

Understanding the Traumatic Narcissism Theory and its Clinical Utility

Daniel Shaw

Abstract: This paper sets forth the Traumatic Narcissism Theory and will define and clarify the following terms: traumatic narcissism; narcissistic abuse; the traumatizing narcissist; the traumatizing narcissist's relational system of subjugation. The Traumatic Narcissism Theory is intended for the treatment of victims of narcissistic abuse, distinguishing it from other psychoanalytic theories intended for the treatment of pathological narcissism and individuals diagnosed with Narcissistic Personality Disorder. This paper identifies eight specific abusive behaviors deployed by the traumatizing narcissist that are subjugating and traumatizing.

Keywords: Traumatic Narcissism Theory; traumatizing narcissist; narcissistic abuse; the traumatizing narcissist's relational system of subjugation

Introduction

In this paper, I summarize the traumatic narcissism theory, and I explain how I use it clinically with victims of narcissistic abuse. First, I describe some personal circumstances that led me to develop these ideas.

In 1996, I was 42 years old, finishing my Master of Social Work degree, and beginning a new career as a psychotherapist. The title of my final paper was "Traumatic abuse in cults: A psychoanalytic perspective" (Shaw, 2003). I knew my subject intimately. Prior to beginning my degree in 1994, I had lived for 13 years in the ashram community of and worked full-time for an Indian guru. The main ashram was in India, but I worked mostly in the American branch, a cluster of small old resort hotels in upstate New York. Once I was introduced to this group in 1981, I was so inspired that I eventually dropped everything else to become a full-time missionary. At various times of the year, large numbers of visitors from all over the world would congregate there to take classes, meditate and chant, and sit at the feet of the guru. I believed I had found my vocation, working to promote the teachings of a spiritual leader so enlightened as to be "one with God."

Fast forward to 1994, I was still a follower but no longer living in the ashram and just beginning graduate school. By this time, I had been struggling with doubts about the guru for several years. As I was moving up in the ranks, I observed many things I hadn't initially seen. The guru claimed to be an ascetic monk yet enjoyed an exceptionally luxurious lifestyle and was always waited on hand and foot. I became familiar with the guru's

shocking cruelty, which was largely hidden from the adoring public and directed mostly toward the ashram staff. I understand now that we were frightened all the time about our status and who the guru would attack and publicly humiliate next, all while trying to keep up a performance of devotion and spiritual serenity. In October 1994, I learned new information concerning the cover up of sexual abuse in the ashram, and the words that must have been on the tip of my tongue for longer than I realized came pouring out: "It's a cult. I'm out." I suddenly knew with startling clarity what some dissociated part of me must have known all along: I had been worshipping a false idol.

When I first met the guru, an older Indian man claiming, falsely I later learned, to be a Hindu monk from an ancient lineage, I was dazzled by his charisma and what I took to be his spiritual power. I am now ashamed to say that I was so swept up in the ecstatic atmosphere around him that I decided that I would not believe the whispers about his pedophilia. After I left the cult, I learned from several women who had been sexually abused as girls in the ashram that many people knew about the abuse, including some of their parents. The parents believed that the violations were blessings bestowed by the guru and sanctioned by esoteric mystical traditions. Many of the inner circle of followers who had enabled and covered up the abuse stayed on after the first guru's death, and the abuses continued under his successor with a new set of perpetrators. The successor was an Indian woman in her late 20s who had been left in the ashram by her parents to be raised by the first guru. I served her devotedly for the next 10 years. After I left the cult, I learned of her response to some of the women who

tried to speak with her about being sexually abused by her predecessor. She denied everything and vilified, smeared, and banished them. I noticed that is exactly the way many families handle adult children who accuse a parent of incest.

How had I not seen what was going on for all those years? What happened to the person I had been in my 20s, a young adult who would never have had anything to do with a cult? I began trying to answer these questions as I pursued my MSW. I had an internship at a mental health clinic where my supervisor was a psychoanalyst on faculty at one of the NY institutes. I was new to psychoanalysis, and I asked her where to begin reading. She suggested two books: Alice Miller's (1981) *The Drama of the Gifted Child* and Heinz Kohut's (1984) *How Does Analysis Cure?* From Kohut, I learned about healthy narcissism and how unempathetic parenting could create narcissistic disturbances. From Alice Miller and later Donald Winnicott (1984) and Jessica Benjamin (2017), I learned how a child could be trained to meet the parent's needs at the expense of their own needs, especially the need to develop their own subjectivity. These themes resonated to an extent with my personal history, but the bigger realization was about my cult experience. I realized I was ending a relationship with a pathologically unempathetic guru, and I had been trying to torture myself for the last decade into becoming a person the guru would love. I was further influenced by Erich Fromm's (1941) book *Escape From Freedom* in which he describes social and psychological factors that could lead people to worship false idols. Fromm's understanding of the malignant narcissist in *The Heart of Man* (1965) was revelatory in what it explained to me about my guru. The post-WWII themes that were important to Fromm—the spellbinding power of the malignant narcissist leader, his destructiveness, his establishment of authoritarian systems, and the struggle of individuals within these systems for personal and societal freedom—these macrocosmic themes, which are currently at least as relevant as they were after WWII, were poignantly relevant to my microcosmic experience of the cult.

Finally, Manny Ghent's (1990) paper "Masochism, Submission, Surrender: Masochism as a Perversion of Surrender" offered a uniquely compassionate and shame-reducing perspective. He wrote,

Submission, losing oneself in the power of the other, becoming enslaved in one or other way to the master, is the ever available lookalike to surrender. It ... cheats the seeker-turned-victim out of his cherished goal, offering in its place only the security of bondage and an ever amplified sense of futility (pp. 115-116).

The deeper yearning [for surrender], which remains invisible behind [submissive] ... masochistic activity ... is the longing to be reached and known, in an accepting and safe environment (p. 118).

These were some of the ideas I brought together in the paper I wrote, "Traumatic Abuse in Cults" (2003), just before beginning analytic training. That paper eventually became the nucleus of my first book (2014) in which I developed the concept of the traumatizing narcissist's relational system of subjugation. The cult leader whose behavior I witnessed closely for many years was the first model for the person I termed the traumatizing narcissist. Subsequently, patients have described many dozens of iterations of that personality to me, and those patients universally expressed the same stunned and overwhelmed confusion that I had experienced when I left the cult. They asked, almost as though struggling to come out of anesthesia, "How did this happen to me? How could I let someone do this to me! Am I the crazy one?" Those questions, which had been my questions, could be permanently unresolved if they were to go unanswered.

Unlike other theories of narcissism that are intended for the treatment of pathological narcissism or narcissistic personality disorder (NPD), the concepts I will be discussing here are meant to be used for the therapeutic treatment of victims of narcissistic subjugation.

Some Pathological Narcissists Are Traumatizing

The most influential theorists about narcissism in the United States have been Melanie Klein, Otto Kernberg, and Heinz Kohut. As I studied their work and the work of many others, I noticed that something I thought was essential was left out. When I became able to see my ex-guru as an extraordinarily narcissistic person, what I saw was a predator and a parasite. I saw followers

like me as people who had been preyed upon and exploited. Once in the thrall of this kind of narcissist, one's ability to think critically, to trust or have faith in oneself, and even to know one's own moral compass, is continually under assault. In the cult, we gave ourselves over completely to the guru only to end up betrayed, self-betrayed, drained, and ashamed. I found little emphasis in the pathological narcissism literature on the narcissist's impact on victims, particularly regarding the subjugation of others. To be subjugated is to be objectified, dehumanized, controlled, and exploited. Subjugation is traumatic. More than just being pathological, the narcissist to whom I had been so deeply attached was traumatizing.

Recognizing the Cultic Dynamic in the Traumatizing Narcissist's Relational System

After I left the cult and had time to get my wits about me, I saw a relational system—a system operated by an extremely narcissistic leader that gave him the power to subjugate and control followers. A few years into my practice, I realized that I was hearing about very similar versions of this system from many of my psychotherapy patients. They told me about their upbringing or their adult relationships, including at work and in some cases with previous therapists, reporting feeling controlled and dominated. The adult children of extremely narcissistic parents I worked with revealed that they were only considered “lovable” when they successfully complied with their parent's demand to be viewed as infallible. Failure was met with withdrawal of love, sometimes to the point of being disowned. Disowning is a terribly cruel act of negation—a soul murder as Shengold (1989) called it referencing many other cruelties. Not just adult children of narcissistic parents, but all the people who reported this demand for subjugation sounded very much like crushed and battered cult survivors, yet there had been no cult.

One of the patients who made a deep impression on me, Alice, remembered a terrifying nightmare she had when she was eight years old (Shaw, 2014). Alice's mother was hatefully contemptuous of her. Her father, also a target of the mother's contempt, invited Alice to commiserate with him, but then took advantage of her vulnerability by sexualizing her. Alice's overarching experience of growing up was that in the luxurious home of her wealthy and prestigious parents, both of

whom were prominent mental health professionals, she rarely if ever felt safe.

In her eight-year-old nightmare, her favorite stuffed guinea pig was staring at her. She was transfixed with horror as she heard the toy say: “You can say one last word before you die.” Alice cried out “ME!” and woke up terrified. I still remember how shaken I was when she first told me this. We both understood that for Alice, holding on to her “ME!” had become a matter of life and death. Her “ME!” was the sense of herself as a human subject, which was being drowned out by the sense that she was nothing but the powerless, spurned object of her mother's contempt. Her psychic existence as a human subject was on the line for Alice from as early as she could remember and not just in the dream. Working with Alice and many other patients with similar experiences, I recognized that cult leaders are just one especially vivid subtype of the traumatizing narcissist.

Identifying the Traumatizing Narcissist by his Behavior: Listening for Clues, Assessing the Damage

Some patients, like Alice, begin by describing their abuser as narcissistic, but more often, it is only over time, as I help a patient construct their developmental and historical narrative, that an abusive narcissistic other, if one has been present, emerges. In that case, I work with the patient to assess the degree of harm they experienced. Patients can both under- and over-estimate the harmfulness of a narcissistic other, and therapists may also make these kinds of miscalculations. I want to be careful to be accurate and specific with patients, to gauge if the harm they've experienced is less or more destructive, and to build consensus with them on what we're looking at. Because of shame and the belief that they brought the abuse on themselves or that they allowed it to happen, many patients initially under-report narcissistic abuse. Often, they are emotionally paralyzed because they can't make sense of how both their love for and their hatred of the narcissist are true at the same time. I want to be careful not to be a cheerleader for either the hate or the love but to work toward helping patients become able to register, tolerate, and bear their complicated truth.

One of the most important ways I help patients recognize a traumatizing narcissist is through listening for specific abusive behaviors. The label of traumatizing narcissist may be a helpful shortcut for the patient, but I tend to use it sparingly because name-calling has only limited therapeutic value at best. What is important therapeutically is recognizing and naming the traumatizing behaviors to which victims were subjected. I want to notice with the patient ways in which they have felt seduced, intimidated, belittled, and humiliated. These behaviors, always accompanied with contempt, are what I think of as the “big four” tell-tale clues for traumatic narcissism—how a narcissistic person psychologically subjugates another. Most patients with these kinds of experiences do not have the language to describe how they have been treated, and I have been a consultant to many therapists who were also missing these clues.

I constructed the traumatizing narcissist’s psychological profile with the intention of using that information to help victims understand what had happened to them. First, I paid careful attention to the traumatizing narcissist’s relational behavior, from my direct observations and indirect observations based on my patients’ reports. Second, I developed a narrative that could explain what drives these behaviors. Lastly, I wanted to think about what developmental factors would have led to the formation of that personality structure. Many traits that Kernberg’s group (see Diamond et al., 2023) attribute to the grandiose pathological narcissist apply as well to the traumatizing narcissist. But because I am working with the narcissist’s victims, I am emphasizing how these traits are expressed within the traumatizing narcissist’s relational system of subjugation. The following are the consistent behaviors I have been observing for over 30 years.

Intimidating, Belittling, Humiliating, and Seducing

By leveraging whatever is attractive about them—looks, charm, charisma, creativity, spirituality, intellect, money, prestige—the traumatizing narcissist masters the art of seduction. Then the controlling behaviors follow: intimidating, belittling and humiliating, with seductiveness used as intermittent reinforcement. A recent film, *Priscilla*, dramatizes these confusing behaviors vividly in the way Elvis Presley is shown behaving toward his child bride, Priscilla

Wagner Beaulieu. The random, unnerving ways the traumatizing narcissist deploys these behaviors, both the contemptuous and the seductive ones, contributes to the victim’s sense of constant threat. Those under the spell of the traumatizing narcissist become intensely dependent on them and terrified of offending them. The traumatizing narcissist can become belligerent and punitive in the blink of an eye, and the possibility of being banished becomes the victim’s greatest fear.

Creating Dissociation: Coerced Disorganized Attachment

Over time, the traumatizing narcissist increases their use of the contemptuous behaviors described above. Their victim is then captured as in the tale of the slowly boiled frog, inducing a dissociative, trance-like state. Alexandra Stein (2016), in her book *Terror, Love and Brainwashing*, recognized this dissociative state in cult followers as the result of a disorganized attachment experience created by the cult leader. Main and Solomon (1990) showed that the developing child’s instinct to run toward the parent for safety only to be met with a chronically frightening parent from whom one instinctively retreats is a situation of fright without solution (see Liotti, 2016; Stein, 2016). This results in the child dissociating and experiencing powerlessness. This is what the traumatizing narcissist replicates and exploits, and why victims feel like they’re coming out of anesthesia or waking up from a terrible dream as they start to realize what was happening to them.

Weaponized Suffering

I use the term weaponized suffering to describe how the victim is made to feel responsible for whatever pains, irritates, or enrages the narcissist. The narcissist pounces like a hawk on any behavior they perceive as critical, insulting, ungrateful, or disrespectful. Over and over, the victim is accused of betrayal and being the cause of all the traumatizing narcissist’s unhappiness, anger, pain, and illness. The character of the mother in the Bette Davis film *Now, Voyager* provides great example of weaponized suffering. The mother is shocked and disgusted by the pretty dress Davis is wearing, and demands that Davis change out of it immediately. When Davis calmly but assertively refuses, the mother reacts by literally dropping dead,

which one might say is the ultimate way of weaponizing one's suffering. On the other hand, many victims have reported that they believed the traumatizing narcissist refused to die, no matter how old and ill, out of spite. My understanding is that the traumatizing narcissist views death contemptuously and as a rival to be defeated. A parent's longevity can make emancipation extremely challenging for adult child victims.

Another variation of weaponized suffering would be claiming illness and disability that requires constant attention, even going so far as to threaten suicide if the victim is not sufficiently attentive. The traumatizing narcissist weaponizes suffering with both aggression and passive aggression, always blaming the victim for causing all the unhappiness.

DARVO or Offending from the Victim Position (Gaslighting)

In popular psychology in the USA, narcissists are described as gaslighting, a word taken from the film *Gaslight* in which Charles Boyer almost manages to convince Ingrid Bergman that she is insane so that he can take control of her inheritance. Gaslighting in the original story is a deliberate and conscious strategy of repeatedly accusing and blaming the victim, used for criminal purposes. By contrast, the traumatizing narcissist is not, in my view, fully conscious and not criminal, at least not by legal definition. Rather, and I will discuss this more fully a further on, they are delusionally committed to their belief in their innocence and righteousness. Gaslighting is a term that is here to stay, so I don't argue with clients who use it, but I do talk to them about Jennifer Freyd's (1997) concept of DARVO (deny, attack, reverse victim and offender). The traumatizing narcissist reacts to any protest or grievance their victim brings by categorically denying that they did anything wrong. They reverse reality by claiming that they are the victim of an unwarranted, malicious attack, which they frame as a betrayal, and the victim is the offender. They are always innocent, and the victim is always guilty. This was also summed up by Pia Mellody in the phrase "offending from the victim position" (cited in Real, 2022). The narcissist's repeated accusations of betrayal and disrespect, whether in response to a complaint or unprompted, force the victim to focus exclusively on what they have to do to appease them. This forecloses

the victim's ability to attend to what they might feel, need, or want—a state both of anxious preoccupation and fright without solution.

Isolation and Going No Contact

Going no contact, or cutting off all contact completely, is being advised lately by many counselors specializing in narcissistic abuse as a protection strategy for victims. But I have often seen it turned around and used in a distorted way by abusers, like the way groups such as Scientology and Jehovah's Witnesses demand that followers cut off all contact with any family member or other person who is critical of the group. If the follower fails to do so, they will be shunned, demonized, and banished, labeled a suppressive person (SP) in Scientology and disfellowshipped in the Jehovah's Witnesses. This practice is common in many sects existing within all the religions which are otherwise considered to be mainstream.

The isolation strategy, when used by abusers, is sometimes referred to as predatory alienation and occurs both in groups and one-on-one relationships. Over the years I have been approached by dozens of parents, desperate to understand how to extract their adult child from the grip of a traumatizing narcissist, usually a romantic partner but sometimes a controlling therapist, coach, healer, psychic, etc., who has persuaded the adult child to cut off all contact with them. Of course, there may have been difficult family dynamics prior to the estrangement, and the alienated adult child may have cause for resentment. But the adult child does not realize that the alienating predator who is persuading him to go no contact is offering only bondage not safety and liberation. These are tragic, heartbreaking situations, which sometimes go on for years, if not permanently.

Cutting off contact with an abusive narcissist may be a good or even necessary decision in some cases, but when I am working with someone who is considering it, I will try to help them explore all their options before making that choice. Helping patients understand and establish strong boundaries with the narcissist can be an effective, less drastic, and less potentially regrettable solution.

Provoking Jealousy: The Traumatizing Narcissist's Envy

Traumatizing narcissists provoke jealousy in the one (or ones) being controlled. A husband will lavishly praise the charms of another woman in front of his wife; a mother or father will flamboyantly denigrate one child and elevate the other; a boss will lavishly praise and discuss increasing the salary of one employee in front of another, and so on. Provoking jealousy punishes the victim for not being sufficiently adoring and incentivizes the victim to be willing to submit more deeply. Provoking jealousy in others may also help distract the traumatizing narcissist from their all-consuming and completely disavowed envy. They want to believe that they have no equal, yet they are keenly aware that there are other people who have more fame, money, talent, etc., than they and this is intolerable to them.

For example, there is Keith Raniere of NXIVM, the American self-help cult leader featured in the documentary *The Vow*, who is serving a life sentence for pedophilia, sex trafficking, and other felonies. Raniere had full access to the vast inheritance of a wealthy follower and was able to buy an audience with the Dalai Lama before his crimes were brought to light. Watching their meeting in *The Vow*, it appears Raniere indicates to the Dalai Lama that he sees them on an equal plane of enlightenment, at one point reaching out lovingly to take the Dalai Lama's hand. I was certain Raniere believed himself to be superior to the Dalai Lama, and I was eventually able to confirm my suspicion when I learned from Mark Vicente (personal communication), the cameraman and whistleblower who filmed the meeting, that Raniere told him that he believed the Dalai Lama needed his spiritual guidance. Raniere was so envious, and I would say contemptuous of the Dalai Lama, that he thought he could make himself recognized as the Dalai Lama's superior. Raniere, unlike Narcissus, did not become terminally paralyzed while staring at his reflection in a pool of water, but he is spending the rest of his life in prison.

Demand for Perfection and Purity

Over time, being under the control of the traumatizing narcissist means that one is always being made to feel not good enough about everything one says, does,

looks, weighs, and chooses. Desperate to please the traumatizing narcissist and fearing reproach, victims learn to demand perfection of themselves and will work themselves to exhaustion, starve themselves, and take on shame and self-loathing in their efforts to improve themselves. Under the control of a traumatizing narcissist claiming to have spiritual wisdom, the demand for perfection becomes a demand for absolute purity. For example, such a person might tell a follower, "The wrinkle on your forehead shows you have bad thoughts, and you need to isolate yourself, meditate, fast and pray until you can stop bringing others down with your bad vibrations." If this sounds silly to some, I have heard it repeated almost verbatim by many recovering victims. The traumatizing narcissist's demand for perfection and purity means that the victim must never stop trying harder and giving more. If the victim has any success with pleasing the traumatizing narcissist, it will be temporary. Shaming and punishment will soon resume.

Delusional Contagion: The Delusion of Omnipotence

The traumatizing narcissist has developed what I term a "delusion of omnipotence." They are always in need of keeping their delusion from collapsing. Delusions are inherently unstable, like a dam with leaks that constantly need to be plugged. That is why gaining control of and exploiting the resources of others is so important to the traumatizing narcissist. They must repeatedly prove themselves to be all-powerful to keep their delusion from crumbling. In fact, all the behaviors I have described above arise from their need to be continually reinforcing their delusion. Importantly, the delusion of omnipotence can be very contagious. A person who comes under the spell of the traumatizing narcissist is infected by their delusion and it becomes a shared delusion. Freud (1922) observed this in his group psychology paper, as did Fromm (1965), in his description of the malignant narcissist. Even Kohut (1975) made this point in a little-known paper on charisma. It can help victims who may be stuck in self-reproach and shame to understand how uncannily powerful and alluring someone else's delusion of omnipotence can be.

Summary of the Traumatizing Narcissist's Controlling Strategies

Taken all together, these are the relational behaviors of the traumatizing narcissist that can be consistently observed and which power the engine of their system of subjugation. The seductive and contemptuous behaviors arise from their delusion of omnipotence, and they help to sustain their delusion by giving them the power to subjugate, control, and exploit individuals or groups of individuals. They delusionally believe that these and all their behaviors are justified, and the behaviors become normalized for their victims. To review, the behaviors I have highlighted are:

- intimidation, belittling, and humiliation, plus seduction used as intermittent reinforcement
- creating dissociation and coerced disorganized attachment
- DARVO or offending from the victim position
- weaponized suffering
- creating isolation
- provoking jealousy and the traumatizing narcissist's envy
- demanding perfection and purity
- delusional contagion

The longer the victim is controlled by a traumatizing narcissist and subjected to these behaviors, the more exhausted and ill the victim becomes. I learned of a particularly vivid example of this from a patient who unexpectedly got a job as the assistant to the very high-powered female founder and owner of a well-known cosmetic company. My patient's boss met all the criteria for the traumatizing narcissist. This boss had a dozen or so women in their 20s and 30s working at her beck and call 24/7, and just as in the film *The Devil Wears Prada*, they were absolutely terrified of her. My patient told me that all these young women had illnesses, from eating disorders to ulcers to irritable bowel syndrome, which they had developed while working for this boss. My patient was able to get out before she too became

ill. When a new patient, male or female, presents with chronic digestive and other somatic complaints, I keep my ears open for the chance that they may have had past or present involvement with a traumatizing narcissist.

Robert J. Lifton (1961) detailed the conditions he consistently observed when studying thought reform programs, such as in the Chinese Re-Education Camps in the Mao Zedong era. His Eight Essential Criteria are familiar to all who study cults and are applicable as well to the study of traumatic narcissism. I have placed a summary of the Eight Essential Criteria for Thought Reform Programs in Appendix A.

Understanding the Traumatizing Narcissist's Developmental Narrative

When I left the cult, I was confounded as to why anyone would behave as I had seen the guru behave. Similarly, patients who have been abused in a relationship by a partner, parent, or any significant person rack their brains trying to make sense of why the abuser spoke and behaved as they did. The key to the traumatizing narcissist's personality and behavior, and I cannot emphasize this enough, is their delusion of omnipotence. Freeing oneself from the traumatizing narcissist's influence means unjoining and extracting oneself from their delusion of omnipotence. My attempt at the developmental narrative I present here is based on personal experience, patient reports, biographical materials, and even the study of characters in literature (for example, Rudnytsky, 2019; also see a discussion of Eugene O'Neill in Shaw, 2014, pp. 23-26).

Typically, the adult traumatizing narcissist has been exposed in childhood to cumulative relational trauma in the form of chronic shaming resulting in traumatic humiliation—from parents, adults, peers (i.e., bullying), or all the above. Narcissistic parents disavow their envy and resentment of the child's natural dependency, and they demand that the child recognize only the parent's needs and wishes as valid. The child is treated as though they should be ashamed of needing and wanting and are made to feel greedy and selfish. The parent views dependency in others as contemptible, while at the same time making inordinate demands for attention and that their needs be prioritized above all others. In any relationship with a traumatizing narcissist, their implicit insistence that

only their needs and feelings matter become law. The child of such a parent is frightened and humiliated by the parent's disapproval and disappointment yet wants and needs to please and depend on the parent.

Many children learn to accommodate to the narcissistic parent at the expense of developing their own desire and agency. But as the child or adolescent starts to show signs of differentiation, this parent does not like the possibility of being surpassed and not needed by the child, so the parent undermines the child's efforts toward independence. This puts the child in a double bind. They have been taught to associate dependency with shame and humiliation, but they are also taught to associate independence with rejection and abandonment. Adding to the child's confusion, the narcissistic parent is convinced that their own behavior is unimpeachable. They take deep offense at the slightest suggestion that they have anything but the purest motives. Some children with these kinds of parents will grow up, like Alice, to remain deeply insecure, angry and resentful, self-punishing and self-condemning, and obsessed with unrequited longing for the parent's love and acceptance.

In contrast to these victims, the person who has grown up to become a traumatizing narcissist has found a counter-depressive solution. As they get older, they undergo a metamorphosis, dramatically transforming from a shamefully deflated child or young adult to a shameless, hyper-inflated adult. Now they are a triumphant hero, disavowing dependency with rigid and manic defenses against shame. They develop the delusion of omnipotence and infallibility, shamelessness and superiority that justifies infinite entitlement. Fromm (1965) wrote:

From Caligula to Nero to Stalin and Hitler we see that [the narcissist's] need to find believers, to transform reality so that it fits their narcissism, and to destroy all critics, is so intense and desperate precisely because it is an attempt to prevent the outbreak of [their] insanity. Paradoxically, the element of insanity in such leaders makes them ... successful. It gives them the certainty and freedom from doubt which is so impressive to the average person (p. 73).

Victims have difficulty comprehending just how delusional the traumatizing narcissist really is because they have been so successful at justifying and normalizing their behavior. They have systematically eroded the victim's ability to trust their own subjectivity. Victims will often try to get the traumatizing narcissist to see their perspective only to fail again and again. This is because interpersonal differences can be negotiated with rational people but not with someone with a delusion of omnipotence.

Importantly for victims, understanding the abuser is not the same as forgiving or having compassion for them. Without being helped to recognize how complicated one's grief is and how valid one's hurt and anger are, the victim may be advised by some to bypass mourning and move prematurely to forgiveness. Certain popular large group awareness trainings (LGATs) culminate by insisting that participants apologize to and forgive all those by whom they have been hurt. I've spoken to many whose forgiveness was illusory and who quickly returned to resentment and unresolved conflict. Forgiveness of an abuser should always be a carefully considered choice with the clear option to decline. In my experience, victims who are helped to develop self-compassion, rather than berating and punishing themselves for having "allowed themselves" to be abused, eventually develop greater clarity about how or if they wish to be forgiving toward those by whom they were harmed.

The Traumatizing Narcissist's Psychology: The Delusion of Omnipotence

Cult experts grimly joke among themselves that it seems like every cult leader has read the same manual and is working from the exact same playbook (personal conversations). That is because cult leaders are traumatizing narcissists, who have developed and need to sustain a delusion of omnipotence. It is the urgent need to sustain the delusion of omnipotence that makes it imperative for the traumatizing narcissist to behave as they do. The delusion of omnipotence is what makes it possible for them to believe they have triumphed over shame, neediness, dependence, and impotence—and it is what holds back the outbreak, as Fromm (1941, 1965) noted, of full-blown psychosis. Their behaviors are usually portrayed in popular psychology narratives as consciously malicious

and self-serving, but in contrast I believe that they are always dissociatively grooming their targets to dissociatively receive their projections. Through what I would call “dissociative coercive projection,” all that the traumatizing narcissist dissociates as “not me”—shame, envy, impotence, and dependence—finds its way into the psyche of those they seek to control. It is imperative that their projections find a home in others for them to be able to maintain their delusion (also see Davies, 2004; and Grand, 2010).

Fairbairn’s (1952) moral defense concept is useful here. Fairbairn describes how a child of a bad parent takes on “the burden of the badness,” instinctively identifying with the parents’ dissociated shame and self-loathing in their effort to maintain attachment to the parent. As an admirer of Ferenczi, I like to point out that he had already noted this in his final paper, “The Confusion of Tongues” (Ferenczi, 1988a) and in his clinical diary (1988b). I contend that the child’s instinctive adoption of the moral defense implies the existence of a complementary defense on the part of the parent. What I call the parent’s “complementary moral defense” is their locating goodness only in themselves and refusing to acknowledge any badness as theirs. Viewed from this perspective, the child has been projectively coerced by the parent to bear the burden of the badness—just as the traumatizing narcissist’s victim is projectively coerced. The adoption and deployment of the complementary moral defense is another means by which the traumatizing narcissist maintains his delusion of omnipotence.

Cultivating and observing shame, impotence, and dependence in others provides the traumatizing narcissist with the illusion that those vulnerabilities do not exist within themselves—that their rage is not born of impotence; that their contempt is not born of envy; that they can have and take anything they want with no limits, while claiming that they have no need of anyone or anything. They sustain their delusion of omnipotence by repeatedly demonstrating their power over others.

Psychoeducation and Therapeutic Goals for Victims

The work of developing and elaborating the psychological profile of the traumatizing narcissist is intended to provide psychotherapists working in any

modality with a model for treating victims. It is equally intended to help victims construct a coherent narrative about how they have been harmed, so they can learn to protect themselves from further harm whether in an ongoing relationship with the narcissist or in the future. In the early stages of our work, I teach patients about affect regulation (Fonagy et al., 2005; Hill, 2015; Schore, 2015) and help them identify and focus on their needs for safety and stability. Keeping those needs always in mind, as they tell me all that happened, I share with them the various aspects of the traumatic narcissism theory that I have outlined here.

As the recovering victim understands more and more about what they experienced, they continue to be vulnerable to self-doubt because of the lingering influence of the traumatizing narcissist’s extraordinary conviction in their delusion of omnipotence. The victim’s attachment bond to the abuser feels existentially imperative and impossible to break—not unlike how an abused child begs the child protection worker to let them stay with the abusive parent. When a therapist is working with someone still under the influence of the traumatizing narcissist and the patient seems unable to escape the abuse, it is a good idea for the therapist to get support from peers and a consultant to help assess danger and to manage the stress and frustration the therapist will naturally feel.

The work of recovery is especially complicated by parts of the victim that are identified with the abuser and direct rage, disgust and contempt internally toward the victim’s own vulnerabilities. This is self-alienation; the term Janina Fisher (2017) uses in her work. Sometimes, these self-contemptuous parts are also turned outward—toward people they initially draw close to, strangers, and the therapist. Working with the patient’s mistrust of me and others is challenging but expectable. It is significantly more difficult working with the victim’s self-condemning and self-punishing parts—and that is the most crucial therapeutic challenge in the patient’s recovery process. Those punitive, self-contemptuous parts in the victim tend to be especially stubborn, and they will not simply yield to any kind of common-sense invitation to be more self-compassionate. I try to help victims understand their self-condemnation as a survival strategy. Feeling powerless and hopeless about standing up to the narcissist, the victim instinctively develops self-condemning parts in accord with the

moral defense because shame and submission seem to offer a better chance for the victim at staying under the radar and surviving than trying to fight. This was true of Alice and is true in general of those depressive patients with significant attachments to traumatizing narcissists. Helping patients understand and appreciate self-condemning parts as operating in the interest of survival opens the way for the self-compassion that is ultimately needed for healing from trauma.

Conclusion

Finally, as much as I am an advocate for the place of psychoeducation in therapeutic work with traumatized patients, I want to be clear that psychoeducation isn't the process—it is what I integrate into the process, and it can be integrated for these patients into any therapeutic modality. The therapeutic goal for victims of the traumatizing narcissist is to help them recognize the injustice and violation done to them by coercive projections of shame and fear, see how they have been unduly influenced to lose faith in and to mistrust their reality, power, voice, and dignity, and help them in the process of recovering these stolen things—things that were, are and always will be rightfully theirs.

Appendix A: Summary of Robert J. Lifton's 8 Essential Criteria for Thought Reform (from Wikipedia)

Milieu Control. The group or its leaders controls information and communication both within the environment and, ultimately, within the individual, resulting in a significant degree of isolation from society at large.

Mystical Manipulation. The group manipulates experiences that appear spontaneous to demonstrate divine authority, spiritual advancement, or some exceptional talent or insight that sets the leader and/or group apart from humanity, and that allows a reinterpretation of historical events, scripture, and other experiences. Coincidences and happenstance oddities are interpreted as omens or prophecies.

Demand for Purity. The group constantly exhorts members to view the world as black and white, conform to the group ideology, and strive for perfection. The induction of guilt and/or shame is a powerful control device used here.

Confession. The group defines sins that members should confess either to a personal monitor or publicly to the group. There is no confidentiality; the leaders discuss and exploit members' "sins," "attitudes," and "faults".

Sacred Science. The group's doctrine or ideology is considered to be the ultimate Truth, beyond all questioning or dispute. Truth is not to be found outside the group. The leader, as the spokesperson for God or all humanity, is likewise above criticism.

Loading the Language. The group interprets or uses words and phrases in new ways so that often the outside world does not understand. This jargon consists of thought-terminating clichés, which serve to alter members' thought processes to conform to the group's way of thinking.

Doctrine over person. Members' personal experiences are subordinate to the sacred science; members must deny or reinterpret any contrary experiences to fit the group ideology.

References

Dispensing of existence. The group has the prerogative to decide who has the right to exist and who does not. This is usually not literal but means that those in the outside world are not saved, unenlightened, unconscious, and must be converted to the group's ideology. If they do not join the group or are critical of the group, then they must be rejected by the members. Thus, the outside world loses all credibility. In conjunction, should any member leave the group, he or she must be rejected also.

- Benjamin, J. (2017). *Beyond doer and done to: Recognition theory, intersubjectivity and the third*. Routledge.
- Davies, J. (2004). Whose bad objects are we anyway? Repetition and our elusive love affair with evil. *Psychoanalytic Dialogues*, 14(6), 711–732. <https://doi.org/10.1080/10481881409348802>
- Diamond, D., Yeomans, F. E., Barry, L. S., & Kernberg, O. F. (2021) *Treating pathological narcissism with transference-focused psychotherapy*. Guilford Publications.
- Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. Routledge & Kegan Paul.
- Ferenczi, S. (1988a). Confusion of tongues between adults and the child: The language of tenderness and of passion. *Contemporary Psychoanalysis*, 24(2), 196–206.
- Ferenczi, S. (1988b). *The clinical diary of Sándor Ferenczi* (J. Dupont, Ed.; M. Balint & N. Z. Jackson, Trans.) Harvard University Press.
- Fisher, J. (2017). *Healing the fragmented selves of trauma survivors: Overcoming internal self-alienation*. Routledge.
- Fonagy, P., Gergely, G., Target, M., & Jurist, E. L. (2005). *Affect regulation, mentalization, and the development of the self*. Other Press, LLC.
- Freud, S. (1922). *Group psychology and the analysis of the ego*. (J. Strachey, Trans.). Boni and Liveright.
- Freyd, J. J. (1997). Violations of power, adaptive blindness, and betrayal trauma theory. *Feminism & Psychology*, 7(1), 22–32. <https://doi.org/10.1177/095935359707100>
- Fromm, E. (1941). *Escape from freedom*. Farrar and Rinehart.
- Fromm, E. (1965). *The heart of man: Its genius for good and evil*. Harper and Row.

- Ghent, E. (1990). Masochism, submission, surrender: Masochism as a perversion of surrender. *Contemporary Psychoanalysis* 26, 108–136. <https://doi.org/10.1080/00107530.1990.10746643>
- Grand, S. (2010). *The reproduction of evil: A clinical and cultural perspective*. Routledge.
- Hill, D. (2015). *Affect Regulation Theory: A Clinical Model*. W. W. Norton & Company.
- Kohut, H. (1975). Creativeness, charisma, group psychology. Thoughts on Freud's self-analysis. *Psyche*, 29(8), 681–720.
- Kohut, H. (1984). *How does analysis cure?* University of Chicago Press.
- Lifton, R. J. (1961). *Thought reform and the psychology of totalism: A study of brainwashing in China* (1st ed.). W. W. Norton.
- Liotti, G. (2016). Infant attachment and the origins of dissociative processes: an approach based on the evolutionary theory of multiple motivational systems. *Attachment: New Directions in Relational Psychoanalysis and Psychotherapy* 10(1), 20–36.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121–160). The University of Chicago Press.
- Miller, A. (1981). *Prisoners of childhood: The drama of the gifted child*. Basic Books.
- Real, T. (2022). *Us: Getting past you and me to build a more loving relationship*. Rodale Books.
- Rudnytsky, P. L. (2019). *Formulated experiences: Hidden realities and emergent meanings from Shakespeare to Fromm*. Routledge.
- Schore, A. N. (2015). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Psychology Press.
- Shaw, D. (2003). Traumatic abuse in cults: A psychoanalytic perspective. *Cultic Studies Review*, 2(2), 101–129. <https://www.icsahome.com/elibrary/topics/articles/traumatic-abuse-in-cults-a-psychoanalytic-perspective>
- Shaw, D. (2014). *Traumatic narcissism: Relational systems of subjugation*. Routledge.
- Shengold, L. (1989). *Soul murder: The effects of childhood abuse and deprivation*. Yale University Press.
- Stein, A. (2016). *Terror, love and brainwashing: Attachment in cults and totalitarian systems*. Routledge.
- Winnicott, D. W. (1984). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Routledge.