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# The Structuring of the “I”

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## Abstract

A theory of the formation and nature of the “I” based on identification in the Mirror Phase is outlined. This theory is illustrated by reference to formative moments in the psychologies of two historical figures. Its therapeutic usefulness is shown in relation to a clinical vignette.

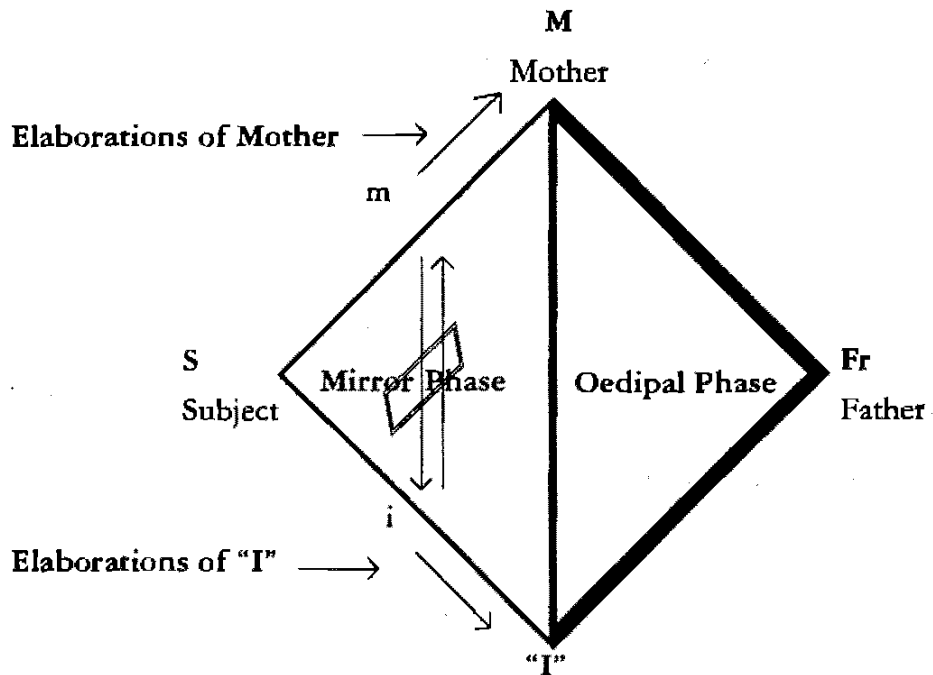
## Introduction

To try to understand the structure of the Subject, (the person in analysis or psychotherapy), and particularly how their “I” has come into being, I make reference to Laplanche and Pontalis’ *The Language of Psycho-Analysis*. Under the heading of ‘The Mirror Phase’ there appears:

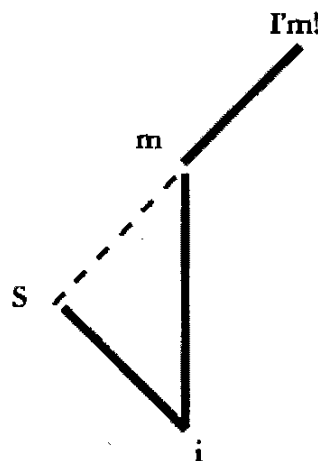
As far as the structure of the subject is concerned, the mirror phase is said to represent a genetic moment: the setting up of the first roughcast of the ego. What happens is that the infant perceives in the image of its counterpart – or in its own mirror image – a form (Gestalt) in which it anticipates a bodily unity which it still objectively lacks (whence its ‘jubilation’): in other words, it identifies with this image. This primordial experience is basic to the imaginary nature of the ego, which is constituted right from the start as an ‘ideal ego’ and as the ‘root of secondary identifications’. It is obvious that from this point of view the subject cannot be equated with the ego, since the latter is an imaginary agency in which the subject tends to become alienated.

This can best be understood to mean that out of the raw material the infant begins to elaborate their experience along two axes. There is the development of a sense of the object world (see Diagram 1) from a very preliminary sense of Mother (m) in the merged state to a more filled-out and firmed-up sense of her (M) in the oedipal phase. Concurrent with this there is the development of a sense of “I” from a very preliminary state (i) in a mirror merger with mother (m) to a similarly more filled-out and firmed-up sense of “I” (I) in the Oedipal development, the entry into the world of Other-than-Mother (Fr). [Diagram 1a]

## Diagram 1: The "I" in Development



The quotation I have chosen suggests to me, though, that there is one very simple but important detail in this original structuring of the "I" that often escapes attention. This is represented or highlighted in the lower abstraction from the upper more complex matrix of Diagram 1. First it must be emphasized that the Subject is born into an experience of "being-in-bits" or of not quite being joined-up, the pre-I equivalent of part objects in the development of the object world. The theory of the mirror phase points toward the idea that this being-in-bits is escaped from by a linking up imaginatively with a preliminary sense of mother (m) in the merged mirror relationship to form the first roughcast of the "I" (I'm!) So far, pure Lacan. [Diagram 1b]



What have others said? R D Laing said that "we have taken the other into our hearts and we have called them ourselves." D W Winnicott said something to the effect that the baby sees itself as the sparkle in the mother's eye. More succinctly, Wilfred Bion said that "in the analysis I aim to introduce the person to themselves!"

If it is possible to suspend disbelief and go along with the idea of this mirror phase (Primary) identification and take it seriously, then it has some very fruitful implications in terms of the underlying characteristics of the "I" that stem from it:

### **Characteristics of the "I" that stem from the Mirror Phase.**

1. The desires of the "I" are the desires of the other, through mirror identification, and as such are destined to be frustrating to the subject. In other words, the desires of the "I" are essentially endless and unfulfillable.

A moment's self-reflection will reveal this to be so. Indeed, that it is so underpins our whole consumer driven and advertising driven world. Here lies the source of the "shopper's high", that elusive promise of the achievement of Desire.

2. This mirror identification, as the very core and the basis of the "I", brings with it fantasies central to the merged mirror-relationship. These fantasies – of Omnipotence, Immortality and Bisexuality – are fundamental to the "I".

Just to take one of these as illustrative, it has often struck me how difficult and beneficial it can be to be brought into close awareness of one's own mortality, at least to some degree. Those who have been, are deeply changed by it – often to the good in relation to their Narcissism.

3. When this "I", with its desires and fantasies, is put into question (as in a therapeutically induced regression), then anxiety and aggressive rage are unavoidable, in response to the threatened unmasking of the illusion of the "I" and its fear of an underlying state of being-in-bits. Indeed fantasies of this state are almost sure to emerge in the course of such a treatment.

I like to think here of the story of Rumpelstiltskin and his Narcissistic rage when his name, that best token of the "I", is taken out of his magic control. In such a rage he falls through the floor, an image for me of Regression towards a loss of the "I" structuring.

A British comedian was asked what he wanted for his epitaph. He suggested: "I knew this would happen." The reason we laugh is that in fact we *don't*, in our unconscious mind, 'know that it will happen' half as much as we might think we do.

In struggling with the thoughts for this paper it has come to me that, in a sense, our developmental task in striving for emotional growth is to be not so much tied up psychologically to our births but rather to our mortality, our deaths, and so make the best of our lives. In other words for emotional growth we need to free ourselves from the Narcissistic illusions of the "I".

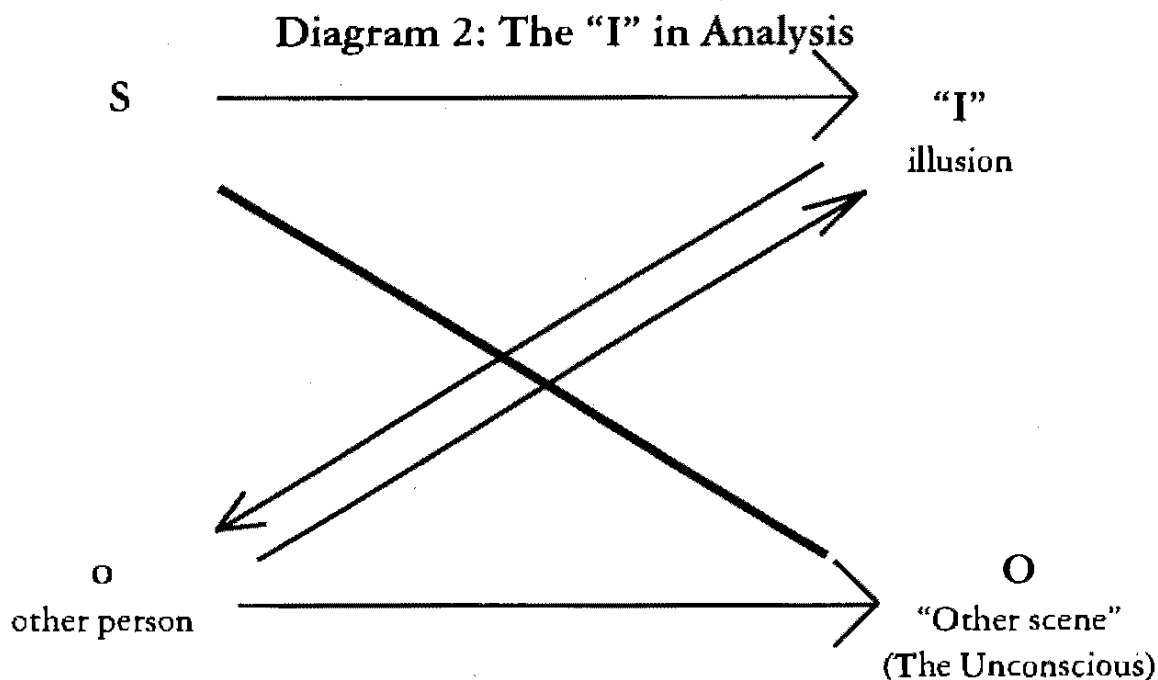
How can this be achieved? Here it is useful to look from a purely psychological perspective at the historical stories behind two cultural icons.

For me the story of Jesus' time in the desert, a productive self analysis, is to be taken at face value. A period of perhaps six weeks of fasting and meditation bring about the temporary overwhelming of consciousness by various hallucinations of a regressive nature to emerge as illusions of omnipotence in its various guises (being able to fly, create wealth, possess unlimited power etc.). These are recognized for what they are and renounced towards the goal of emotional growth.

A similar theme is revealed in the story of Prince Siddartha, beautifully portrayed in the film *The Little Buddha* by Bertolucci. It is well worth watching this film to see the moments that, very similarly to the Jesus story, lead up to his "enlightenment". Here more specifically the "I" (ego) is renounced as "pure illusion".

What has all this got to do with analysis or therapy? These profound resolutions of the "I" are not commonplace. It is interesting however to see that, using a slightly different language, many theories of psychopathology and of emotional growth put the resolution of Narcissism, itself a mirror metaphor, in the central place. Much of our clinical endeavour and also of our personal or self-analysis is caught in the tension between trying to achieve a resolution of Narcissism and, of course, trying not to (because it is so very painful).

What happens when the "I", seen in this way, is brought into the analysis? Diagram 2 shows that the Subject (S) in analysis has a view of themselves, ("I"), that is in important respects an illusion. Let us imagine something such as "I am an innocent and helpless victim of this cruel and heartless world". This is presented to the other person (o), the analyst or therapist and as such it seeks



affirmation or support: something like "Tell me 'Yes, indeed it is so.'" Perhaps the therapist would, if analytically inclined, be reserved in providing this affirmation, unseating the conversation towards that "other scene" of Freud's, the unconscious (O), so that the Subject is to some degree further informed of their nature and the illusions of their "I" from the unconscious. This is an "interpretation", (O@S). [Diagram #2]

### A Clinical Vignette

I would like to tell a story from my own clinical experience to give some more ordinary clinical perspective on all this.

The person is a young woman who has suffered very privately, almost secretively, since her earliest years from a knowledge that her body is in fact rotting, decaying, crawling with bugs, stinking. She has lived in this persecuted, almost delusional world, driven to excesses of washing in a desperate attempt to combat this corporal putrefaction.

The analysis has been characterized by a mode that we have together come to know as "confetti thinking". Myriads of tiny scraps of individually more or less coherent image, experience, emotion and thought swirl in a snow storm that is, as a whole, utterly meaningless and, for great periods of time, impenetrable: fragments completely without order in time or place. I find myself dazed, confused, hopeless, sometimes almost put to sleep. This worries me and often I feel quite reprehensible, a disgrace to the profession, perhaps myself seriously ill. However, it is worth bearing with these difficult feelings of my own. When

I try to struggle against them it seems to make matters worse. If I give myself over to them, from time to time meaning coalesces in my mind as if, with stillness, the confetti fragments settle out to some coherent collage and enable me to give something back, say something useful so that a new part of the story or history may fall into place.

This cyclic process revolving between meaningless confetti and the emergence of meaning may be spread over weeks or even months. I have the feeling at this particular phase in the therapeutic work I am describing that the gradual development of meaning is again imminent. Somehow there is a sense of some hideous truth looming. Something almost too awful to be told in a story already wealthy with awfulness. Gradually the analysis is imbued with the actual smell of rotting flesh – not just “meat” but “flesh”. Then suddenly one day it is visible there before us, utterly shattering, a vivid memory recalled from early childhood. Tucked away in a room at the back of the chapel, (this in an enclave of the community given over to the severest religious fundamentalism), the child stumbles on a hidden sack. Inside, grotesque beyond words, infant bodies rotting, every detail visible despite the decay, It is hard to convey how shattering this is, even for me at one remove.

The next time we meet, there appears on the stage (for we must remember the analytic space is a stage) a shadowy figure who tells the child:- “that’s where the farm-girls’ unwanted babies go. You can see they’re babies – look at their little hands”. The recovery of this memory, in its two stages, is as compelling as it is dreadful. The smell is choking. The babies’ bodies are crawling with maggots. There is an overwhelming sense of something terribly bad, sinister, going on. Here is organized infanticide.

I have remained attentive but quiet over these sessions but now, in my mind linking it with an earlier reference to life in the settlement, I voice my own association to the effect that small animals, when skinned can look very like a human foetus. This is vehemently refuted by the angry retort “ but rabbits don’t have hands!” I ask where the rabbits come from, since we had previously mentioned only possums in the life of this township. And possums do have hands, don’t they?

It is time for us to finish our session.

At our next meeting, to my surprise we have moved to what seems to be an unrelated topic, the story of how this young woman had been tricked in her adult life by her husband, who had invented a whole falsehood around a murder

he claimed to have committed. When she discovered the fabrication, which had been used by him for years to exercise an abusive control over the direction of their marriage, she became so enraged she made a serious attempt to kill them both.

When asked why we are talking about this now, she says that after the previous session she had been unable to go to work but had returned home in a similarly blind rage – “blind” because she could not connect the rage to anything.

I say I think it must have had to do with what we had been talking about in the previous session: the rage and despair at having been fooled all her life about the possum carcasses being dead babies.

After this session I really fear for her that she might go out and kill herself. It is no longer a blind rage. The drama threatens to over-flow the stage.

Subsequent to these sessions, we came to realize that it wasn't a meaningless trick that had been played, but rather in that childhood moment in some out-house at the back of the chapel she had stumbled on an image, a distorted mirror in the shape of a neglected sack of possum carcasses that gave form in the “I” to a previously unformed feeling that she herself was an unwanted baby. “So that's what I am, one of those unwanted babies crawling with bugs (a childhood word for maggots) and stinking rotten”. Nobody had even played the trick – ideation had been assembled from fragments of information in the child's mind, stories of women being “big with babies”, then “not big any more”. Where do the babies go? All of this against a background of Minnie Dean and the Southland lore.

As some measure of the therapeutic gain derived from this work, it was interesting to see that, in the working through, it became possible for her one morning in the succeeding week to organise unconsciously to miss the alarm and sleep in. This meant coming to see me without any morning shower, unheard of in her life till then. Remember this was a person who till that time had been compelled and ‘lived by’ her need to wash often for hours on end. Four to six weeks after the reported sessions she was able to say:- “there's no more filthy smells – no more bugs – it's all washed clean”, and “I can tell a story and start at the beginning and tell the whole story right through to the end”. These benefits have by and large remained.

But the point of this story is not to wave around one of those all too rare moments of striking clinical progress. Rather this story illustrates very well the way in which the “I” is open to change because it is structured in the way that

it is. In this example it is only one aspect of the "I" that is being worked with, a part based on a single moment of identification. A distorting mirror, the possum carcasses, allows the idea: "I" am that unwanted, rotting baby. When this disturbing aspect of the "I" can be analysed so that the illusory moment of its formation can be seen, it no longer captivates the subject. The desires of that "I" – here for an impossible cleanliness – no longer have a hold on the subject.

As an addendum, looking back over this work, I find myself a bit chastened. What if I contrast these above-mentioned therapeutic gains to the probably endless inventions in the Imaginary if I had been tempted, as I very well might have been, to affirm the "I" in its illusory aspect on the basis of my own fantasy world?: "Yes, we have uncovered a terrible crime. Here, indeed, is organised infanticide." It occurs to me that such a course may not be as unlikely or unusual in our work as it might at first seem, providing, as it would, a well-spring for stories of ritual abuse and the like. Do these stories in some cases bear a resemblance to material based on fantasies of the torments of a Body-in-bits?

## Conclusion

This theory of the "I" and its first formation in the Mirror Phase, the characteristics that such a formation lends the "I", the differentiation between the "I" and the "Subject" of the analysis – all these have remained for me provocative ideas. If I was asked whether I believed the "I" was actually constructed in this way I'd have to say I don't know. And yet, as a way of thinking, there is no doubt that it can be most productive in clinical work. There is nothing as practical as a good theory.

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I also particularly wish to acknowledge my debt of gratitude to my colleague, Lorraine Scott, without whose help I would not have written these thoughts.