

## Essay

# Rumpelstiltskin Suicide

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**Abstract:** The fairy-tale of Rumpelstiltskin portrays the downfall of a morbid character who dies of suicide when his grandiose pretensions and sense of special entitlement are crushed. This imaginary elf is the model of certain patients who sustain a precarious, inflated self-organization through defensive overweening fantasy, but who are vulnerable to ego regression and suicide when their grandiose façades are compromised. The defensive grandiose-self of these patients is discussed according to Winnicott's False Self formulation, and in terms of flawed superego structuring. They suffer from ego ideal malformations that invite fluctuations in self-esteem, ranging between profound shame and self-hate on one hand, to omnipotent hauteur on the other. Without reliable ego ideal identifications they must rely on chimerical self-fantasies to keep themselves together, pretending in one way or another to spin straw into gold. Lacking a dependable inner ideal, Rumpelstiltskin characters rely on idealized external objects for self-support. When such objects disappoint, as they almost invariably must, a switch from idealization to debasement occurs (object splitting) and they must be discarded—this is a moment of suicide vulnerability. Yet when reality intrudes too much and the grandiose-self cannot be maintained through the usual operations of distortion, projection, and denial, helped with buttressing from a sustaining external object, affective flooding will occur. Suicide may be attempted when the patients cannot endure the deluge of anguish, rage, and shame that follows narcissistic mischance.

**Keywords:** *Psychoanalytic Theory, Narcissistic Personality Disorder, Suicide*

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Some people commit suicide in a rage—all of sudden, with no warning, without evidence of depression. Just as one man in a tantrum may storm out of a room and slam the door behind him, another in an angry fit may abruptly destroy himself (Ronningstam & Maltsberger, 1998; Hendin et al., 2004; Linehan, 2005). Impulsive, unforeseen suicides of this kind often follow self-collapse when insults to flawed narcissism arouse ungovernable fury.

The story of Rumpelstiltskin, a fairy-tale favorite, ends in a violent suicide. That Rumpelstiltskin put an end to himself in an explosion of rage has been overlooked in the literature of psychoanalysis, but he stands as an icon for certain

narcissistic types who kill themselves when life does not go their way. Moody, lonely little Rumpelstiltskin, androgynous, excitable, unrealistic in his expectations of himself and of others, worked prodigiously for love, and, believing love was owed and promised him, exploded when denied it. Rumpelstiltskin suicide attempts (self-injuries prompted by fury) are familiar in hospital emergency rooms but have not been much investigated. Though comparatively unusual, Rumpelstiltskin suicides are not rare. Empirical investigators are now emphasizing the importance of impulsivity as a personality trait disposing to suicide (Apter et al., 1993a; Apter and Ofek, 2001).

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### **The Tale of Rumpelstiltskin**

According to the Rumpelstiltskin story, when a miller bragged to the king how his daughter could spin straw into gold, the king put the poor girl to the test and ordered her to do that very thing on pain of death. Rumpelstiltskin appeared in her crisis, and offered to spin her straw to gold, at first in exchange for some jewelry, but in the end, only when she promised to give him her first-born child. When the poor girl agreed, the elf, not noticing he had driven her into an impossible bargain, set to work and began turning vast quantities of straw to fine gold. (The amazed and greedy king quickly betrothed himself to the hapless girl, recognizing no other woman in the kingdom could bring such a dowry.)

After a year, when the baby comes, Rumpelstiltskin reappears and demands the child, but hesitates a moment when the weeping young queen begs to be let out of the contract. If she can guess his name within three days, he teases her, she will not have to surrender the child (in his arrogance he believes she can never penetrate his secret). Through a ruse she finds out his name, and in speaking it, throws Rumpelstiltskin into a narcissistic rage. We may imagine how all the royal court begins to laugh. Rumpelstiltskin stamps his foot through the floor, and when he cannot pull it out (he feels helpless, cheated, intolerably ashamed, and trapped), he turns on himself, seizes his other leg, and rips himself in two (Grimm and Grimm, 2003).

### **Rumpelstiltskin: Icon of Pathological Narcissism**

The diagnostic criteria for Narcissistic Personality Disorder (NPD) as presented in such standard nomenclatures such as DSM IV-TR (American Psychiatric Association, 2000) and ICD-10 (World Health Organization, 1993) offer a surface view of how narcissistic patients appear from the skin out as clinicians look at them, but do not evoke their inner experiences. These exiguous manuals, deriving from the objectified descriptive Kraepelinian tradition, whatever their research advantages, are meager clinical aids. We know that NPD patients are usually afflicted with tenuous self-esteem that fluctuates from moment to moment. They make impossible demands on themselves as well as on others, and their sensitivity to slights is extraordinary. Viewing NPD patients from outside, we see how they exaggerate their importance and overrate their achievements. They believe they are exceptional, superior people, above the ordinary run of mankind, and should only associate themselves with the finest institutions and social circles. They look for and expect admiration and respect from others, often with little reason. Outwardly haughty or arrogant, they are unempathetic to the feelings and needs of others, and perhaps because of this, behave in exploitative ways, never doubting that others owe them extraordinary

concessions and privileges. In a word, they believe they are special; they expect others to recognize it and defer to them accordingly.

The fairy-tale portrayal of Rumpelstiltskin suggests another dimension of narcissistic trouble, however. Though the tale shows us a strutting and imperious elf, monstrous in his demands and in his self-importance, there is nevertheless something laughable about him, and beyond that, pitiful. He is odd, little, malformed, and alone. Unconsciously (and often consciously) NPD patients feel that way about themselves, defending against a sense of inner poverty by striking a grandiose pose of superiority and competence, pretending themselves big in order not to feel so little. Rumpelstiltskin patients construct a grandiose façade; they try to believe in it themselves, and to get others to believe in it, because otherwise their emptiness, shame and narcissistic depletion can be unbearable.

Some of these patients have enough genuine talent and sufficient true accomplishment so that their grandiose façades are comparatively sturdy, but even those who can maintain reasonably intact selves over a lifetime secretly experience themselves from within as odd and elfin, perhaps perky and amusing to others, often useful, but hardly meriting love or serious respect. Examined more closely through the lens of empathy, their inner selves are not so grand. Undefended, should such a patient look into the inner mirror of his representational world, he might well see reflected there something ugly, twisted, even freakish. Some of these patients may even be diagnosed with "body dysmorphic disorder"; which points to heightened suicide risk (Phillips & Menard, 2006). They may feel a kinship to the character Yoda of the "Star-Wars" trilogy (Wallace & Anderson, 2005), or perhaps to some lesser genie out of a bottle. (In passing we may note that such fictional benign elves often have qualities of omniscience or omnipotence, as Rumpelstiltskin's golden straw-magic suggests.)

Here is an example of a patient who attempted suicide in the Rumpelstiltskin style. Before taking an overdose, he had been seen in a weekly psychotherapy informed by psychoanalytic principles, aimed at narcissistic stabilization, improved mood regulation, and sustaining self-esteem.

### **Mr. C., An Example of a Rumpelstiltskin Suicide Attempt**

Mr. C., a 55 year old divorced father of an adolescent son, with a history of one previous suicidal display (a dramatic preparation for self-hanging in a quasi-public area) that precipitated him into a psychiatric unit, had an unstable employment history, never having kept an employment for more than a few years in spite of excellent intelligence and talents. Several months before he took an overdose, he was dismissed from a low level position in the curatorial

department of an art museum, after failing, in spite of several warnings, to conform his performance to what his new supervisor wanted. Mr. C. had tried hard to ingratiate himself with some of the wealthy patrons of the museum, with whom he identified as special, privileged persons of “good families” such as his own, going out of his way to do little favors for many of them, and to offer them small extraordinary services. Sometimes he remained after hours at his desk, spinning out these activities. In Mr. C.’s mind, this was his true work. In furthering it, he neglected the filing and other clerical tasks he had been hired to perform. He saw himself as the museum’s unappreciated if self-appointed extraordinary ambassador to wealthy, privileged, and socially elevated clientele, not as an office drudge.

None of this mattered to his superiors; in fact, it annoyed them. Mr. C.’s haughty demeanor affronted many of his co-workers who joked about him behind his back. One supervisor bruisingly affronted Mr. C. in telling him he was employed as a filing clerk and not as a public relations officer or museum fundraiser.

Getting fired burned him up. He found an attorney and tried to sue the museum for wrongful dismissal, but was unable to pay the necessary fees. Leaving his job, bitterly and angrily complaining of the museum’s supervisory clods for weeks afterward, Mr. C. seemed to quiet down. He devoted himself to his hobbies and to helping several elderly relatives and friends for most of the following year, nursing them, running errands, taking care of them. That he was briskly depleting his savings did not distress him, but it worried his therapist. Mr. C. showed no signs of depression and did not speak of suicide. Though his therapist encouraged him to find other work, Mr. C. resisted; all available positions seemed beneath him. When the therapist pointed out that as he had no income, lower-level work was better than none, and could be taken on a temporary basis until something better could be found, the patient broke several appointments and then, hiding in a hotel across the city, took a massive benzodiazepine overdose. On waking up he called his therapist who sent an emergency medical team. Later, recovered from the overdose, Mr. C. blamed the therapist for not having treated him effectively for his underlying suicide vulnerability (“You are highly trained, you should have seen it coming!”), and for not having foreseen a suicide attempt was imminent, even though he had lied about his mental state. He refused responsibility for what had happened, devalued his therapist whom he insisted had humiliated him with pressure to accept crass employment, blamed him for what he considered an unnecessary psychiatric hospitalization, and dismissed him contemptuously.

The therapist, concerned that the patient would soon be unable to pay for rent and groceries, had in fact been insensitive to Mr. C.’s hidden but persistent rage and shame. He had further failed to see

that by encouraging the patient to take on some “menial” work he was affronting C.’s grandiose-self, as his work supervisors had done. The therapist failed to foresee what later happened—that Mr. C. would, by portraying himself as a sensitive victim and psychiatric patient to a sympathetic wealthy relative, obtain financial support (from his point of view, much less shameful than accepting a mere job).

Mr. C.’s father, an aloof university professor preoccupied with studies of classical archaeology, had been emotionally unavailable to his two sons and daughter. His mother, an elegant but vague-minded lady from an old Yankee family, deferred to her husband in most matters. Thought to be charmingly unworldly and rather fey by relatives and friends, she was proud of her garden and specialized in flower arrangements.

### ***The Grandiose-self***

Kohut (1971) described the grandiose-self as an archaic structure present from infancy, intensely exhibitionistic and omnipotent, which, under satisfactory developmental conditions, gradually reshapes into a mature and realistic self through empathic interaction with the mother and, later, with others. He does not emphasize a defensive, protective influence of the grandiose-self as guarding other repressed structures which it shields, but rather treats it as a primitive primary developmental given that ordinarily softens as helpful empathic mirroring takes place—he treats it as the *anlage*, or rudimentary, self of infancy.

From another perspective, however, the special, arrogant stance of these patients, their outwardly superior façade, can be understood as an outward sign of protective operations guarding the “grandiose-self”, that narcissistically unstable self-organization hiding beneath a cover of hauteur. In Reich’s (1958) terms, the grandiose-self is a form of character armor—in fact, Reich described just such a patient to whom he referred as “an ‘aristocratic’ character”.

Viewing the grandiose-self as a shield for unstable narcissism recalls what Winnicott called a “False Self,” the function of which is to hide and protect the vulnerable “True Self”. He stated that when the True Self is exploited, by which I believe he means deeply narcissistically injured, suicide will result. He seems to mean that self-fragmentation is a danger in False Self patients, who cannot withstand annihilating floods of painful affect when the False Self defensive structure is breached. (Winnicott, 1965)

Suicide vulnerable narcissistic patients strive to maintain and believe in their grandiose false selves as a means of survival. They are like actors playing a part, but they must believe in the reality of the part they play, because otherwise they are vulnerable to collapse. They differ from imposters because the typical imposter knows he is playing a false part (at

least some of the time). But NPD patients often feel they are imposters, and in the therapeutic setting often say so, although they do not understand why.

Winnicott (1965) writes, "It can easily be seen that sometimes this False Self defence can form the basis for a kind of sublimation, as when a child grows up to be an actor. In regard to actors, there are those who can be themselves and who also can act, whereas there are those who can only act, and who are completely at a loss when not in a role, and when not being appreciated or applauded (acknowledged as existing)." (p. 150) In Rumpelstiltskin cases, the role which the patient must play, and in which he must believe to survive, is the role of the grandiose-self, but he does not usually experience this as a pretense.

Kernberg (1975) anatomizes the grandiose-self, suggesting it reflects a pathological condensation of three self aspects: the real self, the ideal self, and the ideal object. With respect to the real self, he singles out early experiences when the patient was in fact treated as special and exceptional. He takes the view that the ideal self is built of fantasy, compensatory imaginings of power, wealth, omniscience, and beauty with which the child comforts itself when frustrated and traumatized. For Kernberg the ideal object is also a fantasy—that of an ever-loving and accepting parent to take the place of the disappointing, devalued real parent. His characterization of the grandiose-self traces its development to the injured child's withdrawal, and, as he retreats from reality, the making-up of a better, compensatory version of it.

Most students agree that omnipotent, grandiose attitudes of childhood are gradually modified by satisfactory early parenting experiences; Kohut (1971) writes of "transmuting internalizations" that bring this about, and Winnicott (1965) describes the "good enough mother" meeting the omnipotence of her infant and repeatedly responding to it so as to make sense of it in some way, permitting transformation to occur. The gradual abrogation of the infant's omnipotence enables the toddler to move on to the stage of playing with omnipotent imaginings, and enjoying the illusion in fantasy. Latency children can play at being Superman, without believing they can in fact fly (Hendrick, 1964). The baby's internalization of good early experiences builds up the self and moderates primitive megalomania, laying the foundation for later spontaneity and creative fantasy.

The self and object representations concealed in the True Self of the Rumpelstiltskin narcissist are structurally unstable, prone to fissure and fusion with each other. They are also devalued or idealized with minimal reference to the reality principle. Such patients experience themselves unconsciously as contemptible and grotesque, yet at other times, or simultaneously, as extremely important and fine looking. The intelligence and talents of others may similarly be greatly exaggerated or debased.

Above all, these unstable True Self elements are exquisitely vulnerable to fracture should the protective grandiose-self be breached. In that event the patients may be flooded with such shame, rage, and anxiety that break-up occurs and suicide follows (Maltsberger, 2004).

### *Ego Ideal*

Withdrawal from the frustrations of the unsatisfactory object-world into the realm of fantasy suggests not only repudiation of reality but foreshadows serious developmental pathology in the development of the ego-ideal (closely akin to Kernberg's "ideal self").

In the absence of ego-ideal maturation, the patient remains unprotected from the snares of primitive regressive desire; he is fixated to the primitive yearnings of the little child who longs to be at one with the imaginary perfect mother and her comforts. Not only will the patient listen for the siren calls of regressive love, sexual and otherwise—he will feel entitled to having them gratified. He will target others as potential gratifiers of his grandiose yearnings for pleasure and happiness, and at the same time, he will believe such satisfactions are owed him, as the little child feels he is owed his mother's succor. Murray (1964) has observed that regressive libidinal fantasy is the warp of narcissistic character pathology, and that entitlement to the satisfactions of the regressive world is the woof.

Those without reliable ego-ideal structure are like ships at sea without trustworthy navigational aids, liable to go adrift unless they can follow and imitate others, vulnerable to getting lost and to crashing into unappreciated obstacles. When development is satisfactory, parental introjects are moderated under the influence of reality experiences; reliable identifications take place, and an achievable self-ideal arises, not too demanding, capable of approximation as it leads the self through the challenges, tests, and trials of daily living. When the self-ideal is not fully formed, however, or is at too much variance with what is realistically achievable, the capacity for affective self-regulation is compromised, perfectionistic self-expectations assert themselves (infantile omnipotence not having been tamed by good identifications), entitlement to special treatment will go unchallenged from within, and gender confusion is likely (Freud, 1914).

In short, the integrity of the self depends on its relations with the superego ego-ideal system, just as survival of the little child is contingent on its relations with its parents. In the absence of developmentally necessary loving experiences, and in the face of invidious ones, the superego ego-ideal internalizations so necessary for adult success do not readily take place (Kernberg, 1998).

Keeping the self-representation intact and steady requires continuous re-equilibration within the ego as the level of its narcissistic investment swings between the sustaining flow of love from the ego ideal and aggressive correction from the superego. The self-representation cannot maintain its integrity unless it is loved by the ego-ideal—without this it weakens and becomes vulnerable to break-up. When the self-representation can approximate itself closely enough to the ego ideal (ideal self), to which the ego compares it, the positive affective coloring of good self-regard will ensue. Good self-regard is contingent, however, on the superego's not directing too much aggression against the self-representation. Metaphorically we can say that the self-representation exists in a flux within a continuously shifting force field of opposing love and hostility. The balancing activity of the ego is narcissistic, inasmuch as it represents the ego's effort to maintain a positive affective coloring of the self-representation across time, necessary for the preservation of a stable self, and protecting it from fragmentation and breakup (Stolorow, 1975).

The Rumpelstiltskin predicament is a precarious one, because on the one hand such internalized ego-ideal structure as such patients may possess is unrealistically demanding and omnipotent—the expectation is that the patient should achieve extraordinary things if he is to have any loving approval from within. Nothing less than spinning straw into gold is expected. On the other hand, the critical superego of such patients is always ready to attack the self for any failures of achievement. The defective ego-ideal in these patients, heavily colored with unmodified exhibitionistic demands, often requires that in order to merit any approval from within the patient should attain positions of extraordinary importance and prominence. Nothing short of general respect and praise of world at large will suffice to protect the patient from judgments of inferiority and contempt from within.

Mr. C. had no serviceable ego-ideal. In its place was a structural chimera, based in part on real identification, but comprised of magic fantasy as well. The more functional aspects of his ego ideal seemed to rise from identification with his mother—a kindly, helpful woman whose life had been filled out with worthwhile volunteer activities. Like her, Mr. C. was a caretaker, and liked himself for it. (The family recognized him as especially helpful to older relatives who had difficulty taking care of themselves on a daily basis.) Similarly, at his museum, he took the part of super-volunteer and majordomo, trying to help wealthy patrons, exerting himself to discover and meet their needs and preferences.

Identification with his father had been limited and restricted. He recalled thinking as a schoolboy he would not to pursue a profession, devaluing his industrious, reliable father for being too taken up with the duties of a busy professor. He had imagined how

much better a father he would be when he grew up—he would not bury himself in his study and in committee work. He daydreamed he would make himself lovingly and caringly available to his own children. But in fact, by not internalizing his father's dedicated responsibility and reliability, the patient went adrift in his work life, frequently changed jobs and directions during his younger and middle manhood, and never achieved the academic success of which he was capable. Mr. C.'s ego ideal was chimerical—some of its maternal aspects were reality based, but in place of useful paternal identifications there was magical fantasy—that he was a man of importance, a major contributor to the great institution with which he was affiliated. He pretended that he was such a person just as a boy pretends to be superman, and half believed it. In some sense Mr. C. believed he was spinning straw into gold. With this daydream he could value himself, but when reality intruded in the person of his supervisor and he lost his job, the sustaining fantasy collapsed.

Ego-ideal distortion also permitted Mr. C. to sacrifice reality when his emotional circumstances required it. Keeping true to his own realities and those of others was not a high emotional priority. He easily fell into a pattern of projection, denial and distortion, misperceiving important realities in his work life, and making it easy for him to alternately idealize and devalue others according to the whims and the needs of the moment.

The magical fantasy of achieving important things through pretend-work and superior talent suggests that unconsciously Mr. C. carried within him an unmodified grandiose male ideal never integrated into the ego-ideal system. This god-like man was too grand ever to be achieved in reality. Even had Mr. C. acquired the necessary professional qualifications as a younger man, or athletic prowess, his achievements could never have been sufficient to satisfy such ambition. Instead, the internalized ideal male representation was sexualized. He projected it out, idealizing a series of men whom he sought to please, sometimes homosexually, at other times, by forming close dependent relationships that invariably ended in disappointment. The therapist was idealized in this way. Mr. C. was proud his doctor had a faculty position in a major medical school, and derived some sense of importance from association with him. When the therapist disappointed him by urging “menial” work, the patient turned away from him, abandoning an idealized exterior sustaining object, and regressing into a suicidal position.

Unconsciously these patients are driven by fusion wishes, yearning to repair their narcissistic deficiencies by becoming one with an ideal object. Inevitably reality interrupts these projected idealizations, and with disappointment comes depression and, often enough, the whole apparatus of object-splitting (Kernberg, 1998), when the once idealized heroes are debased and repudiated.

Mr. C. idealized the superior patrons of the museum, and the museum itself, as the highest and the best. He courted their approval to buttress up his unstable self-love. Perhaps this quest for an external ideal, in the absence of a reliable inner one, explains Rumpelstiltskin's demand for the young queen's first child. Perhaps he needed that baby, a perfect, idealized child, an idealized version of himself, to repair from without what he suffered within. Rumpelstiltskin was grotesque, incomplete, not a man, not a woman. In the tale he was spied alone at night, excitedly dancing around a solitary campfire, skipping, hopping, and screeching, singing of his sewing, baking, stewing, and spinning skill, like an old woman and yet like a child, eagerly craving that royal baby he so much needed to complete and repair his damaged self. Fusion with the royal baby would cure Rumpelstiltskin's narcissistic defect by transforming him into a royal elf, favorite of the king, the queen, the court, and all the realm. It would fulfill the fantasy of the "family romance" (Kaplan, 1974), for then he would himself become a royal baby.

One of the characteristics of suicide-vulnerable persons is their reliance on self-objects, as Kohut (1971) called them, exterior sustaining resources to help moderate and regulate affect. Most of the time such exterior sustaining resources are other persons—more or less reliably comforting or soothing other people. Sometimes pre-suicidal patients rely not so much on others but on some work or social position from which they can draw reassurance that all is well (Maltsberger, 1986). Mr. C. did this in relying on his special "work" at the museum, to the neglect of his actual duties. But in any case, patients with a chimerical ego-ideal must look outside themselves, for within they lack adequate self-regulatory capacity. They resemble a different queen from another fairytale, the wicked mother of "Snow White", who had constant recourse to her magical speaking mirror to tell her every day she was the most beautiful, the fairest, in all the land. (We may reflect that when her mirror failed her, that queen flew into a homicidal rage.) Not unlike addicts who must have a constant supply of soothing from without, so also must these patients get outside soothing, for without it, they are vulnerable to self-breakup. Deprived of vital self-object sustenance patients may drown in rage and humiliation from which suicide seems the only escape (Hendin et al. 2004, Maltsberger, 2004).

### ***Narcissistic Rage Turned on the Self***

Rumpelstiltskin died in a narcissistic rage turned against himself (Kohut, 1972). While rage outbursts in narcissistic persons are commonplace, our literature has little noticed how such rages may drive suicide. Psychoanalysts are thoroughly familiar with the depressive (melancholic) model of anger turning around against the self (Freud, 1915), but may be less aware of recent empirical evidence that shows a high

proportion of suiciding patients are in a rage (not depressed only) when they do it (Apter, et al., 1993a; Hendin, et al., 2004; Ronningstam, 2005). That suicide may be a spiteful act, angrily directed at parents and others, was discussed by both Stekel and Adler as early as 1910 at the Vienna Psychoanalytic Society (Friedman, 1967).

When Mr. C. was ignominiously dismissed for not attending to his clerk's responsibilities his grandiose-self was battered—he was devastated to be told in effect his imaginary "work" was not only unappreciated but worthless. It was as though Rumpelstiltskin, denied the child he had been promised, were cast down from his wizardly grandeur to be laughed at and mocked by the royal court as a no account grotesque little pixie. Feeling betrayed and attacked by the very museum whose admiration and respect he believed he had earned, Mr. C. reacted with narcissistic rage and first tried to get revenge through legal action. He sought to turn his passive humiliation into an active attack—to humiliate and shame his supervisors and museum officials in the courts. Blocked from this because he had no money to pursue a lawsuit, he was trapped. The pain of his predicament was not to be endured, like that of Rumpelstiltskin, whose fury had initially led him to stamp his foot. But Rumpelstiltskin caught his foot in the floor, he could not pull it out. Maybe the queen and the king and all the courtiers laughed at him even louder. This humiliation was too great to bear, he could not escape the laughter and the mocking, so he seized his other leg and ripped himself in two.

After Mr. C. learned that he had no chance to get revenge on his supervisors at the museum through legal action he was like Rumpelstiltskin, stuck with his foot in the floor. At that juncture his unwitting therapist, failing to grasp that a bonfire of outrage had now fully flamed up in the patient, audaciously encouraged him to take any job he might get—any job. Mr. C. experienced this as a further and intolerable outrageous betrayal. He had idealized the therapist up to this juncture, and now the therapist added further insult to the intolerable predicament. Even worse, the therapist was lost as an essential external sustaining object. At this juncture Mr. C. quietly, even stealthily, withdrew, concealing his suicide plan behind false explanations for cancelled sessions. Shame and self-depletion overwhelmed him; he swallowed the overdose to get away from suffering that was too much to bear.

Though Kohut emphasized wounded exhibitionism, injury to the grandiose-self, outrage at the disappointing idealized self-object, and turning passive outrage into active revenge seeking, he only acknowledged in a footnote that when narcissistic rage is blocked, suicide can result. He wrote: "...narcissistic rage...when it is blocked from being directed toward the self-object..., may shift its focus and aim now at the self or at the body-self." (1972, p. 397)

Suicides of this kind can be understood as a final, magical megalomaniac defiance of the whole world, the equivalent of destroying everything and everyone. Housman puts it this way:

*Good creatures, do you love your lives  
And have you ears for sense?  
Here is a knife like other knives,  
That cost me eighteen pence.*

*I need but stick it in my heart  
And down will come the sky,  
And earth's foundations will depart  
And all you folk will die.*

(Housman, 1965, p. 185)

### **Defensive Protection of the Grandiose-self**

When the amour propre of a Rumpelstiltskin character is offended—his too tender self-regard bruised, his shame and embarrassment aroused—certain automatic defensive reactions emerge to protect the endangered grandiose-self. Such patients are brittle, their self-esteem fragile, and, as we have seen, unless their protective self-armor is tight and well furbished, they are vulnerable to breakup and possible suicide. To protect their sense of superiority from breaches from without, narcissistic wounds are expectably met with combinations of projection, distortion, and denial. This particular defensive triangle, most familiar in psychotic disorders, appears regularly in narcissistic personality patients under stress. First comes frustration of a sense of special narcissistic entitlement. This unleashes a reaction of fury, which the patient attempts to master by projection. The patient then attempts to support and rationalize his projection by some combination of distortion and denial, with the inevitable compromise of reality sense. Others are to blame, others have failed him, he feels.

We have already seen that their first response to narcissistic affronts is rage, and to this Rumpelstiltskin patients react with projection. Their rage is projected in two ways. The first form the projection takes is the besmirching of whomever or whatever offends the patient (object splitting). The offender will now be experienced as contemptible, obtuse, coarse, or in some other way base—the patient destroys their worth with his projected anger. The late John Murray referred to this as the fecalization of whomever has given offense—figuratively speaking, the offender is smeared. In the second aspect of projection, hostile intent is attributed to the offending party (Murray, 1968). After Mr. C.'s therapist sent a rescue squad to the hotel where he had overdosed and arranged for psychiatric hospitalization, the patient blamed him for the overdose, claiming that he was incompetent for not anticipating it (fecalization of the therapist), and complained that sending him into the hospital afterward was punitive (hostility is projected).

Mr. C. shored up his projection by turning his therapist into an incompetent fool (distortion), when in fact the venial therapist had not done worse than to stumble empathically. Mr. C. asserted his sense of entitlement by insisting that even though he had concealed his suicidal plan and lied about missing his appointments, the therapist should have known an overdose was about to happen (denial of any personal responsibility). These patients work it out for themselves that somebody else is to blame for their misfortunes, and the blame is usually rooted in the failure of the disappointing other to respect and share the patient's conviction that he is entitled to special consideration in life. Rumpelstiltskin believed he had earned that royal baby and was entitled to claim it. Mr. C. believed he was entitled to special thanks and appreciation from the personnel of his museum because of his "work". Such patients as these believe they are exceptions to the ordinary rules, that the painful restrictions of ordinary life should not apply to them, and, when the world fails to go along, they are entitled to take revenge and get even—like Freud's formulation of Shakespeare's hunchbacked king, Richard III. The reader will recall how Freud imagines Richard III.'s saying: "Nature has done me a grievous wrong in denying me the beauty of form which wins human love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to disregard the scruples by which others let themselves be held back. I may do wrong myself, since wrong has been done to me." (Freud 1916, p. 314)

### **Conclusion**

Rumpelstiltskin, Mr. C., Shakespeare's King Richard III., and others like them, suffering from the disappointments and indignities that life visits on everyone, cannot renounce what they cannot have. That what cannot be changed must be endured is a fundamental truth of human existence, yet accept it they cannot. Such characters as these, wounded by life, blame those who sting them, and set out to get even. If further thwarted, they may turn their rage around and kill themselves. Suicides of this kind reflect a particular kind of pathological narcissism. Such patients cannot tolerate any compromise of their grandiose-self structure, because that structure is essential to their psychological survival. It is a defensive shield, and from it arises their superior posturing, their sense of special entitlement, their prickly sensitivity, their readiness to take offense. Fissuring and breaks in the protective armor of the grandiose-self opens the way for such excesses of rage and humiliation that the integrity of the ego itself is compromised. In such circumstances the patients may descend into suicide to escape from intolerable desperation (Maltsberger 2004).

Finally, we hope such idiographic studies as this one will stimulate further interest in the phenomenology of narcissistic personality disorders in general, and in the subjective experiences of those crippled by them in particular. "Narcissistic Personality Disorder" was first included in the third edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) in 1980 and has proven a nidus for controversy ever since, some of it very heated indeed. Preparations for the publication of the DSM fifth edition, planned for 2013, are well underway now. Although for a time it was expected that NPD would be thrown out of the new book altogether, this is no longer the case. A dual diagnostic approach is planned for the new edition. It will take into account impairments of personality functioning across a broad spectrum. Some of the specific traits typical of NPD will be retained, as will prominent traits of the five other personality disorders to be included. In short, stubborn Rumpelstiltskin and his nosological cousins are hanging on and not letting go.

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