Abstract

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Malignant fantasy defense and its outcomes

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Abstract

Fantasy tends to metastasize. It co-opts and hijacks every resource available to the individual: emotions, affect, cognitions, memories, psychosexuality, and even one's identity. It is addictive and anxiolytic. It is safe. It buttresses the fantast's grandiosity (self-idealization).Actually, each of these dimensions of personality and functioning is mediated via the fantasy, colored and distorted by it. Gradually, all direct contact with and inner experience of one's psychological world is lost. A robotic zombie emerges from within the fantastic space, regulated by its narrative.

Paper

Fantasy is a defense mechanism so powerful that it can give rise to severe mental health issues, such as Narcissistic Personality Disorder as well as to cognitive deficits and an impaired reality testing.Fantasies are either compensatory (you can't get the real thing, so you fantasize) - or inhibitory (you are afraid to pursue the real thing, so you fantasize). All fantasies are, therefore, healthy ("normal") regardless of their contents.Schizotypy is psychological neoteny. It involves regression to pre-self childhood, when the self is either not constellated or not integrated, boundaries are fuzzy, and there is a confusion between external and internal objects. Creativity and imagination are enhanced and predispose to fantasy.Fantasy tends to metastasize. It coopts and hijacks every resource available to the individual: emotions, affect, cognitions, memories, psychosexuality, and even one's identity. It is addictive and anxiolytic. It is safe. It buttresses the fantast's grandiosity (self-idealization).Actually, each of these dimensions of personality and functioning is mediated via the fantasy, colored and distorted by it.Gradually, all direct contact with and inner experience of one's psychological world is lost. A robotic zombie emerges from within the fantastic space, regulated by its narrative. The emotional investment (cathexis) in fantasy is total and comes at the expense of the person's reality testing. We can easily spot the captives of fantasy: they avoid reality and opt for substitutive action. Their self-reported emotions, hopes, wishes, and dreams starkly contradict their actions. Such a person may say for example: "I crave intimacy, sex, and love in a committed relationship", but he will choose mostly objectifying sex with strangers as a dominant practice. His intimate liaisons will devolve into sexlessness, cheating, and dissolution.Such a person will also select only inappropriate and incompatible and therefore temporary mates who do not constitute a threat to the integrity and longevity of the fantasy by diverging from it (undermining the idealized, largely imagined snapshot).
The intrusion of fantasy into casual sex renders it autoerotic and solipsistic. Only a small minority of participants of both genders actually orgasm.

IDENTITY DISTURBANCE

Cluster B patients suffer from identity disturbance. They are lifelong disappearing acts, pivoted on an empty schizoid core.
The abuse of substances helps these patients to suspend their existence, to NOT be themselves for a few hours, especially around other people, in social and sexual contexts. Because Cluster B patients are essentially nothing but deadened voids, they feel alive and existent only when they are NOT themselves, when they are inebriated, intoxicated, or drugged, when they act out or switch into certain self-states (like the Borderline's secondary psychopath or the narcissist's grandiose False Self).But NOT being oneself becomes a habit and many of them forget how to BE themselves: being themselves feels so alien, sad, dull, even vaguely menacing that they avoid it assiduously and for as long as they can. Gradually, incrementally, this overwhelming need to NOT be oneself by abusing substances impacts all fields of life: job, career, relationships, and family included. Another problem is that when these patients are NOT themselves, when they are drunk, for example - predators of all types, sexual and emotional, take advantage of them, gain access to their bodies, minds, and material possessions, use them contemptuously and then discard the patients.These repeated humiliations, rejections, and exploitation exacerbate the underlying conditions, induce anxiety and depression, and push the patient inexorably to harm herself and to escalate even further her attempts to vanish, further down the road to self-annihilation.

FANTASTIC GRANDIOSITY

Fantasy involves cognitive deficits. Ironically, the narcissist's grandiosity (fantasy) defense is less rigid than the grandiosity of either the borderline or the psychopath. Throughout his life, the narcissist is subjected to a barrage of narcissistic injuries and mortifications. These challenges remold or entirely suspend his False Self, the locus of his grandiose self-perception. Psychopaths and borderlines do not experience any undermining of their variants of self-aggrandizement. Consequently, their grandiosity is immutable, not amenable to any process of learning or modification via intrusions from harsh reality.

SHARED FANTASY

The term "shared fantasy" was coined by Sander, F. (1989) in "Shared unconscious conflicts, marital disharmony and psychoanalytic therapy", published in J. Oldham & R. Liebert, eds., The middle years: New psychoanalytic perspectives (pp. 160–176). New Haven, Conn.: Yale University Press. The narcissist's ability to engage in a shared fantasy rests of threepillars. The environment has to be rootless (easy to discard), fantastic or dreamlike (to uphold grandiosity), timeless (an eternal present, so that actions do not bear consequences), and boundless (no limit to what can be done or accomplished).The circumstances ought to be right: conducive to grandiose fantasies by yielding lots of money, sex, power, access, fame (celebrity or notoriety) effortlessly, with no commensurate investment or commitment.The partner in the shared fantasy has to be present (to avoid abandonment anxiety), submissive, fawning, adulating, playful or childlike, mothering (or fathering as a business associate), and addicted to the narcissist.

Three types of Borderline shared fantasy: Fairy godmother, Princess, Damsel in distress. Each fantasy hails a different type of intimate partner: Beneficiary of largesse, Fawning subject, Rescuer/savior. The Borderline snapshots her intimate partner as a persecutory object and this inexorably leads to decompensation acting out (=borderline mortification). The narcissist's shared fantasy involves perfect love and adulation. It attracts intimate partners who are willing to play the roles off an, playmate, and mother. The narcissist first snapshots his intimate partner as an idealized object and then – as she diverges from the snapshot – converts her to a persecutory object, which induces mortification. Discrepancies

in the shared fantasy provoke the narcissist to become a primary (F1) psychopath and the borderline is rendered a F2 (secondary) psychopath.

Recklessness and fantasy are both clinical features of Borderline Personality Disorder (BPD).

Fantasy characterizes the Borderline's intimate relationships as well. But her self-destructiveness, emotional dysregulation, and mood lability are such that she always sabotages what she has. As reality intrudes on the fantasy (which the Borderline finds intolerable and anxiety inducing), she begins to devalue the partner and act out egregiously. The resulting deterioration in the quality of the bond justifies bouts of cheating on the partner and reckless self-trashing, on the way to a new man within the next fantasy. Like the schizoid and the narcissist, the Borderline has fantasies and intrusive dreams of socially condemned sex. She recklessly places herself repeatedly in harm's way. To counter the ego-dystony provoked by her sexual exhibitionism and extreme self-trashing, she fantasizes that the man or men, even in a one night stand or group sex, care about her,or"love"her. She idealizes ("snapshots") these sexual predators and interacts with the internalized objects rather than with the brutish and revolting - or even dangerous or risky - reality. She weaves a narrative which she knows is fictitious, but which allows her to pretend, make-believe, and dream. Any manifestation of "kindness" – an "expensive" date, free drinks or drugs, a place to crash in for the night, flirting and courting, attentiveness, succor, affection, or outright physical intimacy – is incorporated into the fantasy and legitimizes her actions. Conversely, abuse, indifference, avoidance, nastiness, or malice render her sex averse because they shatter the fantasy and thus deny her the possibility to express her core psychosexuality safely (for example: with a partner) and ego-syntonically (legitimately). In this she differs from masochistic women and from subs (bottoms) in BDSM. Thus confronted with rejection, the Borderline becomes pseudo-stupid and passive-aggressive or antisocial (secondary psychopath).

Biography

Sam Vaknin is the author of "Malignant Self-love: Narcissism Revisited" and other books about personality disorders. He is Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia and Professor of Finance and Psychology in CIAPS (Centre for International Advanced and Professional Studies).He spent the past 6 years developing a treatment modality for Narcissistic Personality Disorder (NPD). Over the years, with volunteers, it was found to be effective with clients suffering from a major depressive episode as well.