

## The Imaginary Self and the Mother's Desire

Phil Mollon

Humankind is currently dominated by images. The mirror, and all the mirror-like social phenomena, pervade modern life. This may not always have been the case. Early humans did not have access to literal mirrors and their social groupings may not have been based around such extensive preoccupation with the presentation of self.

Jacques Lacan (1953) drew a distinction between the imaginary (the realm of images), the symbolic (the realm of language and language-like phenomena), and the real (that which is beyond language). In much of his work (1977), he tended to emphasise the way in which we are invaded and possessed by language, an inherently alienating process that means our experience and desire must be mediated through cultural and societal processes that pre-exist our arrival. Whilst this aspect of the human condition is clearly of profound importance, Lacan's earlier insight into the way we are actually possessed by images remains crucial (Lacan, 1937) – possibly even more so now than when he was writing. The interwoven realms of the imaginary and the symbolic combine to keep many of us forever hostage, tantalisingly and ragefully, disconnected from our deeper authentic being (Mollon, 2020a).

Unique amongst the species, human beings wear clothes. Appearing completely naked in public would be considered an aberration in every human society (except dedicated 'naturist' groups). Clothes are worn not only to provide warmth and protection, but also as costumes functioning as *signifiers*, of status, social allegiance, sexual availability, and many other details of a person's place in society. Before leaving home, human beings will often check their appearance in a mirror in order to safeguard the image that is presented to others. A lack of such attention to social image may be viewed as an indication of self-neglect and mental ill-health.

Many years ago, I worked with a patient<sup>i</sup> who confessed to his overwhelming preoccupation with image – expressed through his clothes, manner of speech, brand of car, latest version of mobile phone, etc. He would change his outfit many times a day, as if he were a model for a fashion company, adapting his look for each social or workplace context. He wanted to convey an image of himself as suave, debonair, successful, sophisticated, and wealthy. In evolutionary terms, perhaps this could be viewed as a mating strategy, presenting signals of being a high status and desirable male, but in his and other cases it seems more than this. He was a captive of the image – originally the image his parents, particularly his mother, desired to have of him. During our early sessions, he expressed a worry about what my 'plan' might be for him, my 'blueprint' for how he might turn out at the end of the analytic work. When I replied that there was no blueprint and that we were engaged in a journey of exploration, the outcome of which neither of us could know in advance, he found this terrifying! The ensuing work, over several years, involved the emergence of his more authentic 'unknown evolving self', liberated from the constraints of the imaginary self – but accompanied by enormous anxiety.

There are some patients for whom the dominance of the imaginary self is so pronounced that it is their core problem, but it is perhaps a feature of most people who seek psychoanalytic help. Current society and culture have become ever more organised around images on screens. For example, in order to mate, the contemporary human has to upload carefully curated images of self so that they can be viewed by potential partners on a screen. Current preoccupations concerning gender identity and myriad other variants of identity politics and identity signalling attest to centrality of image presentation.

The captivation by image tends not to find its full emphasis in psychoanalytic discussions – possibly because presentation of image is rife within psychoanalytic societies. In order to qualify, a candidate has to manage his or her image when presenting in seminars and to supervisors. This must be done with sufficient subtlety that it is perceived as authentic, yet must carefully signal adherence to the implicit theoretical assumptions and fashions of technique characterising the local psychoanalytic tribal culture. After qualifying, the analyst with ambitions for status within the local society must continue to manage the image presented to colleagues. This may lead to widespread ‘false self’ developments, largely hidden because they are congruent with the dominant professional and social culture the participants inhabit – but sometimes revealed when the person experiences a disjunction or rejection by that culture and is no longer supported by the circle of affirming mirrors in their society.

### **The perspective of Heinz Kohut**

Heinz Kohut (1971; 1977; 1979) provided a remarkable new perspective on narcissistic disorders, much of which has been extensively discussed elsewhere and recently updated with contemporary relational approaches (Mollon, 2002; Shane & Carr, 2021; Riker, 2022). One of his key and explicit formulations was that narcissism follows its own paths of development, from primitive or infantile, to more mature. Specifically, infantile grandiosity is gradually transmuted, under the impact of reality, into mature and enduring ambitions. Childhood idealisations are similarly transmuted into mature ideals and values. These twin pathways and poles form the structure of the self within Kohut’s framework. He outlined various indications of breakdown in this structure, and described the therapeutic tasks and forms of transference involved in the rehabilitation of the self. A novel concept was that of the selfobject, expressing Kohut’s insight that the mental and physiological state of the child is dependent on the empathic responsiveness (or its lack) of the caregiver – and that in this way the self and the object may be viewed as functionally one system. Kohut’s work predated much of the later attachment theory, but his concept of the selfobject has some similarity with more modern conceptualisations such as the ‘dyadic regulation of affect’ (Schoore, 1994; 2019)

A more covert aspect of Kohut’s theorising is revealed by his clinical illustrations. Almost without exception (Mollon, 1993), they display a pattern in which a child has been a psychological prisoner of an unempathic mother whilst the father has been unavailable, either literally or psychologically. The child has felt compelled to conform to the image the mother desires of her child – a false self. This is exacerbated by the non-availability of the father. In Kohutian terms, the typical result is a distortion of the mirroring selfobject

relationship with the mother, and a deficit in the idealising selfobject relationship with the father. The child is trapped in a dyad with the mother, and the father's role as the boundary-keeper has been foreclosed. Kohut's illustrations of the psychoanalytic process are all concerned with how the patient spontaneously but unconsciously seeks to establish selfobject transferences, along either the mirroring or idealising path, in order to resume the thwarted developmental processes and build a more secure structure of the self. It is important to note that this process relies essentially on neither the provision of insight nor the reliving of trauma, although both these may play a part. The healing process is based on the establishment of the selfobject transference and an ensuing process of 'transmuting internalisation' – the gradual internalisation and building of psychic structure through the experiencing and surviving of micro-traumas and disillusionments, a combination of optimum understanding and optimum failure of understanding. The analyst's task, within the Kohut framework, is not to 'mirror' in some kind of positive and encouraging way, but to attend to the evolving process, to provide understanding, address the inevitable disruptions in the selfobject transference through the analyst's empathic errors, and to alert the patient to what might be re-experienced in what we might call the historical transference, juxtaposed to the selfobject transference (Mollon, 2011).

Kohut's theorising has sometimes been described as a 'deficit' model of psychopathology, in contrast to frameworks organised around the older notion of instinctual drives. He showed how human beings can be driven by what is missing as much as by what is present in the psyche. When the structure of the self, with its twin poles of enduring ambitions and ideals, is fragile or insufficiently formed, this will break down under the impact of stress and narcissistic injuries (rejections, slights, humiliations, failures, or lack of empathic responses). What are then observed, in the form of states of depression, vague anxieties and hypochondria, paranoid states, or unusual sexual compulsions, can be considered 'disintegration products' of the collapsing self-structure. When viewed through the lens of Kohut's self-psychology, we can in this way sometimes discern the evidence of some kind of childhood psychic catastrophe. It may take the form of the noisy *presence* of intrusive drive-like preoccupations, that paradoxically point towards a crucial emptiness and *absence* of the psychological nutrients of empathic responsiveness that were required to build psychic structure.

This absence is often sexualised, in fantasies and compulsions that represent either what was missing or a compensation for this. Kohut (1971; 1996) gave the example of a man who, at certain times, in response to narcissistic injuries, would feel compelled to visit public lavatories seeking a glimpse of a large penis. During the analytic work, they were able to locate the origin to a particular moment in the man's childhood with a depressed and unresponsive mother and an unavailable father. At a country fair, the young boy had been excited to go on a swing which took him very high. On coming down, he had felt deflated by his mother's inability to share his exuberant delight. Shortly afterwards, he visited the public toilet and was captivated by the sight of a strong and powerful man and his genital. In Kohut's terms, at that moment, the little boy had switched from the position of failing to evoke the needed mirroring from his mother, to the path of sexualised idealisation of an

older male – and this became his subsequent compulsive pattern when he felt an absence of narcissistically sustaining responsiveness from others.

At one time I worked at a clinic and provided psychoanalytic psychotherapy on a once-a-week basis for a man who was talented in his field of acting and performing but extremely self-destructive in both his career and his sadomasochistic relationships with women. Tall, good-looking, and somewhat flamboyant in his manner, Jeremy appeared bewildered about his own feelings and motives – and moreover, as he put it, “terrified of consciousness”. Feelings of anger might fleetingly emerge, but he would light a cigarette and completely forget what he had said or felt a moment previously. In his initial questionnaire, he wrote that he hoped therapy would turn him into a lovely and successful man. It was apparent that he was in every way a performer, but was full of rage. He told me his mother had always wanted him to be successful on stage and had sent him to what he described as a ‘girls’ school’ – in reality, an educational facility specialising in the performing arts. He had, he said, always loved his mother, and an early memory was of running in from the garden to tell his mother how much he loved her. Another early memory was of making a ‘plate of poison’ for his father. Although superficially these two memories have the appearance of Oedipal strivings and competition, the deeper picture was of deprivation of his father, a composer, who shut himself away in his room with a piano for many hours at a time. Jeremy might fairly be described as having no insight whatsoever into the deeper emotional currents that drove him, but his unconscious awareness of being a prisoner of the realm of the imaginary was revealed when he told me he had written a screenplay about a man whose soul had been trapped in a videotape.

One morning I arrived at the clinic to see Jeremy, who was my first patient of the day, and was called over by the receptionist, who appeared quite agitated, saying Jeremy had refused to sit in the waiting room but insisted on going straight up to my room. She said she had tried to phone me to warn me, thinking I might be in my room, but Jeremy had answered! On arriving at my room, I found him sitting in my chair, looking rather pleased with himself. After we both settled, I asked him what might have been going through his mind when he refused the receptionist’s request that he sit in the waiting room. He thought for a moment and then replied: “I think at that moment, the receptionist represented every middle-aged woman who has bossed me about, beginning with my mother!” His next association was to the way his mother had frequently told him “Don’t go in your father’s room”. This vivid transference enactment was very compelling for both of us, in illustrating his profound rageful resentment of his mother’s control and his sense of deprivation of the needed father. Sitting in my chair of course expressed his triumphant identification with his father.

This episode proved a turning point. My acceptance of his enactment and rebellion against imposed roles and rules, and the clear understanding that emerged for both of us that this was a vivid bringing to life of his childhood predicament, seemed to provide him with a new context in which he could settle into a deeper exploration of his unmet developmental needs. He became quieter and more reflective, false-self presentations fading, seeming supported by my low-key empathic mirroring. There was no longer the sense that he was

always performing a role during the sessions. Activation of the developmental path of idealisation was reflected in a shift from a crudely sexualised preoccupation with wanting to be “a muscular and powerful man, with a cock of steel, and every time he looks at a woman her knickers fall down”, to an admiration of the calm and inner strength of his Tai Chi teacher. He also saw me as a figure representing quiet wisdom. Jeremy also became very interested in a spiritual text called *A Course in Miracles*, which he talked to me about; this profound teaching concerns the liberation from false perceptions and identifications based in the ego, and thus seemed very relevant to Jeremy’s initial presentation. Jeremy’s psychotherapy came to an end after about a year, due to the limitations of the clinic’s resources – but it seems his subsequent life and career was characterized by much success.

Jeremy’s psychological predicament and structure corresponded to a recurrent pattern described by Kohut and represented by a diagram on page 185 of *The Analysis of the Self* (Mollon, 2000). This shows a vertical split in the psyche. On the left is shown a state of mind where the person is in a false-self performing-for-mother stance – this would be Jeremy in his extraverted entertainer mode. On the right of the split is a state of mind of depression, low self-esteem and chronic brooding rage. However, there is also a horizontal split on the right side, corresponding to repression. Beneath this split is the true self, potentially seeking nurturing selfobject responses from the caregiving environment. It is this potentially healthy area of the psyche that is in need of recognition and support. The shift is from being captivated by an external demand - a requirement to conform to an image - to the facilitation of the emergence of the unknown within. Kohut’s formulation could be viewed as a more sophisticated and detailed version of Winnicott’s (1960) concept of true and false self.

### **The place of the father**

The relative absence of the father, needed to counter the overwhelming influence of the mother, was a key part of Jeremy’s early development – just as it was in all Kohut’s clinical illustrations. A number of psychoanalytic writers have given central significance to the child’s efforts to regulate the closeness and distance from mother. Rey (1992) referred to the claustro-agoraphobic conflict. Glasser (1979; 1985) described the same conflict as the ‘core complex’, with particular reference to perverse states of mind, and similar arguments were made by McDougal (1980). Lacan (1957) drew attention to the role of language and the ‘symbolic order’ and the ‘law’ as a means of creating a boundary between mother and child. The father, or the one in this functional role, is the third party that helps separate the dyad. The clinical situations alluded to here may all be regarded as failures of the oedipal situation. What may appear as an oedipal triumph for the child, the exclusion of the father, can actually be a psychological catastrophe, a developmental cul-de-sac (Mollon, 1985; 1993).

Although I am not a Lacanian, I do find some of his insights very valuable. He viewed the entry into language as akin to the intervention of the father as a boundary-setter or lawgiver. With the entry into language, the child discovers that it is necessary to speak in order to communicate a desire, that language is bound by certain rules, that there are limits to the mother’s telepathic and intuitive readings, and that child and mother are separate

beings. The constraints and frustrations inherent in language, and in all the ramifications of laws and law-like phenomena of societal structures, also provide the child with the space to become him/herself and develop autonomy within socially sanctioned limits. Without this fundamental development, the child may remain trapped in the realm of the imaginary with the mother. It has been noted that those with a psychotic psychic structure often have an odd relationship with language, with failures of metaphor, and excessively literal and concrete usage, and treatment of words as things (Hill, 2002; Leader, 2011). Segal (1957), in her discussion of symbol formation, described a psychotic musician who refused to play his violin to an audience on the grounds that he did not wish to masturbate in public. Kleinians, such as Segal (1957) and Bion (1962) have tended to view the psychotic dysfunction in relation to language as a result of an intolerance of separation, expressed now as a failure to distinguish the word (or signifier) from the thing it signifies. This seems essentially similar to the Lacanian view that some people fail fully to enter the symbolic realm of language and the law, and thereby fail to separate optimally from the mother.

### **The mother's desire**

The problem for Jeremy was that he could not, as a child, escape his mother's desire – her desire for him to be a particular kind of performing entertainer. It was a mirror relationship, but in reverse – he had to mirror his mother. What he needed, and transferentially sought, was the developmental strategy described by Kohut, to turn to the father as an idealised figure who could offer an alternative to mother. It was in the context of psychotherapy with the male analyst that he could vividly express his rebellious rage against his mother – and, importantly, become aware of this and articulate it in words.

Humans are social beings who form attachments. However, the infant and young child has to manage not only his or her attachment needs and desires, but also the desires of the mothering one and her state of mind, which are in turn coloured by the child's own projected desires, emotions, and phantasies. Typical problems the young child, and later adult, face include:

- My mother wants me too much – she wants to eat me. Therefore, I must avoid close relationships
- My mother needs me – without me she will suffer, be lonely, or may die. Therefore, I must never leave her
- My mother is indifferent to me. How can I evoke my mother's love and desire? I must aim to be whatever she desires
- My mother sees me as an extension of her. Therefore, I must be an extension of her or have no connection with her
- My mother is crazy. Therefore, I must be crazy with her in order to remain connected
- My mother wants to kill me. I must 'kill' myself in order to stay connected to her

All these dilemmas – stemming from the fundamental question, 'what does my mother want?' - are influenced and complicated by the concurrent relationship with the fathering one, or lack of it. In optimum circumstances, the availability of the father offers a benign

developmental alternative to the mother, a triangular space in which desire, rivalry, connection and rejection, flirtation, and powers of manipulation can all be explored in relative safety. The child may desire possessive intimacy with mother or father but is reassured by the perception that the parental figures desire each other. This safe developmental space may be seriously distorted in any of the following conditions: there is no fathering one available; the father is not a benign and idealizable boundary-giver, but is brutal, rejecting, or a figure of contempt; the mother conveys that her desire is for her child and not the father, perhaps conveying contempt for him; the father expresses and enacts sexual desire for the child. In any of these conditions, the child may be drawn back into the dyad with mother, a prisoner of her desire and perceived need (Diamond, 2018). These conflictual dilemmas - with their elements of domination and restriction, control versus helplessness, and subjection to the other's desire - may later become sexualised and may contribute to sexual dysfunction and BDSM practices (Kohut, 1971; 1977; 1996; Stoller, 1979; 1986).

When the child identifies with either the mother, or the mother's image of the child she desires to have, then he or she may experience a superficial good self-esteem – but this will correspond to the left side of Kohut's diagram of the vertical split, a false self that is disconnected from the authentic unknown self. This state of false pleasure-in-the-self may in some cases contain delusional potential since the child then has not separated out from the infantile assumption that reality is determined by the image – that reality is *imaginary* and thus can be whatever is imagined and asserted. In such circumstances, it is the image that is cathected rather than reality, and the person's energy will be channelled into protecting that image.

Many of the difficulties that lead people to seek psychoanalytic help stem from their efforts to resolve the twin questions of 'what does my mother want of me?' and 'what does my father want of me?' – along with the core emotions and anxieties that result from the ensuing conflicts. These are structured by the oedipal triangulation (or failure) in early development (Mollon, 1993; Lemaire, 1977), which in optimal circumstances enables a psychological space within which desire and autonomy can be explored. In less benign conditions, a child may be trapped in a state of anxiety, caught between the dangers and conflicts in relation to mother and the dangers and conflicts in relation to father.

For example, a man experienced his mother as smothering in her desire to maintain closeness to him, an inappropriate intimacy that had during his adolescent become somewhat overtly sexual – thus, her desire was overwhelming and unmanageable for him. He had needed the loving support of his father to provide an alternative, but his father tended to be critical, scornful, and humiliating. He felt he could never be what his father wanted. As an adult, the man was fearful of being possessed by a woman, but also in continual states of rage with himself, in identification with his father, berating himself for his many supposed failings. He felt constantly restless and anxious, just as he did as a child when neither mother nor father could provide a safe attachment.

## **Psychic murder syndrome**

Sometimes the mother is experienced as (unconsciously) wanting to kill off the actual child and replace him or her with one that conforms to her desired ideal image. This is a condition I have called psychic murder syndrome (Mollon, 2002). An analogy may be drawn with the film *The Stepford Wives*, where a secretive 'men's club' engaged in the sinister practice of systematically murdering all the wives of the small and seemingly idyllic town of Stepford, replacing them with robotic replicas that were completely compliant with the desires of the men. In psychic murder syndrome, it is the child's authentic self that is murdered and replaced with a replica – but, crucially, this murder is continued internally within the child and later adult. A continual murder of the self, of authenticity, and of relationships takes place, often leaving the person baffled as to their own motives when seemingly positive developments are sabotaged. The person who has experienced psychic murder early in life will be determined that this should not happen again. Accordingly, he or she will identify with the 'murderer' and continually kill off potential relationships. The unconscious principle here is that it is better to end the relationship and kill off emotion actively than to suffer this passively as the one who is abandoned or emotionally destroyed.

For example, Jennifer, a single mother in her 30s, would often rebuff advances from men who seemed to want anything more than superficial encounters with her. She spoke during sessions with sadistic glee of how an unknown man, possibly someone she had given her number to in a bar, was trying to message her, but she would delete the messages without reading them. She appeared to experience no curiosity about who he might be or what the message contained. Thus, any potential relationship was aborted before it could develop, a triumphant elimination of any emotional connections and a sadistic thwarting of her own attachment-seeking self. When her children were very young, she had fantasies of murdering them in order to spare their suffering in the world. As we explored her early life, the picture of her mother that emerged was of a woman who preferred to live within a pretence based on an image of how she thought a marriage and a mother-daughter relationship should be – completely at odds with Jennifer's perception of a family pervaded by rows and little communication or empathy. Psychic murder did of course find expression in the transference, where she often had fantasies of ending the therapy, and would delay setting off to come to the session until the last moment. After the full syndrome was explained to her, she experienced an intense need to attend – until she broke off all contact and did not return, a final triumphant murder of therapeutic possibilities.

Edith Jacobson, one of the great theorists of the ego psychology school in America, provided a clinical example that has similar elements of gross repudiation of the child's authentic potential self, with highly destructive consequences (Jacobson, 1965). In this case, the two parents seemed united in their desire to create a Stepford Child. Jacobson treated a young man who suffered his first psychotic breakdown at age 15. Jacobson saw him between the ages of 18 and 23, a period during which he veered between paranoid rages at his parents and extreme submission. He believed that all wives tried to kill their husbands. His sexual fantasies were sadomasochistic, and he would experience urges to rape girls he saw in the



street or else castrate himself. He had no peer relationships. Outwardly he was extremely polite. His sense of identity was very disturbed, complaining of not knowing who he was or what he wanted. Jacobson described his parents as “uniquely narcissistic” and “completely unaware of their child’s needs” (p 215). They told Jacobson that when they caught him masturbating at the age of 9, they wept and informed him he would become insane if he continued. From this point onwards they had constantly watched him, accompanying him to the toilet. His mother would rub ointment on his “sore penis” every night, a practice that caused erections and obsessional masturbation with incestuous fantasies. The mother had not allowed the boy to play with other children, but after another mother had described her as overprotective, she had sent him on a long journey alone to New York, where he got lost and terrified. The parents appeared generally pleased with their son’s earlier development, saying he had been “precisely the way we wanted him to be, precisely the way we are ourselves” (p 216). Not surprisingly, the young man had struggled with intense rage. He remembered fantasies from an early age in which he was strapped to his mother’s breast flying straight to hell. He remarked “I hated her so much I wanted her to go to hell, but being chained to her, I had to go to hell with her” (p 216). In Jacobson’s view, his psychotic breakdown represented his frantic efforts to throw off his enslavement and inhibitions “by sending the overpowerful superego-mother to hell” – adding, “The result was chaos and his breakdown did drive his mother to despair.” (p 216). This was the stark final sentence in Jacobson’s book.

### **The pathological grandiose self**

True narcissistic disturbance, of the kind commonly denoted by the idea of narcissistic personality disorder, occurs when the person’s psyche is dominated by a strong grandiose self-image. This is a condition originally described by Kernberg (1975), who suggested it consists of a fusion of the images of the ideal self, the ideal object, and the actual self. Kohut’s (1971; 1977) contemporaneous writings referred more to states of narcissistic vulnerability and fragility of the self as a structure. Somewhat confusingly, these two both used the term ‘grandiose self’, but for Kohut this was a repressed authentic self, dissociated from the false self formed in identification with the mother’s desired image.

All of us may on occasion slip into narcissistic states of mind, self-focused and careless of the needs and feelings of others, but a key feature of the more determinedly narcissistically disturbed is a persistence of a subtle self-righteous delusion of personal goodness. When faced with criticism, the less narcissistic person will be more likely to consider its possible truth, to feel some temporary diminishment of self-esteem, to ponder how the reality of a failing might be mitigated or repaired – or perhaps, after due consideration decide the criticism is unjustified. For the truly narcissistic person, this process of self-examination is bypassed and any possible injury to the grandiose self-image is repudiated. There is always someone else to blame for the problems that arise. I have previously described at greater length a juxtaposition of the narcissistic and reality-based states of mind (Mollon, 2020b). In the latter we accept the narcissistic wounds of life, whilst in the former we attempt to deny and repudiate them.

It is important to note that egocentricity, although a feature of narcissistic disturbances, is not the key factor. All children are egocentric, and many of us remain so to varying degrees as adults. Development and learning from life are required for the painful and sometimes disconcerting process of becoming able to consider and understand another person's experience and point of view. As Kohut emphasised, empathy is a developmental achievement. The availability of mirror neurons can help (Corradini & Antonietti, 2013). What distinguishes true narcissistic pathology is the dedication to preserving the false grandiose self image.

The preservation of the grandiose self-image typically requires the availability of another person who can serve as a recipient of the disavowed and projected elements that are not congruent with this. Such recipients could be another social group or class, a work colleague or employee, or a spouse. The partner of a person with this kind of narcissistic disorder will often be subject to a pattern of 'coercive control'. This behaviour, now a criminal offence in the UK, involves the systematic undermining of the victim's self-esteem and confidence, combined with increasing control over all areas of their life, and isolation from any potential sources of support. Commonly, these malign psychological actions would be preceded by an earlier phase of 'love bombing', with gifts and declarations of devotion and admiration. Experiences of coercive control can have extremely damaging effects on the victim's state of mind and mental health.

In these ways, the person with a pathological grandiose self-image attempts to recruit and coerce others to sustain this illusion. It is a subtle form of psychosis, since the recognition of reality is impaired. Psychological energy is directed at preserving the image rather than engaging with reality, and thus indicates a state of belligerent languishing in the realm of the imaginary. Such people are less likely to seek psychoanalytic help – but their victims often do.

### **Is there anything behind the image?**

What, if anything, lies behind that image and network of signifiers that constitute a person's social identity and presentation of self? The Lacanian position would suggest there is nothing. Nobus (2000) writes:

In Lacan's view ... the degree to which human beings are convinced that they possess a strong identity is more indicative of psychosis than anything else ... behind all these identifications there is no essential core, no anchored true identity. The me does not operate as part of a larger 'self', nor does it shield a hidden self. It is but a surface or wall behind which there is nothing to be found. (pp. 196-197)

We might indeed argue, on this basis, that all human selves are false selves, based on identification with the roles and images available within the culture into which the child is born. However, my own perception is that there is more – a deep source of being that exists beyond the illusion and the symbolic order (Faber, 2013; Mollon, 2022). There is a 'true self' but is always an unknown evolving self (Groddeck, 1929). As soon as we think we can see or identify it, the truth is replaced by illusion. We are captives of the 'totalitarian ego' (Greenwald, 1980), that always seeks to dominate and control perceptions of self and other,

and to foreclose or limit awareness of the ineffable, the realm Bion (1965) designated 'O'. The ego wants to say that the ego's world is all there is (Schucman, 1975). From a neuroscience perspective, this reflects the logic of the left hemisphere, usurping and denying the holistic vision and illumination of the right hemisphere (McGilChrist, 2009; 2021, Tweedy, 2013; 2020). What is thus revealed is that all of narcissistic pathology stems from this left brain tyranny and its fear of the unknown evolving self, mediated via the right brain. To the extent we can counter this, we set our patients, and ourselves, free.

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<sup>i</sup> All clinical cases are disguised composites inspired by a number of clients