviours, which lead to the disintegration of his life.

Doomed to build and ruin, attach and detach, appreciate and depreciate, the narcissist is predictable in his "death wish". What sets him apart from other suicidal types is that his wish is granted to him in small, tormenting doses throughout his anguished life.

The Narcissist's Mother

By: Dr. Sam Vaknin

A. The Loved Enemies - An Introduction

An oft-overlooked fact is that the child is not sure that it exists. It avidly absorbs cues from its human environment. "Am I present?", "Am I separate?", "Can I be noticed?" - these are the questions that compete in his mind with his need to merge, to become a part of his caregivers. Granted, the infant (ages 0 to 2) does not engage in a verbal formulation of these "thoughts" (which are part cognitive, part instinctual). This nagging uncertainty is more akin to a discomfort, like being thirsty or wet. The infant is torn between its need to differentiate and distinguish its SELF - and its no less urgent urge to assimilate and integrate by being assimilated and integrated.

"Just as we know, from the point of view of the physiologist, that a child needs to be given certain foods, that he needs to be protected against extreme temperatures, and that the atmosphere he breathes has to contain sufficient oxygen, if his body is to become strong and resilient, so do we also know, from the point of view of the depth-psychologist, that he requires an empathic environment, specifically, an environment that responds (a) to his need to have his presence confirmed by the glow of parental pleasure and (b) to his need to merge into the reassuring calmness of the powerful adult, if he is to acquire a firm and resilient self."

(J. D. Levine and Rona H. Weiss. *The Dynamics and Treatment of Alcoholism*. Jason Aronson, 1994)

The child's nascent self must first overcome its feelings of diffusiveness, of being an extension of its caregivers (to include parents, in this text), or a part of them. Kohut says that parents perform the functions of the self for their child. More likely, a battle is joined from the first breath of the child: a battle to gain autonomy, to usurp the power of the parents, to become a distinct unit. The child refuses to let the parents serve as its self. It rebels and seeks to depose them and take over their functions. The better the parents serve as self-objects (in lieu of the child's self) - the stronger the child's self becomes, the more vigorously it fights for its independence. The parents, in this sense, are like a benign, benevolent and enlightened colonial power, which performs the tasks of governance on behalf of the uneducated and uninitiated natives. The more lenient the colonial regime - the more likely it is to be supplanted by an indigenous government.

"The crucial question then is whether the parents are able to reflect with approval at least some of the child's proudly exhibited attributes and functions, whether they are able to respond with genuine enjoyment to his budding skills, whether they are able to remain in touch with him throughout his trials and errors. And, furthermore, we must determine whether they are able to provide the child with a reliable embodiment of calmness and strength into which he can merge and with a focus for his need to find a target for his admiration. Or, stated in the obverse, it will be of crucial importance to ascertain the fact that a child could find neither confirmation of his own worth-whileness nor a target for a merger with the idealised strength of the parent and

that he, therefore, remained deprived of the opportunity for the gradual transformation of these external sources of narcissistic sustenance into endopsychic resources, that is, specifically into sustaining self-esteem and into a sustaining relationship to internal ideals." [Ibid.]

B. The Narcissistic Personality

"When the habitual narcissistic gratifications that come from being adored, given special treatment, and admiring the self are threatened, the results may be depression, hypochondriasis, anxiety, shame, self-destructiveness, or rage directed toward any other person who can be blamed for the troubled situation. The child can learn to avoid these painful emotional states by acquiring a narcissistic mode of information processing. Such learning may be by trial-and-error methods, or it may be internalised by identification with parental modes of dealing with stressful information."

(Jon Mardi Horowitz. Stress Response Syndromes: PTSD, Grief and Adjustment Disorders. Third edition. New York, NY University Press, 1998)

Narcissism is fundamentally an evolved version of the splitting defence mechanism. The narcissist cannot regard humans, situations, entities (political parties, countries, races, his workplace) as a compound of good and bad elements. He is an "all or nothing" primitive "machine" (a common metaphor among narcissists). He either idealises his object - or devalues it. The object is either all good or all bad. The bad attributes are always projected, displaced, or otherwise externalised. The good ones are internalised in order to support the inflated ("grandiose") self-concepts of the narcissist and his grandiose fantasies - and to avoid the pain of deflation and disillusionment.

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

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

The second mechanism which the narcissist employs is the active pursuit of Narcissistic Supply. The narcissist actively seeks to

furnish himself with an endless supply of admiration, adulation, affirmation and attention. As opposed to common opinion (which infiltrated literature) - the narcissist is content to have ANY kind of attention. If fame cannot be had - notoriety would do. The narcissist is obsessed with the obtaining of Narcissistic Supply, he is addicted to it. His behaviour in its pursuit is impulsive and compulsive.

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

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

Freud versus Jung

Freud must be credited with the promulgation and presentation of a first coherent theory of narcissism. He described transitions from subject-directed libido to object-directed libido through the intermediation and agency of the parents. To be healthy and functional, the transitions must be smooth and unperturbed. Neuroses are the results of such perturbations.

Freud conceived of each stage as the default (or fallback) of the next one. Thus, if a child reaches out to his objects of desire and fails to attract their love and attention - it regresses to the previous phase, to the narcissistic phase. The first occurrence of narcissism is adaptive. It "trains" the child to love an object, albeit merely his self. It secures gratification through the availability, predictability and permanence of the loved object (=oneself). But regressing to "secondary narcissism" is mal-adaptive. It is an indication of failure to direct the libido to the "right" targets (to objects, such as his parents).

If this pattern of regression persists and prevails, a narcissistic neurosis is formed. The narcissist stimulates his self habitually in order to derive pleasure and gratification. He prefers this mode of deriving gratification to others. He is "lazy" because he takes the

"easy" route of resorting to his self and reinvesting his libidinal resources "in-house" rather than making an effort (and risking failure) to seek out libidinal objects other than his self. The narcissist prefers fantasyland to reality, grandiose self-conception to realistic appraisal, masturbation and fantasies to mature adult sex and daydreaming to real life achievements.

Jung had a mental picture of the psyche as a giant warehouse of archetypes (the conscious representations of adaptive behaviours). Fantasies to him are just a way of accessing these archetypes and releasing them. Almost ex definitio, regression cannot be entertained by Jungian psychology. Any reversion to earlier phases of mental life, to earlier coping strategies, to earlier choices - in other words, any default - is interpreted as simply the psyche's way of using yet another, hitherto untapped, adaptation strategy. Regressions are compensatory processes intended to enhance adaptation and not methods of obtaining or securing a steady flow of gratification.

It would seem, though, that there is only a semantic difference between Freud and his disciple turned-heretic. When libido investment in objects (esp. the Primary Object) fails to produce gratification, maladaptation results. This is dangerous. A default option is activated: secondary narcissism. This default enhances adaptation, it is functional and adaptive and triggers adaptive behaviours. As a by-product, it secures gratification. We are gratified when we exert reasonable control over our environment, i.e., when our behaviours are adaptive. The compensatory process has TWO results: enhanced adaptation and inevitable gratification.

Perhaps the more serious disagreement between Freud and Jung is with regards to introversion. Freud regards introversion as an instrument in the service of a pathology (introversion is indispensable to narcissism, as opposed to extroversion which is a necessary condition for libidinal object-orientation).

As opposed to Freud, Jung regards introversion as a useful tool in the service of the psychic quest for adaptation strategies (narcissism being one of them). The Jungian adaptation repertoire does not discriminate against narcissism. To Jung it is as legitimate a choice as any. But even Jung acknowledged that the very need to look for a new adaptation strategy means that adaptation has failed. In other words, the search itself is indicative of a pathological state of affairs. It does seem that introversion per se IS NOT pathological (because no psychological mechanism is pathological PER SE). Only the use made of it CAN be pathological. One would tend to agree with Freud, though, that when introversion becomes a permanent feature of the psychic landscape of a person - it facilitates pathological narcissism.

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

This is where, to my mind, Jung missed the proverbial "narcissistic train". The habitual and predominant focussing of attention upon one's self, to the exclusion of others is THE definition of pathological narcissism. What differentiates the pathological from the normal and even the welcome is, of course, degree. Pathological narcissism is exclusive and all-pervasive. Other forms of narcissism are not. So, although there is no healthy state of habitual, predominant introversion, it remains a question of form and degree of introversion. Often a healthy, adaptive mechanism goes awry. When it does, as Jung himself recognised, neuroses form.

Freud regards narcissism as a POINT while Jung regards it as a CONTINUUM (from health to sickness).

Kohut's Approach

In a way, Kohut took Jung a step further. He said that pathological narcissism is not the result of excessive narcissism, libido or aggression. It is the result of defective, deformed or incomplete narcissistic (self) structures. Kohut postulated the existence of core constructs which he named: the "grandiose exhibitionistic self" and the "idealised parent imago" [see below]. Children entertain notions of greatness (primitive or naive grandiosity) mingled with magical thinking, feelings of omnipotence and omniscience and a belief in their immunity to the consequences of their actions. These elements and the child's feelings regarding its parents (who are also painted by it with a brush of omnipotence and grandiosity) - coagulate and form these constructs.

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

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

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

(H. Kohut. The Chicago Institute Lectures 1972-1976. Marian and Paul Tolpin (Eds.). Analytic Press, 1998)

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

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

This dichotomy inevitably led to a dichotomy of disorders. Kohut agreed with Freud that neuroses are conglomerates of defence mechanisms, formations, symptoms, and unconscious conflicts. He even did not object to identifying unresolved Oedipal conflicts (ungratified unconscious wishes and their objects) as the root of neuroses. But he identified a whole new class of disorders: the self-disorders. These were the result of the perturbed development of narcissism.

It was not a cosmetic or superficial distinction. Self-disorders were the results of childhood traumas very much different to Freud's Oedipal, castration and other conflicts and fears. These are the traumas of the child either not being "seen" (that is not being affirmed by objects, especially the Primary Objects, the parents) - or being regarded merely as an object for gratification or abuse. Such children develop to become adults who are not sure that they do exist (lack a sense of self-continuity) or that they are worth anything (lack of self-worth, or self-esteem). They suffer depressions, as neurotics do. But the source of these depressions is existential (a gnawing sensation of emptiness) as opposed to the "guilty-conscious" depressions of neurotics.

Such depressions: "...are interrupted by rages because things are not going their way, because responses are not forthcoming in the way they expected and needed. Some of them may even search for conflict to relieve the pain and intense suffering of the poorly established self, the pain of the discontinuous, fragmenting, undercatheted self of the child not seen or responded to as a unit of its own, not recognised as an independent self who wants to feel like somebody, who wants to go its own way [see Lecture 22]. They are individuals whose disorders can be understood and treated only by taking into consideration the formative experiences in childhood of the total body-mind-self and its self-object environment - for instance, the experiences of joy of the total self feeling confirmed, which leads to pride, self-esteem, zest, and initiative; or the experiences of shame, loss of vitality, deadness, and depression of the self who does not have the feeling of being included, welcomed, and enjoyed."

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

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

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

Karen Horney's Contributions

Horney is one of the precursors of the "object relations" school of psychodynamics. She said that the personality was shaped mostly by one's environment, society, or culture. She believed that the relationships with other humans in one's childhood determine both the shape and functioning of one's personality. She expanded the psychoanalytic repertoire. She added needs to drives. Where Freud believed in the exclusivity of the sex drive as an agent of transformation (later he added other drives) - Horney believed that people (children) needed to feel secure, to be loved, protected, emotionally nourished and so on.

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

Horney's great contribution was the concept of anxiety. Freudian anxiety was a rather primitive mechanism, a reaction to imaginary threats arising from early childhood sexual conflicts. Horney argued convincingly that anxiety is a primary reaction to the very dependence of the child on adults for his survival. Children are uncertain (of love, protection, nourishment, nurturance) - so they become anxious. Defences are developed to compensate for the intolerable and gradual realisation that adults are human: capricious, arbitrary, unpredictable, non-dependable. Defences provide both satisfaction and a sense of security. The problem still exists, but it is "one stage removed". When the defences are attacked or perceived to be attacked (such as in therapy) - anxiety is reawakened.

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

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

for whom the transference erupts in the idealising attachment phase than those who view the therapist as a powerful and distrusted intruder."

So, the child learns to sacrifice a part of his autonomy, of WHO he is, in order to feel secure. Horney identified three NEUROTIC strategies: submission, aggression and detachment. The choice of strategy determines the type of personality, or rather of the NEUROTIC personality. The submissive (or compliant) type is a fake. He hides aggression beneath a facade of friendliness. The aggressive type is fake as well: at heart he is submissive. The detached neurotic withdraws from people. This cannot be considered an adaptive strategy.

Horney's is an optimistic outlook. Because she postulated that biology is only ONE of the forces shaping our adulthood - culture and society being the predominant ones - she believes in reversibility and in the power of insight to heal. She believes that if an adult were to understand his problem (his anxiety) - he would be able to eliminate it altogether. My outlook is much more pessimistic and deterministic. I think that childhood trauma and abuse are pretty much impossible to erase. Modern brain research tends to support this sad view - and to offer some hope. The brain seems to be more plastic than anyone thought. It is physically impressed with abuse and trauma. But no one knows when this "window of plasticity" shuts. It is conceivable that this plasticity continues well into adulthood and that later "reprogramming" (by loving, caring, compassionate and empathic experiences) can remould the brain permanently. I believe that the patient has to accept his disorder as a given and work AROUND it rather than confront it directly. I believe that our disorders ARE adaptive and help us to function. Their removal may not always be wise or necessary to attain a full and satisfactory life. I do not believe that we should all conform to a mould and experience life the same. Idiosyncrasies are a good thing, both on the individual level and on the level of the species.

C. The Issue of Separation and Individuation

It is by no means universally accepted that children go through a phase of separation from their parents and through the consequent individuation. Most psychodynamic theories [especially Klein, Mahler] are virtually constructed upon this foundation. The child is considered to be merged with his parents until it differentiates itself (through object-relations). But researchers like Daniel N. Stern dispute this hypothesis. Based on many studies it appears that, as always, what seems intuitively right is not necessarily right. In "The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology" [New York, Basic Books - 1985], Stern seems to, inadvertently, support Kohut by concluding that children possess selves and are separate from their caregivers from the very start. In effect, he says that the picture of the child, as depicted by psychodynamic theories, is influenced by the way adults see children and childhood in retrospect. Adult disorders (for instance, the pathological need to merge) are attributed to children and to childhood.

This view is in stark contrast to the belief that children accept any kind of parents (even abusive) because they depend on them for their self-definition. Attachment to and dependence on significant others is the result of the non-separateness of the child, go the classical psychodynamic/object-relations theories. The self is a construct (in a social context, some add), an assimilation of the oft-imitated and idealised parents plus the internalisation of the way others perceive the child in social interactions.

The self is, therefore, an internalised reflection, an imitation, a series of internalised idealisations. This sounds close to pathological narcissism. Perhaps it is really a matter of quantity rather than quality.

D. Childhood Traumas and the Development of the Narcissistic Personality

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

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

To adults, such traumas are very different to abuse. Verbal and psychological-emotional abuse or neglect are judged by us to be more serious "offences". But this distinction is lost on the child. To him, all traumas are of equal standing, though their severity may differ together with the permanence of their emotional outcomes. Moreover, such abuse and neglect could well be the result of circumstances beyond the abusive or negligent parent's control. A parent can be physically or mentally handicapped, for instance.

But the child cannot see this as a mitigating circumstance because he cannot appreciate it or even plainly understand the causal linkage.

Where even the child itself can tell the difference is with physical and sexual abuse. Here is a co-operative effort at concealment, strong emotions of shame and guilt, repressed to the point of producing anxiety and "neurosis". Sometimes the child perceives even the injustice of the situation, though it rarely dares to express its views, lest it be abandoned by its abusers. This type of trauma which involves the child actively or passively is qualitatively different and is bound to yield long-term effects such as dissociation or severe personality disorders. These are violent, premeditated traumas, not traumas by default, and the reaction is bound to be violent and active.

The child becomes a reflection of its dysfunctional family - it represses emotions, denies reality, resorts to violence and escapism, disintegrates.

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

E. The Narcissist's Family

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

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

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

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

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

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

The whole structure of the narcissistic disorder is a derivative of the prototypical relationship with the mother.

This "mother" usually is inconsistent and frustrating in her behaviour. By being so, she thwarts the narcissist's ability to trust others and to feel secure with them. By emotionally abandoning him - she fosters in him fears of being abandoned and the nagging sensation that the world is a dangerous, unpredictable place. She becomes a negative, devaluing voice, which is duly incorporated in the Superego.

Our natural state is anxiety, the readiness - physiological and mental - to "fight or flight". Research indicates that the Primary Object (PO) is really the child, rather than its mother. The child identifies itself as an object almost at birth. It explores itself, reacts and interacts, it monitors its bodily reactions to internal and external inputs and stimuli. The flow of blood, the peristaltic movement, the swallowing reflex, the texture of saliva, the experience of excretion, being wet, thirsty, hungry or content - all these distinguish the selfless child from its self. The child assumes the position of observer and integrator early on. As Kohut said, it has both a self and the ability to relate to objects. This intimacy with a familiar and predictable object (oneself) is a primary source of security and the precursor to emerging narcissism. The mother is only a Secondary Object (SO). It is the second object that the child learns to relate to and it has the indispensable developmental advantage of being transcendental, external to the child. All meaningful others are Auxiliary Objects (AO).

A "good enough" SO serves to extend the lessons of the PO and apply them to the world at large. The child learns that the external environment can be as predictable and safe as the internal one. This titillating discovery leads to a modification of naive or primitive narcissism. It recedes to the background allowing more prominent and adaptive strategies to the fore. In due time - and subject to an accumulation of the right positively reinforcing experiences, a higher form of narcissism develops: self-love and self-esteem.

If, however, SO fails, the child reverts back to the PO and to its correlated narcissism. This is regression in the chronological sense. But it is an adaptive strategy. The emotional consequences of rejection and abuse are too difficult to contemplate. Narcissism ameliorates them by providing a substitute object. This is an adaptive, survival-oriented act. It provides the child with time to "come to grips with its thoughts and feelings" and perhaps to come back with a different strategy more suited to the new - unpleasant and threatening - data. So the interpretation of this regression as a failure of object love is wrong. The SO, the object chosen as the target of object love, was the wrong object. Object love continues with a different, familiar, object. The child changes objects (from his mother to his self), not his capacity for object-love or its implementation.

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

There are, therefore, two modes of object perception:

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

As we said earlier, the core (narcissistic) self - precedes language or interaction with others. As the core self matures it can develop either into a True Self OR into a False Self. The two are mutually exclusive (a person with False Self has no functioning True Self). The distinction of the False Self is that it perceives others narcissistically. As opposed to it, the True Self perceives others socially.

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

The internalisations of the PO, of the SO and of the outcomes of their interactions (for instance, of the results of the aforementioned constant comparison between them) form what Bowlby calls "working models". These are constantly updated representations of both the self and of Meaningful Others (what I call Auxiliary Others). The narcissist's working models are defective. They pertain to his self and to ALL others. To the narcissist, ALL others are meaningful because NO ONE has BEEN meaningful hitherto. This forces him to resort to crude abstractions (imagine the sheer number of working models needed).

He is forced to dehumanise, objectify, generalise, idealise, devalue, or stereotypise in order to cope with the sheer volume of potential interactions with meaningful objects. In his defence against being overwhelmed, he feels so superior, so inflated - because he is the only REAL three-dimensional character in his life.

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

A matrix of possible axes of interaction between child and mother can be constructed.

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

The Mother can be:

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

The Child can be:

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

The possible axes are:

Child / Mother

How to read this table:

Attraction - Attraction/Accepting means that the child is attracted to his mother, his mother is attracted to him and she is a Winnicottian "good enough" (accepting) mother.

1. Attraction - Attraction/Accepting

(Healthy axis, leads to self-love)

2. Attraction - Attraction/Domineering

(Could lead to personality disorders such as avoidant, or schizoid, or to social phobia, etc.)

3. Attraction - Attraction/Doting or Smothering

(Could lead to Cluster B Personality Disorders)

4. Attraction - Repulsion/Indifferent

[passive-aggressive, frustrating]

(Could lead to narcissism, Cluster B disorders)

5. Attraction - Repulsion/Rejecting

(Could lead to personality disorders such as paranoid, borderline, etc.)

6. Attraction - Repulsion/Abusive

(Could lead to DID, ADHD, NPD, BPD, AHD, AsPD, PPD, etc.)

7. Repulsion - Repulsion/Indifferent

(Could lead to avoidant, schizoid, paranoid, etc. PDs)

8. Repulsion - Repulsion/Rejecting

(Could lead to personality, mood, anxiety disorders and to impulsive behaviours, such as eating disorders)

9. Repulsion - Attraction/Accepting

(Could lead to unresolved Oedipal conflicts and to neuroses)

10. Repulsion - Attraction/Domineering

(Could have the same results as axis 6)

11. Repulsion - Attraction/Doting

(Could have the same results as axis 9)

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

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

The results of this POSO matrix continue to interact with AO to form a global self-evaluation (self-esteem or sense of self-worth). This process - the formation of a coherent sense of self-esteem - starts

with POSO interactions within the matrix and continues roughly till the age of 8, all the time gathering and assimilating interactions with AO (=meaningful others). First, a model of attachment relationship is formed (approximately the matrix above). This model is based on the internalisation of the Primary Object (later, the self).

The attachment interaction with SO follows and following a threshold quantity of interactions with AO, the more global self is formed.

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

1. The child, as we said earlier, develops a sense of "mother-constancy". This is crucial. If the child cannot predict the behaviour (let alone the presence) of his mother from one moment to another - it would find it hard to believe in anything, predict anything and expect anything. Because the self, to some extent (some say: to a large extent), is comprised of the adopted and internalised outcomes of the interactions with others - negative outcomes get to be incorporated in the budding self as well as positive ones. In other words, a child feels loveable and desirable if it is indeed loved and wanted. If it is rejected, it is bound to feel worthless and worthy only of rejection. In due time, the child develops behaviours which yield rejection by others and the outcomes of which thus conform with his self-perception.

2. The adoption and assimilation of the judgement of others and its incorporation into a coherent sense of self-worth and self-esteem.

3.

The discounting or filtering-out of contrarian information. Once Bowlby's "working models" are at work, they act as selective membranes. No amount of external information to the contrary alters these models significantly. Granted, shifts in RELATIVE positions may and do occur in later stages of life. A person can feel more or less accepted, more or less competent, more or less integrated into a given social setting. But these are changes in the values of parameters WITHIN a set equation (=the working model). The equation itself is rarely altered and only by very serious life crises.

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

Author: Alan Challoner MA (Phil) MChS

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

"A developmental line for narcissism has been devised by Temeles, and it consists of twelve phases that are characterised by a particular

relationship between self-love and object-love and occur in a precise order."

(Temeles, M.S. - A developmental line for narcissism: The path to self-love and object love. In Cohen, Theodore, B.; Etezady, M. Hossein; & Pacella, B.L. (Eds.) *The Vulnerable Child. Volume 1; The Vulnerable Child.* International Univ. Press; Madison, CT, USA - 1993.)

PROTO-SELF AND PROTO-OBJECT

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

BEGINNING SELF-OBJECT DIFFERENTIATION AND OBJECT PREFERENCE

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

His bond with his mother, at best, is now flowing and, if he is fortunate, there is a mutual admiration society established. This is not however an isolated practice for there is a narcissistic element on both sides that is reinforced by the strength of the attachment. His continued development allows him to find an increasing number of ways in which he might generate, autonomously, personal pleasure. He finds delight in making new sounds, or indeed doing anything that brings him his mother's approbation. He is now almost ready to see himself in contrast to others.

SELF-CONSTANCY AND OBJECT-CONSTANCY

The infant is now becoming able to know himself as "me", as well as being able to know familiar others as "them". His fraternisation with father, siblings and grandparents or any other closely adjacent person, endows this interaction with a tone of special recognition as "one of the gang". This is of vital importance to him because he gains a very special feedback from these people. They love him and they shown their approbation for his every ploy that he constructs in an effort to seal this knot. He is now at the beginning of a period when he starts to feel some early self-esteem. Again if he is lucky, he will be delighted

at being himself and in his situation. Also at this stage he can often create a special affinity for the same-sex parent. He throws up expansive gestures of affection, and yet can also become totally self-absorbed in his growing confidence that he is on a "winning streak".

AWARENESS OF AWARENESS: SELF-CENTREDNESS

This is an extension of the third phase and he is continuously becoming more aware of himself and is adept at gaining the pleasures he seeks. The phase also coincides with the beginning of the decline of maternal feeling that he is the best thing on this earth. His activities both positive and negative have started to draw on maternal resources to the point where they may at times be sapping. Thus at the beginning of the child's second year the mother starts to realise that the time has come when she must "shout the odds". She begins to make demands of him and, at times, to punish him, albeit in a discrete way. She may not now respond as quickly as she did before, or she may not seem quite so adoring as she was three months ago.

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

OBJECT-CENTRED PHASE: THE FIRST LIBIDINAL DISAPPOINTMENT

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

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

BEGINNING PROMINENCE OF PEER GROUPS: NEW OBJECTS

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

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

On an individual basis therefore if he "falls out" with one person then he very quickly will "fall in" with another. The real potential problem here is for him to be disliked by so many others of his peers that his self-esteem is endangered. Sometimes this can be rectified by his mastery of other elements; particularly if they contribute a steady flow of narcissistic supplies. However the group-ideal is of great significance and seems to have become more so in recent times.

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

BEGINNING PROMINENCE OF SELF-ASSESSMENT: IMPACT ON SELF-LOVE

This pre-adolescent phase encompasses a child who still needs the reassurance of his peers, and hereabouts his attachments to certain individuals or groups will intensify. The assaults on his self-esteem now come from a different quarter.

There is an increased concentration on physical attributes, and other comparisons will be made that might diminish or raise his narcissistic supplies. His self-confidence can be strained at this time, and whilst the same-sex peer is still dominant, the opposite-sex peer starts to catch the corner of his eye.

At this time, when he needs all the support he can gather, he may find to his chagrin that a certain ambivalence is coming to pass in his relationships with his parents. They in turn are discovering a rapidly changing, not so compliant, and more independent child. They may be astounded by the group ideals that he has adopted, and whilst in reality he still needs to receive from them abundant narcissistic supplies, the affectionate ties may be strained and the expected or desired support may be somewhat withered.

BEGINNING SEXUAL MATURITY: IMPORTANCE OF THE SEXUAL OBJECT

At this stage ties with parents continue to slacken, but there is an important change taking place as the affectionate characteristics are converging with libidinal ones. The need to be loved is still there and the adolescent version of narcissism begins to trail its coat.

Gradually the narcissistic element is enhanced as the subject becomes more self-assured and develops the need to win the frank admiration of a sexual object. Hormonal mood swings can underlie the degree to which rejection reduces the narcissistic supplies.

Where there is a blatant over-valuation of the self it is often the result of a defence mechanism coming in to play to protect the subject. Individual subjects compare themselves with others in their group and may become aware of either shortcomings or advantages that add to the feelings in self-assessment. Over-inflated Ego ideals may bring about a negative assessment, and the need arises for young people to confront themselves with reality. A failure to do this will result in a much more severe assault on their narcissism later.

RESURGENCE OF MASTER ISSUES: IMPACT OF SELF-LOVE

Having now experienced the change of love object, and tasted the new relations that stem from it, there is a need to resume the issues of mastery. These are no longer childhood fantasies but are the basic requirements for a successful future. On them depend the acquisition of a successfully completed education, skill training and employment. At this stage narcissistic supplies depend upon success, and if this is not obtained legitimately then it may be sought by other means. His culture and to some extent his peer group will tend to dictate what the criteria of success will be. Within some societies there is still a gender difference here but it is reducing with time. Temeles suggests that, if the woman's narcissistic supplies are, in fact, more dependent on maintaining a relationship with the libidinal object, then perhaps it reflects a greater need to maintain more affectionate ties reminiscent of the past. [Idem.]

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

THE BALANCE BETWEEN SELF- AND OBJECT-GENERATED NARCISSISTIC SUPPLIES

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

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

ACCOMMODATION VERSUS SELF-CENTREDNESS

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

SELF VERSUS OBJECT

Advancing age will develop its threat. Not only is this at a personal and physical level, but often it is at an emotional level. Long gone are the inter-generational family settings. Grand parents, parents and children now not only reside in different houses, but in different counties or even different countries. The more one is separated and possibly alone the more one feels threatened by mortality which is of course the ultimate in the loss of narcissistic supplies. When loved ones disappear it is important to try to create substitute associations either through re-entering into group activities or perhaps the solitary pleasure that can be gained from a domestic pet. Loss of the good feelings that were present in earlier times can lead to depression. This is countered by those who have developed a degree of self-sufficiency and who have maintained interests that provide a continuance of narcissistic supplies. Once any or all of these start to disappear there enters a factor of dissimulation, and we can no longer reconcile what we were to what we now are. We lose our self-esteem, often our will to live, but even though this is not consonant with a will to die it often leads to a failure to thrive.

Born Aliens

By: Dr. Sam Vaknin

Neonates have no psychology. If operated upon, for instance, they are not supposed to show signs of trauma later on in life. Birth, according to this school of thought is of no psychological consequence to the newborn baby. It is immeasurably more important to his "primary caregiver" (mother) and to her supporters (read: father and other members of the family). It is through them that the baby is, supposedly, effected. This effect is evident in his (I will use the male form only for convenience's sake) ability to bond. The late Karl Sagan professed to possess the diametrically opposed view when he compared the process of death to that of being born. He was commenting upon the numerous testimonies of people brought back to life following their confirmed, clinical death. Most of them shared an experience of traversing a dark tunnel. A combination of soft light and soothing

voices and the figures of their deceased nearest and dearest awaited them at the end of this tunnel. All those who experienced it described the light as the manifestation of an omnipotent, benevolent being. The tunnel - suggested Sagan - is a rendition of the mother's tract. The process of birth involves gradual exposure to light and to the figures of humans. Clinical death experiences only recreate birth experiences.

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

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

Cast into the outer light, the baby tries, at first, to ignore reality. This is our first defense line. It stays with us as we grow up.

It has long been noted that pregnancy continues outside the womb. The brain develops and reaches 75% of adult size by the age of 2 years. It is completed only by the age of 10. It takes, therefore, ten years to complete the development of this indispensable organ - almost wholly outside the womb. And this "external pregnancy" is not limited to the brain only. The baby grows by 25 cm and by 6 kilos in the first year alone. He doubles his weight by his fourth month and triples it by his first birthday. The development process is not smooth but by fits and starts. Not only do the parameters of the body change - but its proportions do as well. In the first two years, for instance, the head is larger in order to accommodate the rapid growth of the Central Nervous System. This changes drastically later on as the growth of the head is dwarfed by the growth of the extremities of the body. The transformation is so fundamental, the plasticity of the body so

pronounced - that in most likelihood this is the reason why no operative sense of identity emerges until after the fourth year of childhood. It calls to mind Kafka's Gregor Samsa (who woke up to find that he is a giant cockroach). It is identity shattering. It must engender in the baby a sense of self-estrangement and loss of control over who is and what he is.

The motor development of the baby is heavily influenced both by the lack of sufficient neural equipment and by the ever-changing dimensions and proportions of the body. While all other animal cubs are fully motoric in their first few weeks of life - the human baby is woefully slow and hesitant. The motor development is proximodistal. The baby moves in ever widening concentric circles from itself to the outside world. First the whole arm, grasping, then the useful fingers (especially the thumb and forefinger combination), first batting at random, then reaching accurately. The inflation of its body must give the baby the impression that he is in the process of devouring the world. Right up to his second year the baby tries to assimilate the world through his mouth (which is the *prima causa* of his own growth). He divides the world into "suckable" and "insuckable" (as well as to "stimuli-generating" and "not generating stimuli"). His mind expands even faster than his body. He must feel that he is all-encompassing, all-inclusive, all-engulfing, all-pervasive. This is why a baby has no object permanence. In other words, a baby finds it hard to believe the existence of other objects if he does not see them (=if they are not IN his eyes). They all exist in his outlandishly exploding mind and only there. The universe cannot accommodate a creature, which doubles itself physically every 4 months as well as objects outside the perimeter of such an inflationary being, the baby "believes". The inflation of the body has a correlate in the inflation of consciousness. These two processes overwhelm the baby into a passive absorption and inclusion mode.

To assume that the child is born a "tabula rasa" is superstition. Cerebral processes and responses have been observed in utero. Sounds condition the EEG of fetuses. They startle at loud, sudden noises. This means that they can hear and interpret what they hear. Fetuses even remember stories read to them while in the womb. They prefer these stories to others after they are born. This means that they can tell auditory patterns and parameters apart. They tilt their head at the direction sounds are coming from. They do so even in the absence of visual cues (e.g., in a dark room). They can tell the mother's voice apart (perhaps because it is high pitched and thus recalled by them). In general, babies are tuned to human speech and can distinguish sounds better than adults do. Chinese and Japanese babies react differently to "pa" and to "ba", to "ra" and to "la". Adults do not - which is the source of numerous jokes.

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

Expectedly, it is vague in the first four months of life. When presented with depth, the baby realizes that something is different - but not what. Babies are born with their eyes open as opposed to most other animal young ones. Moreover, their eyes are immediately fully functional. It is the interpretation mechanism that is lacking and this is why the world looks fuzzy to them. They tend to concentrate on very distant or on very close objects (their own hand getting closer to their face). They see very clearly objects 20-25 cm away.

But visual acuity and focusing improve in a matter of days. By the time the baby is 6 to 8 months old, he sees as well as many adults do, though the visual system - from the neurological point of view - is fully developed only at the age of 3 or 4 years. The neonate discerns some colors in the first few days of his life: yellow, red, green, orange, gray - and all of them by the age of four months. He shows clear preferences regarding visual stimuli: he is bored by repeated stimuli and prefers sharp contours and contrasts, big objects to small ones, black and white to colored (because of the sharper contrast), curved lines to straight ones (this is why babies prefer human faces to abstract paintings). They prefer their mother to strangers. It is not clear how they come to recognize the mother so quickly. To say that they collect mental images which they then arrange into a prototypical scheme is to say nothing (the question is not "what" they do but "how" they do it). This ability is a clue to the complexity of the internal mental world of the neonate, which far exceeds our learned assumptions and theories. It is inconceivable that a human is born with all this exquisite equipment while incapable of experiencing the birth trauma or the even the bigger trauma of his own inflation, mental and physical.

As early as the end of the third month of pregnancy, the fetus moves, his heart beats, his head is enormous relative to his size. His size, though, is less than 3 cm. Ensnared in the placenta, the fetus is fed by substances transmitted through the mother's blood vessels (he has no contact with her blood, though). The waste that he produces is carried away in the same venue.

The composition of the mother's food and drink, what she inhales and injects - all are communicated to the embryo. There is no clear relationship between sensory inputs during pregnancy and later life development. The levels of maternal hormones do effect the baby's subsequent physical development but only to a negligible extent. Far more important is the general state of health of the mother, a trauma, or a disease of the fetus. It seems that the mother is less important to the baby than the romantics would have it - and cleverly so. A too strong attachment between mother and fetus would have adversely affected the baby's chances of survival outside the uterus. Thus, contrary to popular opinion, there is no evidence whatsoever that the mother's emotional, cognitive, or attitudinal state effects the fetus in any way. The baby is effected by viral infections, obstetric complications, by protein malnutrition and by the mother's alcoholism. But these - at least in the West - are rare conditions.

In the first three months of the pregnancy, the central nervous system "explodes" both quantitatively and qualitatively. This process is called metaplasia. It is a delicate chain of events, greatly influenced by malnutrition and other kinds of abuse. But this vulnerability does not disappear until the age of 6 years out of the womb. There is a continuum between womb and world. The newborn is almost a very developed kernel of humanity. He is definitely capable of experiencing substantive dimensions of his own birth and subsequent metamorphoses. Neonates can immediately track colors - therefore, they must be immediately able to tell the striking differences between the dark, liquid placenta and the colorful maternity ward. They go after certain light shapes and ignore others.

Without accumulating any experience, these skills improve in the first few days of life, which proves that they are inherent and not contingent (learned). They seek patterns selectively because they remember which pattern was the cause of satisfaction in their very brief past. Their reactions to visual, auditory and tactile patterns are very predictable. Therefore, they must possess a MEMORY, however primitive.

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

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

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

To start with, the delivery disrupts continuous physiological processes not only quantitatively but also qualitatively. The neonate has to breathe, to feed, to eliminate waste, to regulate his body temperature - new functions, which were previously performed by the mother. This physiological catastrophe, this schism increases the baby's dependence on the mother.

It is through this bonding that he learns to interact socially and to trust others. The baby's lack of ability to tell the inside world from the outside only makes matters worse. He "feels" that the upheaval is contained in himself, that the tumult is threatening to tear him apart, he experiences implosion rather than explosion. True, in the absence of evaluative processes, the quality of the baby's experience will be different to ours. But this does not disqualify it as a PSYCHOLOGICAL process and does not extinguish the subjective dimension of the experience. If a psychological process lacks the evaluative or analytic

elements, this lack does not question its existence or its nature. Birth and the subsequent few days must be a truly terrifying experience.

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

This may be true - but it is irrelevant. It is not the child's development that we are dealing with here. It is its reactions to a series of existential traumas. That a process or an event has no influence later - does not mean that it has no effect at the moment of occurrence. That it has no influence at the moment of occurrence - does not prove that it has not been fully and accurately registered. That it has not been interpreted at all or that it has been interpreted in a way different from ours - does not imply that it had no effect. In short: there is no connection between experience, interpretation and effect. There can exist an interpreted experience that has no effect. An interpretation can result in an effect without any experience involved.

And an experience can effect the subject without any (conscious) interpretation. This means that the baby can experience traumas, cruelty, neglect, abuse and even interpret them as such (i.e., as bad things) and still not be effected by them. Otherwise, how can we explain that a baby cries when confronted by a sudden noise, a sudden light, wet diapers, or hunger? Isn't this proof that he reacts properly to "bad" things and that there is such a class of things ("bad things") in his mind?

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

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

I. "Comfortable/uncomfortable", "cold/warm", "wet/dry", "color/absence of color", "light/dark", "face/no face" and so on. There are grounds to believe that the distinction between the outer world and the inner one is vague at best. Natal fixed action patterns (rooting, sucking, postural adjustment, looking, listening, grasping, and crying) invariably provoke the caregiver to respond. The newborn, as we said earlier, is able to relate to physical patterns but his ability seems to extend to the mental as well. He sees a pattern: fixed action followed by the appearance of the caregiver followed by a satisfying action on the part of the caregiver. This seems to him to be an inviolable causal chain (though precious few babies would put it in these words). Because he is unable to distinguish his inside from the outside - the newborn "believes" that his action evoked the caregiver from the inside (in which the caregiver is contained). This is the

kernel of both magical thinking and Narcissism.

The baby attributes to himself magical powers of omnipotence and of omnipresence (action-appearance). It also loves itself very much because it is able to thus satisfy himself and his needs. He loves himself because he has the means to make himself happy. The tension-relieving and pleasurable world comes to life through the baby and then he swallows it back through his mouth. This incorporation of the world through the sensory modalities is the basis for the "oral stage" in the psychodynamic theories.

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

At birth, the newborn shows no attachment but simple dependence. It is easy to prove: the child indiscriminately reacts to human signals, scans for patterns and motions, enjoys soft, high pitched voices and cooing, soothing sounds. Attachment starts physiologically in the fourth week. The child turns clearly towards his mother's voice, ignoring others. He begins to develop a social smile, which is easily distinguishable from his usual grimace. A virtuous circle is set in motion by the child's smiles, gurgles and coos. These powerful signals release social behaviour, elicit attention, loving responses.

This, in turn, drives the child to increase the dose of his signaling activity. These signals are, of course, reflexes (fixed action responses, exactly like the palmar grasp). Actually, until the 18th week of his life, the child continues to react to strangers favorably. Only then does the child begin to develop a budding social-behavioral system based on the high correlation between the presence of his caregiver and gratifying experiences. By the third month there is a clear preference of the mother and by the sixth month, the child wants to venture into the world. At first, the child grasps things (as long as he can see his hand). Then he sits up and watches things in motion (if not too fast or noisy). Then the child clings to the mother, climbs all over her and explores her body. There is still no object permanence and the child gets perplexed and loses interest if a toy disappears under a blanket, for instance. The child still associates objects with satisfaction/non-satisfaction. His world is still very much binary.

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

still in the phase of magical thinking.

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

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

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

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

Parenting - The Irrational Vocation

By: Dr. Sam Vaknin

There are some grounds to assume that a cognitive dissonance is involved in feeling that children are more a satisfaction than a nuisance. Why do people bother with parenting? It is time consuming, exhausting, strains otherwise pleasurable and tranquil relationships to their limits. Still, humanity keeps at it: breeding.

It is the easiest to resort to Nature. After all, all living species breed and most of them parent. We are, all taken into consideration, animals and, therefore, subject to the same instinctive behaviour patterns. There is no point in looking for a reason: survival itself (whether of the gene pool or, on a higher level, of the species) is at stake. Breeding is a transport mechanism: handing the precious cargo of genetics down generations of "organic containers".

But this is a reductionist view, which both ignores epistemological and emotional realities - and is tautological, thereby explaining something in terms of itself. Calling something by a different name or describing the mechanisms involved in minute detail does not an explanation make.

First hypothesis: we bring children to the world in order to

"circumvent" death. We attain immortality (genetically and psychologically - though in both cases it is imaginary) by propagating our genetic material through the medium of our offspring.

This is a highly dubious claim. Any analysis, however shallow, will reveal its weaknesses. Our genetic material gets diluted beyond reconstruction with time. It constitutes 50% of the first generation, 25% of the second and so on. If this were the paramount concern - incest should have been the norm, being a behaviour better able to preserve a specific set of genes (especially today, when genetic screening can effectively guard against the birth of defective babies). Moreover, progeny is a dubious way of perpetuating one's self. No one remembers one's great great grandfathers. One's memory is better preserved by intellectual feats or architectural monuments. The latter are much better conduits than children and grandchildren.

Still, this indoctrinated misconception is so strong that a baby boom characterizes post war periods. Having been existentially threatened, people multiply in the vain belief that they thus best protect their genetic heritage and fixate their memory.

In the better-educated, higher income, low infant mortality part of the world - the number of children has decreased dramatically - but those who still bring them to the world do so partly because they believe in these factually erroneous assumptions.

Second hypothesis: we bring children to the world in order to preserve the cohesiveness of the family nucleus. This claim can more plausibly be reversed: the cohesiveness of the social cell of the family encourages bringing children to the world. In both cases, if true, we would have expected more children to be born into stable families (ante or post facto) than into abnormal or dysfunctional ones. The facts absolutely contradict this expectation: more children are born to single parent families (between one third and one half of them) and to other "abnormal" (non-traditional) families than to the mother-father classic configuration. Dysfunctional families have more children than any other type of family arrangement. Children are an abject failure at preserving family cohesiveness. It would seem that the number of children, or even their very existence, is not correlated to the stability of the family. Under special circumstances, (Narcissistic parents, working mothers) they may even be a destabilizing factor.

Hypothesis number three: children are mostly born unwanted. They are the results of accidents and mishaps, wrong fertility planning, wrong decisions and misguided turns of events. The more sex people engage in and the less preventive measures they adopt - the greater the likelihood of having a child. While this might be factually true (family planning is all but defunct in most parts of the world), it neglects the simple fact that people want children and love them. Children are still economic assets in many parts of the world. They plough fields and do menial jobs very effectively. This still does not begin to explain the attachment between parents and their offspring and the grief experienced by parents when children die or are sick. It

seems that people derive enormous emotional fulfillment from being parents.

This is true even when the children were unwanted in the first place or are the results of lacking planning and sexual accidents. That children ARE the results of sexual ignorance, bad timing, the vigorosity of the sexual drive (higher frequency of sexual encounters) - can be proven using birth statistics among teenagers, the less educated and the young (ages 20 to 30).

People derive great happiness, fulfillment and satisfaction from their children. Is not this, in itself, a sufficient explanation? The pleasure principle seems to be at work: people have children because it gives them great pleasure. Children are sources of emotional sustenance. As parents grow old, they become sources of economic support, as well. Unfortunately, these assertions are not sustained by the facts. Increasing mobility breaks families apart at an early stage. Children become ever more dependent on the economic reserves of their parents (during their studies and the formation of a new family). It is not uncommon today for a child to live with and off his parents until the age of 30. Increasing individualism leaves parents to cope with the empty nest syndrome. Communication between parents and children has rarefied in the 20th century.

It is possible to think of children as habit forming (see: "The Habit of Identity"). In this hypothesis, parents - especially mothers - form a habit. Nine months of pregnancy and a host of social reactions condition the parents. They get used to the presence of an "abstract" baby. It is a case of a getting used to a concept. This is not very convincing. Entertaining a notion, a concept, a thought, an idea, a mental image, or a symbol very rarely leads to the formation of a habit.

Moreover, the living baby is very different to its pre-natal image. It cries, it soils, it smells, it severely disrupts the lives of its parents. It is much easier to reject it than to transform it to a habit. Moreover, a child is a bad emotional investment. So many things can and do go wrong with it as it grows. So many expectations and dreams are frustrated. The child leaves home and rarely reciprocates. The emotional "returns" on an investment in a child are rarely commensurate with the magnitude of the investment.

This is not to say that people do NOT derive pleasure and fulfillment from their offspring. This is undeniable. Yet, it is neither in the economic nor in the mature emotional arenas. To have children seems to be a purely Narcissistic drive, a part of the pursuit of Narcissistic supply.

For further elaboration, please refer to: "Malignant Self Love - Narcissism Revisited" and the Frequently Asked Questions (FAQs) sections.

We are all Narcissists, to a greater or lesser degree. A Narcissist is

a person who projects a (false) image to the people around him. He then proceeds to define himself by this very image reflected back at him. Thus, he regards people as mere instruments, helpful in his Sisyphean attempt at self-definition. Their attention is crucial because it augments his weak ego and defines its boundaries. The Narcissist feeds off their admiration, adoration and approval and these help him to maintain a grandiose (fantastic and delusional) sense of self. As the personality matures, Narcissism is replaced with the ability to empathize and to love.

The energy (libido) initially directed at loving one's (false) self is redirected at more multidimensional, less idealized "targets": others. This edifice of maturity seems to crumble at the sight of one's offspring. The baby evokes in the parent the most primordial drives, a regression to infancy, protective, animalistic instincts, the desire to merge with the newborn and a sense of terror generated by such a desire (a fear of vanishing and of being assimilated). The parent relives his infancy and childhood through the agency of the baby. The newborn provides the parent with endless, unconditional and unbounded Narcissistic supply. This is euphemistically known as love - but it is really a form of symbiotic dependence, at least in the beginning of the relationship. Such narcissistic supply is addictive even to the more balanced, more mature, more psychodynamically stable of parents.

It enhances the parent's self-confidence, self esteem and buttresses his self image. It fast becomes indispensable, especially in the emotionally vulnerable position in which the parent finds himself. This vulnerability is a result of the reawakening and reconstruction of all the conflicts and unsolved complexes that the parent had with his own parents.

If explanation is true, the following should also hold true:

- a. The higher the self confidence, the self esteem, the self worth, the clearer and more realistic the self image of the potential parent - the less children he will have (the Principle of the Conservation of the Ego boundaries)
- b. The more sources of readily available Narcissistic supply - the less children are needed (the substitutability of Narcissistic sources of supply)

Sure enough, both predictions are validated by reality. The higher the education and the income of adults - the fewer children they tend to have. People with a higher education and with a greater income are more likely to have a more established sense of self worth. Children become counter-productive: not only is their Narcissistic input (supply) unnecessary, they can also hinder further progress.

Having children is not a survival or genetically oriented imperative. Had this been the case, the number of children would have risen together with free income. Yet, exactly the reverse is happening: the more children people can economically afford - the fewer they have. The

more educated they are (=the more they know about the world and about themselves), the less they seek to procreate. The more advanced the civilization, the more efforts it invests into preventing the birth of children: contraceptives, family planning, abortions. These all are typical of affluent, well educated societies.

And the more Narcissistic supply can be derived from other sources - the less do people resort to making children and to other procreative activities (such as sex). Freud described the mechanism of sublimation: the sex drive, the Eros (libido), can be "converted", "sublimated" into other activities. All the sublimatory channels and activities are Narcissistic in character: politics, art. They all provide what children do: narcissistic supply.

They make children redundant. It is not by coincidence that people famous for their creativity tend to have less children than the average (most of them, none at all). They are Narcissistically self sufficient, they do not need children.

This seems to be the key to our determination to have children:

To experience the unconditional love that we received from our mothers, this intoxicating feeling of being loved without caveats, for what we are, with no limits, reservations, or calculations. This is the most powerful, crystallized source of Narcissistic supply. It nourishes our self-love, self worth and self-confidence. It infuses us with feelings of omnipotence and omniscience. In these, and other respects, it is a return to infancy.

Narcissists, Inverted Narcissists and Schizoids

By: Dr. Sam Vaknin

Question:

Are narcissists also schizoids?

Answer:

This is the definition of the Schizoid Personality Disorder (SPD) in the DSM-IV-TR [2000]:

A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- * Neither desires nor enjoys close relationships, including being part of a family;
- * Almost always chooses solitary activities;
- * Has little, if any, interest in having sexual experiences with

another person;

* Takes pleasure in few, if any, activities;

* Lacks close friends or confidants other than first degree relatives;

* Appears indifferent to the praise or criticism of others;

* Shows emotional coldness, detachment, or flattened affectivity.

B. Does not occur exclusively during the course of schizophrenia, a mood disorder with psychotic features, another psychotic disorder, or a pervasive developmental disorder and is not due to the direct physiological effects of a general medical condition.

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

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

Intuitively, a connection between SPD and NPD seems plausible. After all, NPDs are people who self-sufficiently withdraw from others. They love themselves in lieu of loving others. Lacking empathy, they regard others as mere instruments, objectified "Sources" of Narcissistic Supply. With the exception of criterion 6 above - the classic narcissist would tend to fit all the others.

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

A distinction must be made between social interactions and social relationships. The schizoid, the narcissist and the inverted narcissist - all interact socially. But they fail to form human and social relationships. The schizoid is uninterested and the narcissist is both uninterested and incapable due to his lack of empathy and pervasive sense of grandiosity.

The ethno-psychologist George Devereux [Basic Problems of Ethno-Psychiatry, University of Chicago Press, 1980] proposed to divide the unconscious into the Id (the part that was always instinctual and unconscious) and the "ethnic unconscious" (repressed material that was once conscious). The latter includes all the defence mechanisms and most of the Superego. Culture dictates what is to be repressed. Mental illness is either idiosyncratic (cultural directives are not followed and the individual is unique and schizophrenic) - or conformist, abiding by the cultural dictates of what is allowed and disallowed.

Our culture, according to Christopher Lasch, teaches us to withdraw inwards when confronted with stressful situations. It is a vicious circle. One of the main stressors of modern society is alienation and a pervasive sense of isolation. The solution our culture offers - to further withdraw - only exacerbates the problem. Richard Sennett expounded on this theme in "The Fall of Public Man: On the Social Psychology of Capitalism" [Vintage Books, 1978]. One of the chapters in Devereux's aforementioned tome is entitled "Schizophrenia: An Ethnic Psychosis, or Schizophrenia without Tears". To him, the whole USA is afflicted by what came later to be called a "schizoid disorder".

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

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

We have dwelt elsewhere in this book on the developmental phases of the narcissist and on the psychodynamics of narcissistic development, its causes and reactive patterns (see the FAQs "The Narcissist's Mother", "More on the Development of the Narcissist" and "Narcissism - The Psychopathological Default"). Still, it is worthwhile to study the theoretical foundations of the comparison between narcissism and the schizoid disorder.

The first to seriously consider this similarity, if not outright identity, was Melanie Klein. She broke ranks with Freud in that she believed that we are born with a fragile, easily fragmentable, weak and unintegrated Ego. The most primordial human fear is the fear of disintegration (death), according to Klein. Thus, the infant is forced to employ primitive defence mechanisms such as splitting, projection and introjection to cope with this fear (actually, with the result of aggression generated by the Ego).

The Ego splits and projects this part (death, disintegration, aggression). It does the same with the life-related, constructive, integrative part of itself. The result of all these mechanics is to view the world as either "good" (satisfying, complying, responding, gratifying) - or bad (frustrating). Klein called it the good and the bad "breasts". The child then proceeds to introject (internalise and assimilate) the good object while keeping out (=defending against) the bad objects. The good object becomes the nucleus of the forming Ego. The bad object is felt as fragmented. But it has not vanished, it is there.

The fact that the bad object is "out there", persecutory, threatening - gives rise to the first schizoid defence mechanisms, foremost amongst them the mechanism of "projective identification" (so often employed by narcissists). The infant projects parts of himself (his organs, his behaviours, his traits) onto the bad object. This is the famous Kleinian "paranoid-schizoid position". The Ego is split. This is as terrifying as it sounds but it allows the baby to make a clear distinction between the "good object" (inside him) and the "bad object" (out there, split from him). If this phase is not transcended the individual develops schizophrenia and a fragmentation of the self.

Around the third or fourth month of life, the infant realises that the good and the bad objects are really facets of one and the same object. He develops the depressive position. This depression [Klein believes that the two positions continue throughout life] is a reaction of fear and anxiety. The infant feels guilty (at his own rage) and anxious (lest his aggression harms the object and eliminates the source of good things).

He experiences loss of his own omnipotence since the object is outside his self. The infant wishes to erase the results of his own aggression by "making the object whole again". By recognising the wholeness of other objects - the infant comes to realise and to experience his own wholeness. The Ego re-integrates.

But the transition from the paranoid-schizoid position to the depressive one is by no means smooth and assured. Excess anxiety and envy can delay it or prevent it altogether. Envy seeks to destroy all good objects, so that others don't have them. It, therefore, hinders the split between the good and the bad "breasts". Envy destroys the good object but leaves the persecutory, bad object intact. Moreover, it does not allow the re-integration ["reparation" in Kleinian jargon] to take place. The more whole the object - the greater the envy. Thus, envy feeds on its own outcomes. The more envy, the less integrated the Ego is, the weaker and more inadequate it is - the more reason for envying the good object and other people. Envy is the hallmark of narcissism and the prime source of what is known as narcissistic rage. The schizoid self - fragmented, weak, primitive - is intimately connected with narcissism through envy. Narcissists prefer to destroy themselves and to deny themselves - rather than to endure someone else's happiness, wholeness and "triumph". They fail an exam - to frustrate a teacher they adore and envy. They fail in therapy - not to give the therapist a reason to feel professionally satisfied. By failing and self-destructing, narcissists deny the worth of others. If the narcissist fails in therapy - his analyst must be inept. If he destroys himself by consuming drugs - his parents are blameworthy and should feel guilty and bad. One cannot exaggerate the importance of envy as a motivating power in the narcissist's life.

The psychodynamic connection is obvious. Envy is a rage reaction at not controlling or "having" or engulfing the good, desired object. Narcissists defend themselves against this acidulous, corroding sensation by pretending that they DO control, possess and engulf the

good object. This is what we call "grandiose fantasies (of omnipotence or omniscience)". But, in doing so, the narcissist MUST deny the existence of any good OUTSIDE himself. The narcissist defends himself against raging, all consuming envy - by solipsistically claiming to be the ONLY good object in the world. This is an object that cannot be had by anyone, except the narcissist and, therefore, is immune to the narcissist's threatening, annihilating envy. In order not to be "owned" by anyone (and, thus, avoid self-destruction in the hands of his own envy) - the narcissist reduces others to "non-entities" (the narcissistic solution), or avoids all meaningful contact with them altogether (the schizoid solution).

The suppression of envy is at the CORE of the narcissist's being. If he fails to convince his self that he is the ONLY good object in the universe - he is exposed to his own murderous envy. If there are others out there who are better than he - he envies them, he lashes out at them ferociously, uncontrollably, madly, hatefully and spitefully. If someone tries to get emotionally intimate with the narcissist - she threatens the grandiose belief that no one but the narcissist can possess the good object (the narcissist himself). Only the narcissist can own himself, have access to himself, possess himself. This is the only way to avoid seething envy and certain self-annihilation. Perhaps it is clearer now why narcissists react as raving madmen to ANYTHING, however minute, however remote that seems to threaten their grandiose fantasies, the only protective barrier between themselves and their envy.

There is nothing new in trying to link narcissism to schizophrenia. Freud did as much in his "On Narcissism" [1914]. Klein's contribution was the introduction of immediately post-natal internal objects. Schizophrenia, she proposed, was a narcissistic and intense relationship with internal objects (such as fantasies or images, including fantasies of grandeur). It was a new language. Freud suggested a transition from (primary, object-less) narcissism (self-directed libido) to objects relations (objects directed libido). Klein suggested a transition from internal objects to external ones. While Freud thought that the common denominator of narcissism and schizoid phenomena was a withdrawal of libido from the world - Klein suggested it was a fixation on an early phase of relating to internal objects.

But is the difference not merely a question of terminology?

"The term 'narcissism' tends to be employed diagnostically by those proclaiming loyalty to the drive model [Otto Kernberg and Edith Jacobson, for instance - SV] and mixed model theorists [Kohut], who are interested in preserving a tie to drive theory. 'Schizoid' tends to be employed diagnostically by adherents of relational models [Fairbairn, Guntrip], who are interested in articulating their break with drive theory... These two differing diagnoses and accompanying formulations are applied to patients who are essentially similar, by theorists who start with very different conceptual premises and ideological affiliations."

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

Klein, in effect, said that drives (e.g., the libido) are relational flows. A drive is the mode of relationship between an individual and his objects (internal and external). Thus, a retreat from the world [Freud] into internal objects [object relations theorists and especially the British school of Fairbairn and Guntrip] - IS the drive itself. Drives are orientations (to external or internal objects). Narcissism is an orientation (a preference, we could say) towards internal objects - the very definition of schizoid phenomena. This is why narcissists feel empty, fragmented, "unreal" (movie-like) and diffuse. It is because their Ego is still split (never integrated) and because they withdrew from the world (of external objects). Kernberg identifies these internal objects with which the narcissist maintains a special relationship with the idealised, grandiose images of the narcissist's parents. He believes that the narcissist's very Ego (self-representation) fused with these parental images.

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

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

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

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

The "original" (Freudian or libidinal) Ego is unitary, instinctual, needy and object seeking. It then fragments as a result of the three typical interactions with the mother (gratification, disappointment and deprivation). The central Ego idealises the "good" parents. It is

conformist and obedient. The antilibidinal Ego is a reaction to frustrations. It is rejecting, harsh, unsatisfying, against natural needs. The libidinal Ego is the seat of cravings, desires and needs. It is active in that it keeps seeking objects to form relationships with. Guntrip added the regressed Ego, which is the True Self in "cold storage", the "lost heart of the personal self".

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

To achieve a successful transition from internal objects to external ones - the child needs the right parents (in Winnicott parlance, the "good enough mother" - not perfect, but "good enough"). The child internalises the bad aspects of his parents in the form of internal, bad objects and then proceeds to suppress them, together ("twinned") with portions of his Ego. Thus, his parents become PART of the child (though a repressed part). The more bad objects are repressed, the "less Ego is left" for healthy relationships with external objects. To Fairbairn, the source of all psychological disturbances is in these schizoid phenomena. Later developments (such as the Oedipus Complex) are less crucial. Fairbairn and Guntrip think that if a person is too attached to his compensatory internal objects - he finds it hard to mature psychologically. Maturing is about letting go of internal objects. Some people just don't want to mature, or are reluctant to do so, or are ambivalent about it. This reluctance, this withdrawal to an internal world of representations, internal objects and broken Ego - is narcissism itself. Narcissists simply don't know how to be themselves, how to acquire independence and, simultaneously manage their relationships with other people.

Both Otto Kernberg and Franz Kohut agreed that narcissism is between neurosis and psychosis. Kernberg thought that it was a borderline phenomenon, on the verge of psychosis (where the Ego is completely shattered). In this respect Kernberg, more than Kohut, identifies narcissism with schizoid phenomena and with schizophrenia. This is not the only difference between them. They also disagree on the developmental locus of narcissism. Kohut thinks that narcissism is an early phase of development, fossilised, forever to be repeated (gigantic repetition complex) while Kernberg maintains that the narcissistic self is pathological from its very inception. Kohut believes that the narcissist's parents provided him with no assurances that he does possess a self (in his words, with no self-object). They did not explicitly recognise the child's nascent self, its separate existence, its boundaries. The child learned to have a schizoid, split, fragmented self - rather than a coherent and integrated one. To him, narcissism is really all-pervasive, at the very core of being (whether in its mature form, as self-love, or in its regressive, infantile form as a narcissistic disorder).

Kernberg regards "mature narcissism" (also espoused by neo-Freudians like Grunberger and Chasseguet-Smirgel) as a contradiction in terms, an

oxymoron. He observes that narcissists are already grandiose and schizoid (detached, cold, aloof, asocial) at an early age (at three years old, according to him!). Like Klein, Kernberg believes that narcissism is a last ditch effort (defence) to halt the emergence of the paranoid-schizoid position described by Klein.

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

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

"Fairbairn and Guntrip represent the purest expression of object relations theory, which is characterised by the insight that real relationships with real people build psychic structure. Although they rarely mention narcissism, they see a schizoid split in the self as characteristic of virtually all-emotional disorder. It is Greenberg and Mitchell, in Object Relations in Psychoanalytic Theory who establish the relevance of Fairbairn and Guntrip ... by pointing out that what American analysts label 'narcissism', British analysts tend to call 'Schizoid Personality Disorder'. This insight allows us to connect the symptomatology of narcissism - feelings of emptiness, unreality, alienation and emotional withdrawal - with a theory that sees such symptoms as an accurate reflection of the experience of being split-off from a part of oneself.

That narcissism is such a confusing category is in large part because its drive-theoretic definition, the libidinal cathexis of the self - in a word, self-love - seems far removed from the experience of narcissism, as characterised by a loss of, or split-in, the self. Fairbairn's and Guntrip's view of narcissism as an excessive attachment of the Ego to internal objects (roughly analogous to Freud's narcissistic, as opposed to object, love), resulting in various splits in the Ego necessary to maintain these attachments, allows us to penetrate this confusion." [Page 67]

Serial Killers

By: Dr. Sam Vaknin

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

raided.

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

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

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

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

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

Serial killers are the quiddity and quintessence of malignant narcissism.

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

In their book "Personality Disorders in Modern Life", Theodore Millon and Roger Davis attribute pathological narcissism to "a society that stresses individualism and self-gratification at the expense of community ... In an individualistic culture, the narcissist is 'God's gift to the world'. In a collectivist society, the narcissist is 'God's gift to the collective'".

Lasch described the narcissistic landscape thus (in "The Culture of

Narcissism: American Life in an age of Diminishing Expectations", 1979):

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

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

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

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

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

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

The narcissist's personality is chaotic. His defense mechanisms are primitive. The whole edifice is precariously balanced on pillars of denial, splitting, projection, rationalization, and projective identification. Narcissistic injuries - life crises, such as abandonment, divorce, financial difficulties, incarceration, public opprobrium - can bring the whole thing tumbling down.

The narcissist cannot afford to be rejected, spurned, insulted, hurt,

resisted, criticized, or disagreed with.

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

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

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

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

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

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

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

"The perverse urge in murders for pleasure does not solely aim at causing the victim pain and - most acute injury of all - death, but that the real meaning of the action consists in, to a certain extent, imitating, though perverted into a monstrous and ghastly form, the act

of defloration. It is for this reason that an essential component ... is the employment of a sharp cutting weapon; the victim has to be pierced, slit, even chopped up ... The chief wounds are inflicted in the stomach region and, in many cases, the fatal cuts run from the vagina into the abdomen. In boys an artificial vagina is even made ... One can connect a fetishistic element too with this process of hacking ... inasmuch as parts of the body are removed and ... made into a collection."

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

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

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

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

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

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

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

APPENDIX - Criteria of Narcissistic Personality Disorder

An all-pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration or adulation and lack of empathy, usually beginning by early adulthood and present in various contexts. Five (or more) of the following criteria must be met:

- * Feels grandiose and self-important (e.g., exaggerates achievements and talents 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. Expects unreasonable or special and favorable priority treatment. Demands automatic and full compliance with his or her expectations
- * Is "interpersonally exploitative", i.e., uses others to achieve his or her own ends
- * Devoid of empathy. Is unable or unwilling to identify with or acknowledge the feelings and needs of others
- * Constantly envious of others or believes that they feel the same about him or her
- * Arrogant, haughty behaviours or attitudes coupled with rage when frustrated, contradicted, or confronted

Some of the language in the criteria above is based on or summarized from:

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders, fourth edition (DSM IV). Washington, DC:

American Psychiatric Association.

The text in italics is based on:

Sam Vaknin. (2003). *Malignant Self Love - Narcissism Revisited*, third, revised, printing. Prague and Skopje: Narcissus Publication.

Read this for in-depth information - *A Primer on Narcissism*

Sex or Gender

By: Dr. Sam Vaknin

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

Yet gender "differences" are often the outcomes of bad scholarship. Consider Admiral insurance's data. As Britain's Automobile Association (AA) correctly pointed out - women drivers tend to make more short journeys around towns and shopping centers and these involve frequent parking. Hence their ubiquity in certain kinds of claims. Regarding women's alleged spatial deficiency, in Britain, girls have been outperforming boys in scholastic aptitude tests - including geometry and maths - since 1988.

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

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

Men also mature later, die earlier, are more susceptible to infections and most types of cancer, are more likely to be dyslexic, to suffer from a host of mental health disorders, such as Attention Deficit Hyperactivity Disorder (ADHD), and to commit suicide.

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

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

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

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

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

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

The authors conclude:

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

Freud, Kraft-Ebbing, and Fliess suggested that we are all bisexual to a

certain degree. As early as 1910, Dr. Magnus Hirschfeld argued, in Berlin, that absolute genders are "abstractions, invented extremes". The consensus today is that one's sexuality is, mostly, a psychological construct which reflects gender role orientation.

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

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

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

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

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

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

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

People with the rare 5-alpha reductase deficiency syndrome are born

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

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

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

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

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

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

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

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

Sociobiologists would have us think so.

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

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

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

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

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

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

"Like an individual's concept of his or her sex role, gender identity develops by means of parental example, social reinforcement, and language. Parents teach sex-appropriate behavior to their children from an early age, and this behavior is reinforced as the child grows older

and enters a wider social world. As the child acquires language, he also learns very early the distinction between "he" and "she" and understands which pertains to him- or herself."

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

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

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

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

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

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

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

experience in nurturing.'

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

THE AUTHOR

SHMUEL (SAM) VAKNIN

Curriculum Vitae

Click on blue text to access relevant web sites - thank you.

Born in 1961 in Qiryat-Yam, Israel.

Served in the Israeli Defence Force (1979-1982) in training and education units.

Education

Graduated a few semesters in the Technion - Israel Institute of Technology, Haifa.

Ph.D. in Philosophy (major : Philosophy of Physics) - Pacific Western University, California.

Graduate of numerous courses in Finance Theory and International Trading.

Certified E-Commerce Concepts Analyst.

Certified in Psychological Counselling Techniques.

Full proficiency in Hebrew and in English.

Business Experience

1980 to 1983

Founder and co-owner of a chain of computerized information kiosks in Tel-Aviv, Israel.

1982 to 1985

Senior positions with the Nessim D. Gaon Group of Companies in Geneva, Paris and New-York (NOGA and APROFIM SA):

- Chief Analyst of Edible Commodities in the Group's Headquarters in Switzerland.
- Manager of the Research and Analysis Division
- Manager of the Data Processing Division
- Project Manager of The Nigerian Computerized Census
- Vice President in charge of RND and Advanced Technologies
- Vice President in charge of Sovereign Debt Financing

1985 to 1986

Represented Canadian Venture Capital Funds in Israel.

1986 to 1987

General Manager of IPE Ltd. in London. The firm financed international multi-lateral countertrade and leasing transactions.

1988 to 1990

Co-founder and Director of "Mikbats - Tesuah", a portfolio management firm based in Tel-Aviv.

Activities included large-scale portfolio management, underwriting, forex trading and general financial advisory services.

1990 to Present

Free-lance 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.

President of the Israel chapter of the Professors World Peace Academy (PWPA) and (briefly) Israel representative of the "Washington Times".

1993 to 1994

Co-owner and Director of many business enterprises:

- The Omega and Energy Air-Conditioning Concern

- AVP Financial Consultants

- Handiman Legal Services

Total annual turnover of the group: 10 million USD.

Co-owner, Director and Finance Manager of COSTI Ltd. - Israel's largest computerized information vendor and developer. Raised funds through a series of private placements locally, in the USA, Canada and London.

1993 to 1996

Publisher and Editor of a Capital Markets Newsletter distributed by subscription only to dozens of subscribers countrywide.

In a legal precedent in 1995 - studied in business schools and law faculties across Israel - was tried for his role in an attempted takeover of Israel's Agriculture Bank.

Was interned in the State School of Prison Wardens.

Managed the Central School Library, wrote, published and lectured on various occasions.

Managed the Internet and International News Department of an Israeli mass media group, "Ha-Tikshoret and Namer".

Assistant in the Law Faculty in Tel-Aviv University (to Prof. S.G. Shoham).

1996 to 1999

Financial consultant to leading businesses in Macedonia, Russia and the Czech Republic.

Collaborated with the Agency of Transformation of Business with Social Capital.

Economic commentator in "Nova Makedonija", "Dnevnik", "Izvestia", "Argumenti i Fakti", "The Middle East Times", "Makedonija Denes", "The New Presence", "Central Europe Review", and other periodicals and in the economic programs on various channels of Macedonian Television.

Chief Lecturer in courses organized by the Agency of Transformation, by the Macedonian 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 present

Senior Business Correspondent for United Press International (UPI)

Web and Journalistic Activities

Author of extensive Websites in Psychology ("Malignant Self Love") - An Open Directory Cool Site

Philosophy ("Philosophical Musings")

Economics and Geopolitics ("World in Conflict and Transition")

Owner of the Narcissistic Abuse Announcement and Study List and the Narcissism Revisited mailing list (more than 3900 members)

Owner of the Economies in Conflict and Transition Study list.

Editor of mental health disorders and Central and Eastern Europe categories in web directories (Open Directory, Suite 101, Search Europe).

Columnist and commentator in "The New Presence", United Press International (UPI), InternetContent, eBookWeb and "Central Europe Review".

Publications and Awards

"Managing Investment Portfolios in states of Uncertainty", Limon Publishers, Tel-Aviv, 1988

"The Gambling Industry", Limon Publishers., Tel-Aviv, 1990

"Requesting my Loved One - Short Stories", Yedioth Aharonot, Tel-Aviv, 1997

"The Macedonian Economy at a Crossroads - On the way to a Healthier Economy" (with Nikola Gruevski), Skopje, 1998

"Malignant Self Love - Narcissism Revisited", Narcissus Publications, Prague and Skopje, 1999, 2001, 2002

The Narcissism Series - e-books regarding relationships with abusive narcissists (Skopje, 1999-2002)

"The Exporters' Pocketbook", Ministry of Trade, Republic of Macedonia, Skopje, 1999

"The Suffering of Being Kafka" (electronic book of Hebrew Short Fiction, Prague, 1998)

"After the Rain - How the West Lost the East", Narcissus Publications in association with Central Europe Review/CEENMI, Prague and Skopje,

2000

Winner of numerous awards, among them the Israeli Education Ministry Prize (Literature) 1997, The Rotary Club Award for Social Studies (1976) and the Bilateral Relations Studies Award of the American Embassy in Israel (1978).

Hundreds of professional articles in all fields of finances and the economy and numerous articles dealing with geopolitical and political economic issues published in both print and web periodicals in many countries.

Many appearances in the electronic media on subjects in philosophy and the Sciences and concerning economic matters.

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Economy / Politics:

<http://ceeandbalkan.tripod.com/>

Psychology:

<http://samvak.tripod.com/index.html>

Philosophy:

<http://philosophos.tripod.com/>

Poetry:

<http://samvak.tripod.com/contents.html>

After the Rain

How the West

Lost the East

The Book

This is a series of articles written and published in 1996-2000 in Macedonia, in Russia, in Egypt and in the Czech Republic.

How the West lost the East. The economics, the politics, the geopolitics, the conspiracies, the corruption, the old and the new, the plough and the internet - it is all here, in colourful and provocative

prose.

From "The Mind of Darkness":

"'The Balkans' - I say - 'is the unconscious of the world'. People stop to digest this metaphor and then they nod enthusiastically. It is here that the repressed memories of history, its traumas and fears and images reside. It is here that the psychodynamics of humanity - the tectonic clash between Rome and Byzantium, West and East, Judeo-Christianity and Islam - is still easily discernible. We are seated at a New Year's dining table, loaded with a roasted pig and exotic salads. I, the Jew, only half foreign to this cradle of Slavonics. Four Serbs, five Macedonians. It is in the Balkans that all ethnic distinctions fail and it is here that they prevail anachronistically and atavistically. Contradiction and change the only two fixtures of this tormented region. The women of the Balkan - buried under provocative mask-like make up, retro hairstyles and too narrow dresses. The men, clad in sepia colours, old fashioned suits and turn of the century moustaches. In the background there is the crying game that is Balkanian music: liturgy and folk and elegy combined. The smells are heavy with muskular perfumes. It is like time travel. It is like revisiting one's childhood."

The Author

Sam Vaknin is the author of Malignant Self Love - Narcissism Revisited and After the Rain - How the West Lost the East. He is a columnist for Central Europe Review and eBookWeb , a United Press International (UPI) Senior Business Correspondent, and the editor of mental health and Central East Europe categories in The Open Directory and Suite101 .

Until recently, he served as the Economic Advisor to the Government of Macedonia.

Visit Sam's Web site at <http://samvak.tripod.com>

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