

# Malignant fantasy defense and its outcomes

Sam Vaknin

Vaknin S. Malignant fantasy defense and its outcomes. *J Clin Psychiatry Neurosci.* 2022; 5(1):1-3.

### ABSTRACT

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 fantasist'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.

**Key Words:** *Psychosexuality; Narcissistic personality disorder; Robotic zombie; alien*

---

### INTRODUCTION

#### CASE 1: TRAUMA BONDING

Trauma bonding is widely misunderstood as a form of extreme attachment fostered by traumatizing intermittent reinforcement. But it is way more than that, which is why it is nearly impossible to disentangle and reverse. Trauma bonding involved retraumatization. The abuser triggers and reactivates unresolved conflicts in early childhood ("archaic wounds") [1]. He engenders a multilayered and multidimensional resonance of unrequited pain and angst, both old and new. By doing so, the abuser assumes a maternal role within a shared fantasy: at first, during the lovebombing and grooming phases, he promises unconditional love (via idealization). But then he becomes a dead mother who is selfish, immature, withholding, insecure, and aggressively rejecting [2]. Who can give up on her real life mother or her reactivated, simulated mother introject? It is like getting a second chance at righting all the wrongs of childhood. No one can give up on that. So, bonding sets in. In this sense, trauma bonding, exactly like narcissism, is a fantasy defense gone away [3].

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 [4].

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 fantasist's grandiosity (self-idealization). Actually, each of these dimensions of personality and functioning is mediated via the fantasy, colored and distorted by it [5]. 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",

---

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)

Correspondence: Sam Vaknin, Ph.D., 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), Tel: +38978319143, +79884640967; email: samvaknin@gmail.com

Received: December 23, 2021, Accepted: January 07, 2021, Published: January 15, 2022



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact [reprints@pulsus.com](mailto:reprints@pulsus.com)

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) [6]. The intrusion of fantasy into casual sex renders it autoerotic and solipsistic. Only a small minority of participants of both genders actually orgasm.

## **CASE 2: 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 [7]. 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) [8].

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 [9-10]. 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 [11].

## **CASE 3: FANTASTIC GRANDIOSITY**

Fantasy involves cognitive deficits and distortions. 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 [12].

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 [13].

## **CASE 4: SHARED FANTASY**

The term "shared fantasy" was coined by Sander, F. (1989). The middle years: New psychoanalytic perspectives (pp. 160-176). New Haven, Conn.: Yale University Press [14].

The narcissist's ability to engage in a shared fantasy rests on three pillars. 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) [15]. 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 [16].

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 [17].

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 of fan, playmate, and mother [18]. 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 [19].

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) [20].

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 [21]. 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 [22].

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 aversive because they shatter the fantasy and thus deny her the possibility to express her core psychosexuality safely (for example: with a partner) and ego-syntonic (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). When the Borderline's partner is as prone to fantasy as she is or when he misreads her psychology entirely, she embarks on fantastic "relationships" that are founded on sex but misinterpreted as love. Having misjudged the nature of the liaison and faced with the exigencies of reality, she again resorts to fantasy. She ends up being discarded, or cheats on her "intimate" (but sexless) partner within a new fantasy action figure.

## REFERENCES

1. [Stormberg D, Roningstam E, Gunderson J, et al. Pathological narcissism in bipolar disorder patients. J Pers Disord. 1998;12:179-185.](#)
2. [Roningstam E. Pathological narcissism and narcissistic personality disorder in axis I disorders. Harv Rev Psychiatry. 1996;3\(6\):326-340.](#)
3. [Alford, FC. Narcissism: Socrates, the frankfurt school and psychoanalytic theory. Yale University Press. 1988.](#)
4. [Fairbairn W. R. D. An object relations theory of the personality. Basic Books 1954.](#)
5. [Freud S. Three essays on the theory of sexuality. SE. 1905;7:123-246.](#)
6. [Freud S. On narcissism. 1914;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. International Univer Press. 1979.](#)
10. [Guntrip H. Personality structure and human interaction. International Univer Press. 1961.](#)
11. [Horowitz MJ. Sliding meanings: A defense against threat in narcissistic personalities. Int J Psychoanal Psychother. 1975;4:167-180.](#)
12. [Jacobson E. The self and the object world. International Univ Press. 1964.](#)
13. [Kernberg O. Borderline conditions and pathological narcissism. Jason Aronson Book. 1975.](#)
14. [Trust MK, The writings of melanie klein. 4:1964-75.](#)
15. [Kohut H. The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders. New York: International Univ. Press, 1971.](#)
16. [Millon T, Millon CM, Ramnath R et al. Personality disorders in modern life. New York: John Wiley and Sons. 2000;188\(8\):558.](#)
17. [Roningstam E. Disorders of narcissism: Diagnostic, clinical, and empirical implications. Br J Psychiatry. 1998;175\(5\):497.](#)
18. [Roningstam E. Pathological narcissism and narcissistic personality disorder in axis I disorders. Harv Rev Psychiatry. 1996;3\(6\):326-340.](#)
19. [Lester S. Narcissistic Personality Disorders: A clinical discussion. J Am Psychoanal Assoc. 1974;22\(2\):292-306.](#)
20. [Stern DN. The interpersonal world of the infant: A view from psychoanalysis and developmental psychology. 1985.](#)
21. [Stormberg D, Roningstam E, Gunderson J, et al. Pathological narcissism in bipolar disorder patients. J Pers Disord. 1998;12\(2\):179-185.](#)
22. [Vaknin S. Malignant self love-Narcissism revisited, 10th revised impression-Skopje and Prague. Narcissus Publications. 2015.](#)