

EXPLORING YOUR FULL SEXUAL POTENTIAL, PART 23: WHEN NASTY BECOMES PSYCHOPATH



In our previous articles (21 and 22), we started exploring the consequences of the narcissistic-triadic family constellation. Frustrations can make you needy ([part 21](#)). In [part 22](#), we showed how in more severe cases 'needy' can become 'nasty'. Now we will take it one step further and reveal how 'nasty' can even become 'psychopathic', the saddest coping strategy of them all. In the first part of this article, we will look at the diagnosis from different angles. In part 2, we will look into the therapy by analyzing an email from James about his past life events.



PART 1: DIAGNOSTIC CONSIDERATIONS

1.1. How to survive

A child growing up in a narcissistic-triad family strategy needs to find a way to get his emotional needs met, despite the fact that during his upbringing his parents were unknowingly more concerned with their own needs being met, than with those of their children.

Parents have all sorts of reasons for acting in this seemingly egoistic way. They may have had their own narcissistic needs unmet and unrecognized as a child, leaving them with an excruciating deficit or shortage of love and recognition, leading to a life-long compelling yearning. They may have grown up with parents mentally incapable of loving and nurturing them, their own parents may have been alcoholics or drug-addicts falling prey to bouts of aggression, physical abuse and other irresponsible behavior, their own parents may have been divorced, or may have had brain damage. Possibly there was no-one out there at all (orphans, foster-children, refugees, etc.). Who knows.



We are not blaming parents, or describing what some erroneously call 'bad parenting'. Our premise is that all parents mean well, to the best of their capability. Neither do we intend to make a fight about what really happened way back then. Our aim is to describe how the child *experienced* the events of their childhood, whether the child's perceptions were correct or distorted. Child psychology is not a forensic examination; it is an empathic look under the hood

to help, not to persecute.

The child found a way to deal with the family constellation: he created a coping strategy.

We need to investigate to see whether this strategy did the trick or if it still has serious side effects in the here and now, and if it is possibly creating collateral damage for others in the process. This is especially important when looking into cases where we see the development of a psychopathic coping strategy with its anti-social traits.

1.2. Coping strategies

A child growing up in a narcissistic-triad family grew up in a dysfunctional family unit. For some, this insight is difficult, if not impossible, to surrender to. In spite of this reluctance, we must face the possibility or the fact that he was caught between two parents who see the child in the first place as an extension of their own person, as a supplier of their own narcissistic needs, as a caretaker and a love-bringing individual to the parents' unfulfilled needs and expectations. Here, it has unknowingly become the task of the child to make the parents happy, to make them proud, to make their fantasy of being wonderful parents come to life.

The love that these parents give, however, is conditional, that is to say: it is only given when the parent gets something in return. If the parent is disappointed, made angry, or receives a narcissistic injury to his/her (fragile) self-esteem, then the parental love dissolves on the spot. And all the love that the child received in the past may even be crushed, or made fun of, in retrospect.



It is as if the parent has a bookkeeping account which can be consulted and used to punish the child. *"Remember the birthday party present I gave you, you filthy brat, after all I did for you! Get out of my eyesight. You are SUCH a disappointment!"*

There are two distinct ways that a small infant can make a 'decision' in this stage of his/her development: either you cave in and do all you can to please this demanding parent, or you give up. You give up hope, optimism, dreams and expectations. You copy the parent's behavior and know for sure that giving love will not automatically yield or deliver love. Love is not a two-way street, so you have come to conclude, it is dog-eat-dog, it is you or me. Either the other gets attention and I never will, or it is *ME* getting the attention.

1.3. The child's inner narrative

In his mind, it is as if the child is saying,

- *You never loved me, why should I love you?*
- *You never cared for me. Who is going to love me then? Certainly not you.*
- *It is all about you, isn't it, Dad, Mum? Your self-indulgence can go on for hours, for days.*
- *The more I give, the more I am used. The more I give, the more I am vulnerable.*
- *Why should I care? I am hopeless, useless, superfluous, a disappointment anyway, no matter what I do, especially since you have made up your mind a long time ago that I am a bad child.*

In this dysfunctional family, the parent can be seen as an emotional manipulator. And so, the seeds of psychopathy are sowed.

1.4. The Antisocial Personality Disorder

In his book *'The Human Magnet Syndrome'*, Ross Rosenberg writes:



Dr. Ross Rosenberg

"A child who adapted to their emotional manipulator parent by becoming a "pleasing" child will likely become a codependent adult. This "pleasing" and "gifted" child escaped major psychological harm or trauma by behaving in a manner that neither challenged nor disrupted their parent's narcissistic needs or fantasies.

However, for the child who could not or would not fulfill their emotional manipulator parent's narcissistic fantasies, their fate is far bleaker. Because this child prevented the emotional manipulator parent from actualizing their shallow and ill-conceived narcissistic fantasies of parenthood, they will have been subjected to harsher treatment, e.g., deprivation, neglect, and/or abuse. The child who ruined his parent's veneer thin fantasies, hopes and dreams will most certainly have an uncertain psychological future."

1.5. The American Psychiatric Association

In the 5th edition of the Diagnostic Statistical Manual of the American Psychiatric Association (*DSM-5*), a clear description is given of the psychopathic or Antisocial Personality (page 660):



“Individuals with antisocial personality disorder frequently lack empathy and tend to be callous, cynical, and contemptuous of the feelings, rights, and sufferings of others. They may have an inflated and arrogant self-appraisal (e.g., feel that ordinary work is beneath them or lack a realistic concern about their current problems or their future) and may be excessively opinionated, self-assured, or cocky.

They may display a glib, superficial charm and can be quite voluble and verbally facile (e.g., using technical terms or jargon that might impress someone who is unfamiliar with the topic). Lack of empathy, inflated self appraisal, and superficial charm are common features.

These individuals may also be irresponsible and exploitative in their sexual relationships. They may have a history of many sexual partners and may never have sustained a monogamous relationship. They may be irresponsible as parents, and display for example a failure to arrange for a caretaker for a young child when the individual is away from home, or repeated squandering of money required for household necessities.

These individuals may become impoverished or even homeless. Individuals with antisocial personality disorder are more likely than people in the general population to die prematurely by violent means (e.g., suicide, accidents, homicides).

Individuals with antisocial personality disorder may also experience dysphoria, including complaints of tension, inability to tolerate boredom, and depressed mood. They may have associated anxiety disorders, depressive disorders, substance use disorders, somatic symptom disorder, gambling disorder, and other disorders of impulse control.

Individuals with antisocial personality disorder also often have personality features that meet criteria for other personality disorders, particularly borderline, histrionic, and narcissistic personality disorders. The likelihood of developing antisocial personality disorder in adult life is increased if the individual experienced childhood onset of conduct disorder (before age 10 years).” (DSM-5).

1.6. Do LGBT youth show more pathology in society?



Homelessness

Activists have long acknowledged the high frequency of problems in what they label as LGBT youths. The figures are far higher than when youths with opposite-sex attractions are surveyed. The problems include homelessness, drug abuse, gambling addiction, failed relationships, sexual deviant behavior, acting out, prostituting themselves.

We notice however that gay activists attribute all problems to the external world, to “society”, which functions as a great big projection screen. Relentlessly, they seek grievances to prove their preconceived stances. This is the mantra of the anti-psychiatry movement, where the existence of mental disorders is labeled as a myth, and where this imaginary hostile society exists by definition.

Ultimately, this world-view leads to the victim stance, which will then last a lifetime in each affected individual, because anti-psychiatry (and therefore gay activism) will not accommodate any other opinion or approach. (This one-sided activism is called LGBT-psychology, and is consistently marketed as the only way to go when looking at people with same-sex attractions).

1.7. The mind-frame of gay activists

When looking closely at the participators of gay activism, we can see that moderate activists are usually codependent, whereas extremists show many aspects of the anti-social personality disorder.

The codependent moderate activist is a people-pleaser. He will engage in kind discussions with others, searching for a common ground of understanding. He will show respect, and when faced with big ideological differences, he will say: “let us agree to disagree”, thereby maintaining the relationship. He is considerate of the other person, he is patient, and can be a friendly employee and a pleasant neighbor.

But the individual who has acquired an anti-social personality disorder has given up on other

people. And he did so long ago, way back in early childhood. His experiences at that age were negative, at least so he felt them to be. And a sad feeling of being blue, a feeling of despair, colors his moves and attitude.



Extremists copulating in public provocatively

And so with extremist activists, we see people who have given up on being liked, who have decided to “*go their own way*”. When finding a group of fellow extremists, a collusion of like-minded men and women is formed, people sharing their common traits. This collusion reinforces their feeling of grandiosity, and this being with “*your own kind*” is empowering. Throwing your weight around becomes the norm, as opposed to finding common ground. Samuel Brinton, who we have described in [other articles](#), is an example of such an extremist.

PART 2: THERAPEUTIC CONSIDERATIONS

2.1. Will psychotherapy work?

Rosenberg writes about persons with an antisocial personality disorder entering therapy:

“As children, they survived their personality-disordered or addicted parent by emotionally shutting down and disassociating from the trauma they endured. As an adult, their traumatizing childhood is bottled up, permanently blocked and repressed from their awareness behind an impenetrable psychological barrier. Instead of being conscious of their harrowing past, they identify with their projected narcissistic self: superior, faultless, grandiose and entitled.

Because of their inability to see their real damaged selves, and their sensitivity to perceived failures, judgments, constructive feedback and criticism, emotional manipulators are more fragile and, consequently, unwilling to participate in the psychotherapy process.”

They are mostly incapable of realizing that they have mental health problems or that they themselves could be the cause of their difficulties in relationships and in society. They blame everyone or otherwise circumstances. They refuse responsibility for their problems, and avoid accountability. Negative feedback is seen as hostile, as discrimination, as being anti-LGBT. They choose to be supported as they are, not to be confronted with feedback which may rock the boat.



In extremist-gay rhetoric, we see that this stance is even promoted as being the appropriate approach for counseling LGBT youths who are at odds with society. No change, no internal mental problems, just a big bad society out there that needs to be tackled. This is the essence of Gay Affirmative Therapy, which has been designed at the hands of extremist activists. These client-centered therapists are not familiar with the emotional manipulation disorders that arise from the narcissistic-triadic family, because such pathology is systematically denied. In doing so, they may unintentionally enable and facilitate an emotionally manipulative client's narcissistic world view.

A person with an Anti-Social Personality Disorder (ASPD) will proceed into therapy with caution and defensiveness. Being forced to take responsibility makes them feel threatened or imperiled. To escape the spotlight of accountability, the client may attempt to sabotage or derail the psychotherapy process. He will question the therapist's background, education, non-gay sexual preference or therapy approach.

He may try to discredit the therapist and the therapy by picking apart the personality and reputation of the therapist, perhaps even digging in the Internet to find mud to throw, small details which can be magnified as part of their *"truth-finding"* contribution to society. He will complain of the cost of therapy and declare that it is not worth it. If he is in a gay extremist activist group, together they will arise suspicion towards therapists by introducing the term "fraud".

2.2. Becoming aware of coping strategies

The Anti-Social Personality Disorder can be seen as a coping strategy that a young child created in order to deal with overwhelming emotions of powerlessness and despair.

James wrote to me about his childhood experiences that he slowly began to remember:

"My father had a bad temper. I watched him scream at inanimate objects and at people when things didn't go his way or when someone would just set him off for no particular reason (myself included). His tantrums were childlike, pounding fists, hitting and smacking himself and screaming like a child. Sometimes it would cause me to cry and scream out of being either frightened or sad, or sometimes I would act similarly and lash out at him for acting the way he did. My mother would sometimes encourage me to do that and blame him in front of me for me acting the way I did. She liked me being against him because I was "so close to her heart" as she always used to say.



I can't even put into words how much inward rage and anger I learned from him. I project this onto other people when I feel they don't care about me or are using me (particularly men), but I do it quietly. When I'm not doing that I'm doing it to myself. This correlates directly with how I feel about most men in general. Some kind of odd, distant object, that can't be connected with peacefully, confidently, or knowingly. It's like some kind of moving target that I can never nail down."

James is becoming quite aware of his emotions, although his narrative has all the ingredients for a anti-social personality development. But he is aware of turmoil and is growing daily into getting to grips with feelings that seemed to dominate his life.

Let us review some of his remarks:

"Sometimes I would act similarly and lash out at him".

In this sentence, James shows how current behavior can be something that was learned at a very early age, that children repeat the bad traits of their parents. But James is now aware of this pitfall, he is gaining self-insight.

"How much inward rage and anger I learned from him".

Here, James reveals how he copies the rage that his father fell prey to, and how he came to internalize it, creating an incomprehensible and deep well of depression. It is aggravated by his mother cheering him on: *"She liked me being against him"*. And so James got caught in the middle of this narcissistic-triadic family, with a mother using him as an ally for her marital problems. This confuses and undermines his natural need for male identification, adding to his anger.

"Some kind of odd distant object, that can't be connected with".

This is how James came to experience men, people who he could not connect (= identify) with. The craving for male connection and identification is the core theme of men struggling with same-sex attractions. James got caught in a double-bind, a spooky set of feelings which are at right-angles with each other. He shows in his email that he wants to identify, but describes how difficult that has been. And many a boy when faced with this excruciating conflict, will give up. He will give up his need for love, respect and care, and will decide to grab what is his, what he is entitled to. And it will be done viciously, with a deep sense of revenge, of entitlement. In short, a psychopathic development may very well set in.

James did not become a psychopath. Somehow, he knew that his problems were not ultimately caused by society or the outside world, but that he himself had a big say in it. He owns his problems, he feels accountable for his rage fits and suppressed bouts of anger. He hates it, but does not project it onto others blaming them. He blames himself, not a very nice predicament but nevertheless far healthier than attributing all woe to others.

2.3 Codependency versus Anti-Social Personality Disorder

Rosberg writes:

“Codependents experienced less childhood trauma and did not have to repress it, their mental health is superior to that of an emotional manipulator. Compared to emotional manipulators, they are far more self-aware, introspective, self-analytical and inherently capable of accepting their problems and deficiencies.

Instead of projecting blame on others for their problems, codependents turn their focus inward, which might include blaming themselves and suffering in silence. They are therefore able to understand, reflect on and be honest about their negative emotional experiences. Although they do not openly share their inadequacies, they are able to accept them, consider their negative and harmful nature and, if necessary, talk about them. Unlike an emotional manipulator, they are not typically reflexively angry and defensive when given constructive feedback about their problems, mistakes and/or deficiencies. Codependents are, therefore, more apt to reach out for personal or professional help as they feel less threatened by it. They are significantly more open and amenable to the psychotherapy process.”

Conclusion

Children who grew up in dysfunctional families, in particular with a narcissistic-triadic family structure, need to develop coping strategies to gain the love, attention and recognition in an

active way. Sadly, they did not get it automatically. If a child manages to please their difficult parents (the pleasing child) by being sacrificial, they may find love and attention, but only to discover that this love is conditional. It will lead to a life-long uncertainty about love and about the self, and ultimately a feeling of inferiority. They make excellent therapy candidates, with a very good prognosis. Most men who dare to say out loud that they struggle with SSA's and dare to be vulnerable with others, belong to this category.

Children who were more deeply traumatized or could not manage to be the pleasing child, no matter how hard they tried, tend to give up and tend to seize that attention and recognition, irrespective of the feelings of others. They will grow to love themselves first and foremost, to the extent that they acquire annoying narcissistic tendencies and an egoistic self-centered behavior pattern. It leads to a feeling of superiority, but this feeling is flimsy and anyone rocking the boat will face the full force of their fury and defensiveness.



They are extremely ambivalent about therapy (after all, they externalize all problems), and it is important that, if they enter therapy at all, therapists do not support their each and every feeling, so as to avoid reinforcing their highly inflated self-concept and to avoid applauding their manipulative tendencies.

Most men and women in the radical-gay activist scene who have deep narcissistic wounds from their childhood, belong to this category, denying all personal responsibility for any feelings. It is as if they do not own their feelings. They attribute all problems so vehemently to other people and the external world that may ultimately find themselves becoming warriors against the concept of insight-giving therapy itself.

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