

Narcissistic Mortification, Shame, and Fear

Sam Vaknin*

Department for Psychology, Southern Federal University, Rostov-on-Don, Russia

ABSTRACT

Narcissistic mortification is “intense fear associated with narcissistic injury and humiliation ... the shocking reaction when individuals face the discrepancy between an endorsed or ideal view of the self and a drastically contrasting realization”. Rothstein (ibid.): “... fear of falling short of ideals with the loss of perfection and accompanying humiliation”. This fear extends to intimacy in interpersonal relationships (Fiscalini), unrealized or forbidden wishes and related defenses (Horowitz), and, as Kohut so aptly summarized it: “fear associated with rejection, isolation, and loss of contact with reality, and loss of admiration, equilibrium, and important objects.” Kernberg augmented this list by adding: “fear of dependency and destroying the relationship with the analyst, fear of retaliation, of one’s own aggression and destructiveness, and fear of death.”

Narcissistic mortification, is, therefore, a sudden sense of defeat and loss of control over internal or external objects or realities, caused by an aggressing person or a compulsive trait or behavior. It produces disorientation, terror (distinct from anticipatory fear), and a “damming up of narcissistic (ego-)libido or destrudo (mortido) is created” . The entire personality is overwhelmed by impotent ineluctability and a lack of alternatives (inability to force objects to conform or to rely on their goodwill). Mortification reflects the activity of infantile strategies of coping with frustration or repression (such as grandiosity) and their attendant psychological defense mechanisms (for example, splitting, denial, or magical thinking).

KEYWORDS: COVID-19; Herbal formulas; Ingredients; Indications; Usage; Discussion

INTRODUCTION

Early childhood events of mortification are crucial in teaching the baby to distinguish between the external and the internal, establish ego boundaries, recognize his limitations, delay gratification, and select among options. Of course, it is possible to be overtaken by multiple internal and external mortifications (“traumas”) to the point that repression and dissociation become indispensable as well as compensatory cognitive deficits (omnipotent or omniscient grandiosity, entitlement, invincibility, paranoid projection, and so on). Bergler and Maldonado reminds us that pathological (secondary) narcissism is a reaction to the loss of infantile omnipotent delusions and of a good and meaningful object, associated in the child’s mind with ideals, a loss which threatens “continuity, stability, coherence, and wellbeing” of the self.

In adulthood, a self-inflicted internal mortification, usually founded on these distortions of reality, compensates for an external one and disguises it and vice versa: an internal mortification such as an

autoplastic defense (“It is all my fault, I made it happen”) restores a grandiose illusion of control over an external mortification while a persecutory delusion (an external mortification) replaces an internal mortification (“I have evil and hateful thoughts towards people”). But, the only true solution to mortification is the regaining of control and, even then, it is only partial as control had clearly been lost at some point and this cataclysm can never be forgotten, forgiven, or effectively dealt with [4].

METHODOLOGY

The need to reframe narcissistic mortification is because – as an extreme and intolerably painful form of shame-induced traumatic depressive anxiety – it threatens the integrity of the self, following a sudden awareness of one’s limitations and defects. When they are faced with their own hopeless “unlovability, badness, and worthlessness”, mortified people experience shock, exposure, and intense humiliation, often converted to somatic symptoms. It feels like annihilation and disintegration.

They described it as: “a virtually intolerable intolerable experience

Correspondence to: Vaknin S, Department for Psychology, Southern Federal University, Rostov-on-Don, Russia, Tel:+38978319143; E-mail: samvaknin@gmail.com

Received: March 01, 2021, **Accepted:** March 15, 2021, **Published:** March 22, 2021

Citation: Vaknin S (2021) Narcissistic Mortification, Shame, and Fear. *Bipolar Disord.* 7:142.

Copyright: © 2021 Vaknin S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

of terror, fright, or dread related to a sense of 'overwhelmed helplessness, reminiscent of the overwhelmed helplessness of infancy ... annihilation anxiety ... 'Fear of the Disintegration of the Self or of Identity''. Libbey postulates that narcissistic mortification is a "sudden loss of the psychic sense of self, which occurs simultaneously with a perception that the tie to a self-object is threatened." Kohut added: "if the grandiosity of the narcissistic self has been insufficiently modified...then the adult ego will tend to vacillate between an irrational overestimation of the self and feelings of inferiority and will react with narcissistic mortification to the thwarting of its ambitions." Object relations theorists concurred: Bion's "nameless dread", Winnicott's "original agonies" of the collapse of childish consciousness as it evolves and mature into an adult's [5,6].

This may have to do with a lack of evocative constancy: "The capacity to maintain positively toned images of self and others with which to dispel feelings of self-doubt. Self-reflexivity - "the ability to oscillate easily among varying perspectives on the self" crucially relies on the smooth operation of evocative constancy.

Libbey describes two strategies that narcissists use to restore a modicum of cohesiveness to the self. The "deflated" narcissist debases the self and inflates or idealizes "the object in order to reacquire it ... It can include, for example, atonement, aggrandizement of the other, self-punishment, and self-flagellation ... designed to appease and hold on to selfobjects." Anna Freud presaged this with her concept of "altruistic surrender" (self-sacrificial and, therefore, self-disparaging altruism) [7].

Another strategy, of "inflated" narcissists and revenge seekers, involves "debasement of the object ... attacking the other, in order to aggrandize and re-stabilize the self. There is always a winner and a loser. Such narcissists 'fight fire with fire' or 'take an eye for an eye' ... 'arighting the scales of justice.' There are only winners and losers, and they must be the winners ... (Shamers) are also adept at short-circuiting the plunge into mortification altogether, preemptively expelling impending feelings of shame and defectiveness by humiliating the other ... Whichever route is taken, the individual cannot recover from mortification until a tolerable, familiar self-state is re-acquired, either by re-establishing the other as an approving object, or by destroying the other, temporarily or permanently ... narcissistic conceit, designed to project the defective self-experiences onto self-objects."

Some narcissists are attracted to promiscuous, labile, and dysregulated women also because of their potential to cause mortification. In their homemaker phase, these women make the narcissist feel dead. But in their "borderline" stage, these intimate partners guarantee mortification and only mortification restores freedom from commitment and the adventure of the next shared fantasy [8].

Only mortification makes the narcissist feel alive and sexually aroused: sadism, masochism, and libido maximized and a recreation of the primary unresolved conflict. In the mortification crisis, the narcissist sees himself through other people's eyes and stands a chance to free himself of the shackles of his taskmaster, the False Self, via re-traumatization.

These women are the narcissist's pawns: he selects them in order to fulfil roles in both the shared fantasy and the liberating antifantasy mortification. They need to integrate in the shared psychosis, re-traumatize the narcissist (reenact the unresolved conflict with his mother and mortify him), and free him to move on to the next

shared fantasy. These women often protest: "We cheated on you because we felt that this is what you wanted, to please you, to prove you right". The narcissist does not push them away - he cajoles them to push him away!

This could lead to finally force the narcissist to accept and to internalize the insight that he is "very sick": in itself a mortification, it is the first step in a therapeutic process of healing - or of giving up on himself and on life.

Treatment should focus on converting mortification to shame "which includes the capacity to tolerate it and to use it as a signal ... Both defensive styles require continued dependence on selfobjects and must be mounted again and again. Tolerating bearable shame can make self-appraisal and self-tolerance possible, ultimately leading to psychic separation and self-reliance." [9,10]

Mortification in borderline personality disorder (BPD)

The False Self in Borderline Personality Disorder (BPD) is akin to the host personality in Dissociative Identity Disorder: to moderate and to switch between self-states is a secondary psychopath and to regulate the resulting repression, denial, splitting, dissociation, and other infantile defenses in an attempt to maintain self-constancy rather than object constancy.

Consequently, the Borderline patient seeks mortification in order to feel alive, not free: she seeks to introduce novelty, thrills, and reckless risk taking into her life via chaotic drama. It is the only way she can experience transformation and also the only method open to her when she feels like self-trashing, self-punishment, or self-mutilation). Mortification in Borderlines is self-inflicted in preemptive abandonment and the Borderline then copes by becoming dissociative (disappearing) or by displaying traits and behaviors of a secondary psychopath (making others disappear), or, more commonly, both [11].

Intermediate case study 1

A patient craves love and intimacy (also as reified by sex), but he hates himself for this life-threatening vulnerability. He uses projective identification and projective introjection coupled with persecutory paranoia: he egregiously misbehaves and so forces others to hate him and to act against him or perceives them as hateful with some justification. This way, he prevents the formation of love and intimacy as well as sexual relations. He kills two birds with one stone: he avoids acknowledging his own suicidal self-hatred and he sidesteps being vulnerable to a dangerous level (again: suicidal).

Intermediate case study 2

The patient idealizes a potential partner, but rejects, verbally abuses, withholds, and humiliates him. He reacts by picking up another partner.

This challenges her omnipotence (she feels helpless, humiliated), omniscience (failed to spot his "conspiracies", gullibly trusted his "lies" about himself and about their interactions), perfection (he rejected her), superiority (he chose an inferior or superior alternative over her), brilliance (the incident proved that he regards her as a damaged fool), and self-perception as loved and protected child (everyone involved envied and hated her).

She repressed the intolerable external narcissistic mortification (the public exposure of her glaring unfixable inadequacies, limitations, and defects) under an internal one (It is my entire fault, I made her misbehave) in a failed attempt to restore her grandiose

omnipotence.

She then reverted to paranoia, replacing one external mortification with another (Evil people were out to hurt her) in a failed attempt to not feel hopelessly damaged and evil (to restore ego syntony and assuage her pain and desperation: I am OK, They are Evil). She remained in touch with him in order to support with evidence both these two alternative mortifications. She ghosted him only once she succeeded to integrate the two alternative mortifications, thereby fully accounting for all the events in a realistic and satisfying manner (My misbehavior did cause him to overreact, but his egregious, disproportional, and unjustified misconduct is because he is a psychopath and evil, his new partner is an envious opportunist, and the witnesses are malicious haters) AND restoring grandiosity by vindictively punishing everyone involve [12].

A comment about shame

Ironically, guilty people experience guilt because they have had the power to make a different choice. One cannot feel guilty when one is powerless or impotent and therefore not responsible for events, circumstances, and decisions.

So, guilt goes with empowerment. Helpless people feel shame, not guilt.

This is why pathological narcissism is associated with shame, not with guilt.

The Grandiosity Gap is the difference between self-image - the way the narcissist perceives himself - and contravening cues from reality. The greater the conflict between grandiosity and reality, the bigger the gap and the greater the narcissist's feelings of shame and guilt.

There are two varieties of shame:

Narcissistic Shame – which is the narcissist's experience of the Grandiosity Gap (and its affective correlate). Subjectively it is experienced as a pervasive feeling of worthlessness (the dysfunctional regulation of self-worth is the crux of pathological narcissism), "invisibleness" and ridiculousness. The patient feels pathetic and foolish, deserving of mockery and humiliation.

Narcissists adopt all kinds of defenses to counter narcissistic shame. They develop addictive, reckless, or impulsive behaviors. They deny, withdraw, rage, or engage in the compulsive pursuit of some kind of (unattainable, of course) perfection. They display haughtiness and exhibitionism and so on. All these defenses are primitive and involve splitting, projection, projective identification, and intellectualization [13].

The second type of shame is Self-Related. It is a result of the gap between the narcissist's grandiose Ego Ideal and his Self or Ego. This is a well-known concept of shame and it has been explored widely in the works of Freud, Reich, Jacobson, Kohut, Kingston, Spero and Morrison.

One must draw a clear distinction between guilt (or control)-related shame and conformity-related shame.

Guilt is an "objectively" determinable philosophical entity (given relevant knowledge regarding the society and culture in question). It is context-dependent. It is the derivative of an underlying assumption by OTHERS that a Moral Agent exerts control over certain aspects of the world. This assumed control by the agent imputes guilt to it, if it acts in a manner incommensurate with prevailing morals, or refrains from acting in a manner commensurate with them [14].

Shame, in this case, here is an outcome of the ACTUAL occurrence of AVOIDABLE outcomes - events which impute guilt to a Moral Agent who acted wrongly or refrained from acting.

We must distinguish GUILT from GUILT FEELINGS, though. Guilt follows events. Guilt feelings can precede them.

Guilt feelings (and the attaching shame) can be ANTICIPATORY. Moral Agents assume that they control certain aspects of the world. This makes them able to predict the outcomes of their INTENTIONS and feels guilt and shame as a result - even if nothing happened!

Guilt Feelings are composed of a component of Fear and a component of Anxiety. Fear is related to the external, objective, observable consequences of actions or inaction by the Moral Agent. Anxiety has to do with INNER consequences. It is ego-dystonic and threatens the identity of the Moral Agent because being Moral is an important part of it. The internalization of guilt feelings leads to a shame reaction.

Thus, shame has to do with guilty feelings, not with GUILT, per se. To reiterate, guilt is determined by the reactions and anticipated reactions of others to external outcomes such as avoidable waste or preventable failure (the FEAR component). Guilty feelings are the reactions and anticipated reactions of the Moral Agent itself to internal outcomes (helplessness or loss of presumed control, narcissistic injuries – the ANXIETY component) [15].

There is also conformity-related shame. It has to do with the narcissist's feeling of "otherness". It similarly involves a component of fear (of the reactions of others to one's otherness) and of anxiety (of the reactions of oneself to one's otherness).

Guilt-related shame is connected to self-related shame (perhaps through a psychic construct akin to the Superego). Conformity-related shame is more akin to narcissistic shame.

Lidija rangelovska's view of shame

Lidija Rangelovska advanced the idea that some children subjected to abuse in dysfunctional families – objectified, dehumanized, their boundaries breached, and their growth stunted – develop intense feelings of shame. They turn out to be codependents or narcissists owing to their genetic makeup and innate character. According to her, children who turned out to be codependents as adults are resilient, while the more fragile narcissists seek to evade shame by concocting and then deploying the False Self.

As Lidija Rangelovska observes, shame motivates "normal" people and those suffering from Cluster B personality disorders differently. It constitutes a threat to the former's True Self and to the latter's False Self. Owing to the disparate functionality and psychodynamics of the True and False selves, the ways shame affects behavior and manifests in both populations differ. Additionally, pervasive, constant shame fosters anxiety and even fears or phobias. These can have either an inhibitory effect – or, on the contrary, disinhibitory functions (motivate to action.) Both narcissists and codependents compensate for their shame, the former by developing a “need to be needed” and the latter by developing a “need to deny their neediness”.

The True Self involves an accurate reality test with minimal and marginal cognitive deficits as well as the capacity to empathize on all levels, including and especially the emotional level. People whose True Self is intact, mature, and operational are capable

of relating to others deeply (for example, by loving them). Their sense of self-worth is stable and grounded in a true and tested assessment of who they are. Maintaining a distinction between what we really are and what we dream of becoming, knowing our limits, our advantages and faults and having a sense of realistic accomplishments in our life are of paramount importance in the establishment and maintenance of our self-esteem, sense of self-worth and self-confidence [16, 17].

Shame threatens the True Self by challenging the affected person's ego-syntony: by forcing her to "feel bad" about something she has said or done. The solution is usually facile and at hand: reverse the situation by apologizing or by making amends.

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

When the patient with the False Self feels shame it is because his grandiosity, the fantastic narrative that underpins his False Self, is challenged, usually - but not necessarily - publicly. There is no easy solution to such a predicament. The situation cannot be reversed and the psychological damage is done. The patient urgently needs to reassert his grandiosity by devaluing or even destroying the frustrating, threatening object, the source of his misery. Another option is to reframe the situation by delusionally ignoring it or recasting it in new terms [18].

So, while shame motivates normal people to conduct themselves pro-socially and realistically, it pushes the disordered patient in the exact opposite direction: to antisocial or delusional reactions.

CONCLUSION

Shame is founded on empathy. The normal person empathizes with others. The disordered patient empathizes with himself. But, empathy and shame have little to do with the person with whom we empathize (the empathee). They may simply be the result of conditioning and socialization. In other words, when we hurt someone, we don't experience his or her pain. We experience our pain. Hurting somebody - hurts US. The reaction of pain is provoked in us by our own actions. We have been taught a learned response: to feel pain when we hurt someone.

We attribute feelings, sensations and experiences to the object of our actions. It is the psychological defence mechanism of projection. Unable to conceive of inflicting pain upon ourselves - we displace the source. It is the other's pain that we are feeling, we keep telling ourselves, not our own [19].

Additionally, we have been taught to feel responsible for our fellow beings and to develop guilt and shame when we fail to do so. So,

we also experience pain whenever another person claims to be anguished. We feel guilty owing to his or her condition, we feel somehow accountable even if we had nothing to do with the whole affair. We feel ashamed that we haven't been able to end the other's agony [20].

REFERENCES

1. Stormberg D, Roningstam E, Gunderson J, Tohen M. Pathological narcissism in bipolar disorder patients. *J Personal Disord.*1998;12:179-185.
2. Roningstam E. Pathological narcissism and narcissistic personality disorder in axis I disorders. *Harvard Rev Psychiatry.*1996;3:326-340.
3. Alford, Fred C. *Narcissism: socrates, the frankfurt school and psychoanalytic theory - new haven and london, Yale University Press.*1988.
4. Fairbairn W. R. D. *An Object Relations Theory of the Personality.*1954.
5. Freud S. Three essays on the theory of sexuality. *Standard Edition of the Complete Psychological Works of Sigmund Freud.*1905;7.
6. Freud S. On narcissism.14:73-107.
7. Golomb E. Trapped in the mirror: Adult children of narcissists in their struggle for self - Quill.1995.
8. Greenberg JR, Mitchell SA. *Object relations in psychoanalytic theory.*1983.
9. Grunberger B. *Narcissism: Psychoanalytic essays.* New York, Int Univers Press.1979.
10. Guntrip H . *Personality structure and human interaction.* New York, Int Univers Press.1961.
11. Horowitz MJ. Sliding meanings: A defense against threat in narcissistic personalities. *Int J Psychoanal Psychoth.*1975;4:167-180.
12. Jacobson E. *The self and the object world.* New York, Int Univers Press.1964.
13. Kernberg O. *Borderline conditions and pathological narcissism.* New York, Jason Aronson.1975.
14. Trust MK, *The writings of melanie klein.* Free Press.1964:75.
15. Kohut H. *The analysis of the self -* New York, Int Univers Press.1971.
16. Lasch C. *The culture of narcissism.* New York, Warner Books.1979.
17. Alexander L, *Narcissism: denial of the true self -* Touchstone Books.1997.
18. Millon T, Davis RD. *Disorders of personality.* Wiley and Sons.1995.
19. Millon T. *Personality disorders in modern life.* John Wiley and Sons.2000;188:558.
20. Ronningstam E. *Disorders of narcissism: diagnostic, clinical, and empirical implications.* Am Psych Press.1998.