A young woman stared at herself in a mirror in her analyst's waiting room. "How ugly you are," she thought. She was plain and wore no make-up. Her clothes were clean, but often didn't quite fit; or some detail was wrong—an open seam, a skirt too short for the slip beneath it, a pattern too large for the dress—giving her the appearance of an orphan waif. Occasionally she came to her session well groomed, wearing an attractive dress that made her look like a grown woman. Another patient, with a contiguous hour, once saw her dressed this way, did not recognize her, and wondered what had become of "that poor, nice young girl."

When happy or deeply moved, she could be beautiful. But a habitual stubborn, disapproving expression transformed her into something like ugliness; her features seemed to express repulsion: "No! Go away!" was obviously aimed at the you she so regularly saw in the mirror. Her appearance seemed to accuse the observer of neglect. Feeling repro...
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It was evident that, in preparation for the confrontation with the “ugly” image she called “you,” the young woman scowled before looking into the mirror. Who was looking at whom here? Who was the subject? Who was the object? How was she splitting up the mental images of herself? Was it a normal or a pathological split? My first and certainly not incorrect formulation was that she was looking at herself through the eyes of her disapproving
mother. I began to think in terms of identifications and introjects. But then the analytic material indicated that the girl was also looking at the image of her mother. The almost daily confrontation at the mirror was full of hateful feeling—this was part of its "ugliness." The image of the analyst was also lurking in the mirror—he owned the mirror and was the chief current object of the patient's projections. She referred to the mirror so often that she began to provide material for a demonstration of Freud's (1912) injunction that the analyst should be a mirror to his patient. I became aware of the mirror as a fascinating instrument that allows for perception and reflection of images of the self and of others.

The Mirror as Metaphor

The mirror has been a compelling metaphor since primitive man discovered his image in still water. This distant past is evoked by the myth of Narcissus, the Greek youth trapped in fascination as he tries vainly to embrace his reflection. His condition graphically portrays how unattainable of satisfaction are the wishes of the earliest narcissistic period of human development. Water, in the myth, symbolizes birth and the mother; its surface is a mirror and its depths are the medium for symbiotic entrapment. The myth reflects the earliest confrontations of mother and child that give rise, as Lichtenstein (1964) says, to the emergence and maintenance of identity. Individuation develops from the situation of mirroring that starts with the first reflections of the infant in the mirror of its mother's eyes.

Narcissus asks of his reflection, in Ovid's version of the myth (Ovid, 1889 p. 106): "Am I the lover or the beloved—the one who wants or the one who is wanted?" The mirror image can stand for some aspect of the self, or of the object (the prototype is the parent), or of the self as pictured in the parent's eyes. All these have clinical relevance to the woman I have been describing.

1 The situation at the mirror called to my mind Freud's comment to Fliess (Freud, 1887–1902, p. 289): "I am accustoming myself to the idea of regarding every sexual act as a process in which four persons are involved." The statement was meant to describe bisexuality, but it also conveys the complexity of human identity.

2 See Astley's comments, quoted by Elkisch (1937): "it is while he is in closest proinquity—in her lap—that the young child can use his mother's eyes as a mirror: there he sees himself..." (p. 241).
The Mirror as Mind

The situation at the mirror involves two related spaces (which can be thought of either as limited or infinite) separated by a barrier of metal-coated glass. If viewed superstitiously (the inside of the mirror having contents) as well as realistically (a recording surface for visual perceptions), it can represent a working model of the mind. Indeed Freud (1900) compared his model of the mental apparatus to visual instruments like the camera and telescope, whose basic principle is that of the mirror. The ontogenetic development of the mind proceeds by way of “mirroring.” The two worlds external to the mind: the world of the body and self, and the world of the environment outside the body, must be internalized and stored as mnemic images—those basic units of the mind’s inner world that, as in Plato’s parable of the Cave, represent sensory, largely visual, reflections of the Real. The mother/child relationship of the narcissistic period sets the foundation for the development of mind as well as of identity.

Röhein (1919) showed how the superstitions and magic associated with the mirror in almost every culture could be understood by the mirror’s linkage with narcissism—with the early infant/mother confrontation and the nursery experienced as the universe. The good and bad “mirror-magic” (Spiegelzauber) that Röhein documents reflects the magic and omnipotence, the timelessness, the fluctuations between overstimulation and bliss, between fusion and differentiation, of that early period of development.

If the crucial mother/child relationship is good enough, differentiation between self and object—between inside and outside—and individuation are achieved. The optimal mirroring situation—the child gazing into the fond and accepting mother’s eyes—makes possible the secondary identifications with the parental figures and then with others that contributes to the core of the ego and the superego (the self representations and the object representations organized as structural and functional units that, even in adult life, are continually shifting and yet still can remain predominantly constant.) Recent psychoanalytic work on the mirror has centered on the mirroring situation as evoking the beginnings of object relationship and the sense of self (see especially Kohut, 1971 and Lichtenstein, 1964). The mirror can be used to evoke images of the self
and the parent, and—here I add something—the parent/child confrontation, at any stage of development from fusion to differentiation.

**Mirror Meanings**

The mirror can be used as an instrument of truth or of distortion. It can be a metaphor for the apprehension of what is there: Hamlet enjoins the actors to “hold the mirror up to Nature” (III:II: 24). This advice is quoted by Freud in his comparison of the analyst to a mirror: “The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him” (1912, p. 118). A common assumption about the mirror is that it tells the plain truth, it shows what is there to be seen: “the best mirror is an old friend” says a proverb. But it can also show what one fears or wishes to be there—like the magic mirrors of Vulcan or Merlin. The mirror can be used to falsify: “The devil’s behind the glass,” says another old proverb. Francis Bacon uses the mirror as a metaphor for the mind, as Freud does, and describes its potential for truth and for falsehood: “For the mind of man is far from the nature of a clear and equal glass, wherein the beams of things should reflect according to their true incidence; nay, it is rather like an enchanted glass, full of superstition and imposture, if it be not delivered and reduced” (1605, p. i). Psychoanalysis works toward accomplishing that reduction, and Freud wants the analyst to function as a “clear and equal glass.”

Associations to mirrors sometimes connote denial: it’s only a reflection, it doesn’t count. And the mirror can signify distortion. Many optical illusions can be produced with plane mirrors and especially with curved ones. The mirror does not in fact picture the world as it is. The ordinary mirror reverses images right and left (special arrangements can give a reversal of up and down too). Only symmetrical structures remain unchanged when reflected; asymmetric objects are reversed (Gardner, 1959, p. 162). Extensive use is made of this in *Alice Through the Looking Glass* in which “the ordinary world is turned upside down and backwards; it be-

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3 cf. Stendhal (1830, p. 100), defining his idea of the realistic novel. He uses the image of a journey (symbol for an analysis) as well as that of a mirror: “a novel is a mirror that strolls along a highway. Now it reflects the blue of the skies, now the mud puddles underfoot.”
comes a world in which things go every way except the way they are supposed to” (Gardner, 1960, p. 181).

Reversal of subject and object can be evoked with the mirror; active and passive can be simultaneously represented. Masturbation at the mirror is frequently accompanied by fantasies involving the exchanging of roles (including all three roles in the primal scene). Changes of aim in such “mirror perversions” as sadism/masochism and the doubly invoked exhibitionism/voeurism can appear in actions and thoughts involving mirrors (see Eisnitz, 1961). The mirror’s power of reversal represents an anal mechanism. The breaking of mirrors can express oral sadism and the castration complex.

The mirror has a flat surface and yet can picture a three-dimensional world. It can therefore symbolize both a façade—a surface that can be broken—and a cavity that can be penetrated, like the Looking Glass House in Alice. The possible references to defloration, castration, and intercourse are obvious. “To do it with mirrors” can easily put “the devil behind the glass,” as can be seen in so many mirror superstitions and legends involving losing one’s life and soul to evil beings.

The mirror, metaphor for the mind, is particularly suited to portray vertical splits in the mind: ego against superego; self against introject; self representation against object representation; good against bad self- and object representations. The vicissitudes of what Schafer calls reflective self-representation (1968) can be studied at the mirror. One can gather evidence for the presence of unacknowledged “personae” (Shengold, 1971) or pathological vertical splits in the ego or psyche (Fliess, 1961; Schafer, 1968; Kohut, 1971). All of these splits can appear at the mirror in the neurotic and can be of hallucinatory intensity in the psychotic (see Elkisch, 1957). The mirror can also be used to try to repair or undo splits—to restore symbiosis or to hold together a disintegrating psyche.

_The Image of the Genitals in the Mirror_

Greenacre (1968) reports: “although the child cannot see his own face, by the age of two he has usually been shown it repeatedly in a mirror and has begun to be familiar with it as his, although the mirror also raises a question of ‘I’ and ‘the other’ in young children” (p. 307). According to the observations of Anna Freud (1954) and Dorothy Burlingham, the child at first does not recog-
nize the mirror image as his own. This has to be learned and is not achieved until sometime after the second year. Two-year-old twins at the Hampstead Wartime Nursery took their mirror image to be that of the other. At two years, five months, twin Bill was calling his twin Bert “other-one Bill.” At this time, Bill was looking at himself in the mirror while urinating; he was talking about his brother when he said of the image, “Other-one Bill do wee-wee” (Burlingham, 1952, p. 43).

The mirror, as place or space, can symbolize the female genitals. The mirror acquires importance because it gives an opportunity to see one’s genitals. A full view of the subject’s own vagina (or anus) is only possible with the use of a mirror. Greenacre continues about the young boy:

In the case of his genitals he can see them as well as touch them, but he cannot see them nearly as clearly as he can see the genital parts of the “other,” whether child or adult. For the boy there actually is some discrepancy between the image obtained from looking down at the genitals and that of seeing them directly reflected in the mirror. This is sometimes disconcerting. One patient said that when in childhood he masturbated in front of a mirror with a fantasy that he was being watched, he always felt that the mirror image was not the correct one, but was extra large [p. 307].

Who owned this “extra large penis”—the child, or the watcher (presumably the father)? The answer is probably both and either: both parent and child were present in fantasy at the mirror. The patient was not only being watched by the father, but was watching him. The extra large penis was his and not his, his father’s and not his father’s. In fantasy an exchange of genitals is possible. Both sides of the Oedipus complex could have been involved at the mirror: to want to deprive the father of his penis as well as lose the penis in submitting to the father. A mirror action or fantasy can express castration fear and also provide reassurance (Look! Father is allowing me to have a big penis like his!). Exhibitions of genitals at the mirror can also repeat experiences of naked confrontation between child and parent; and they can serve as a screen for primal scenes.

All this can be seen in Freud’s reconstruction about such exhibitionism in the case of the Rat Man:
his favorite phantasy [was] that his father was still alive and might at any moment reappear.... Between twelve and one o'clock at night he would interrupt his work, and open the front door... as though his father were standing outside it; then, coming back into the hall, he would take out his penis and look at it in the looking-glass. This crazy conduct becomes intelligible if we suppose that he was acting as though he expected a visit from his father at the hour when ghosts are abroad.... [father] would be delighted at finding his son hard at work. But it was impossible that his father should be delighted at the other part of his behaviour; in this therefore he must be defying him. Thus, in a single unintelligible obsession-al act, he gave expression to the two sides of his relation with his father.... Starting from these indications and from other data of a similar kind, I ventured to put forth a construction to the effect that when he was a child of under six he had been guilty of some sexual misdemeanour connected with masturbation and had been severely castigated for it by his father [1909, p. 204-205].

In the daily record, Freud adds some details:

he used... to turn on a great deal of light in the hall and closet, take off all his clothes and look at himself in front of the looking-glass. He felt some concern as to whether his penis was too small, and during these performances he had some degree of erection, which reassured him. He also sometimes put a mirror between his legs [p. 302].

The submission to the father, as well as the defiance of the father, is very clear. The slight erection caused by the excitement of the exhibition adds another determinant to the impression of the "extra large" penis reported by Greenacre's patient. By putting a mirror (with its "contents" of "I" and "the other") between his legs, the Rat Man was underlining the masturbatory re-enactment of primal scene fantasies with himself as observer and/or in either parental role. Castration fear and the need for reassurance against castration are obvious in the Rat Man's use of the mirror.

A young man looked at himself in the mirror while urinating in the analyst's bathroom. He was aware of some excitement, and his penis (contrary to his usual impression—as with Greenacre's patient) seemed large. He developed a slight erection. He blushed as he became aware that the mirror belonged to the analyst: the analyst, too, might look at his own penis in this mirror while uri-
nating. The fantasy of the analyst showing his penis from inside the mirror and looking at him became conscious. He was both exhibiting to the analyst and voyeur to the analyst's exhibition.

In the course of the analysis, this fantasy came up many times. The confrontation at first was predominantly an exciting, frightening, and hateful contest to determine who would be castrated. Hatred and castration fear were covered over with the fantasy that he would get a large penis as a gift from the father figure. As the analysis proceeded, fantasies of sexual contact and the castration conflict receded without disappearing; the patient increasingly felt a containable wish to be like the analyst, with the right to keep his penis and have his erection sanctioned by the analyst. The patient's father, a weak loser in relation to his powerful mother, at least had had very large genitals. Deeper than the father imago transferred onto the analyst in the mirror was the image of the phallic mother whose frequent exhibitions to the child while urinating had so augmented his castration complex and his need for denial. She also used to ridicule the child's penis, telling him that he "had nothing down there." During what was supposed to be latency (age seven), but was not for this child, the disturbed mother took him to get hormone injections to enlarge his genitals. The physician had laughed at her and, much to the boy's relief, said there was nothing to worry about. Looking at himself in the mirror meant reassuring himself that he had not lost his penis or his identity. His penis could be seen as large and not "nothing," and he could also admire his body (unconsciously becoming a symbiotic unit—the parent as well as himself) in order to establish what Kohut calls the grandiose self: "I am complete; I am great; I need no other."

The Effects of Traumatic Experiences in Childhood

Optimal "mirroring" involves the acceptance of the child's separate identity by a loving mother. If the mother is unwilling or unable to let go, individuation is made more difficult and narcissism more intense. The need for mirroring—the need for acceptance and approval by another—persists, with lessening urgency, throughout life (see Mahler, 1972). The flow back and forth between parent and child that makes for "emotional refueling" is intensely interfered with if, after individuation has been achieved, the child is subjected to
chronic and severe overstimulation by an adult, especially by a parent. These children (see Shengold, 1963, 1967, 1971) were tormented and beaten; or repeatedly seduced; or subjected to what amounts to exhibitionistic rape with ensuing castration shock. Subsequently such children use the mirror, not only for projection and re-introjection of images of the self and of the parent in fantasy play, but also to repeat experiences of traumatic confrontation and intercourse between the self and "the other."

The young woman who said to the mirror, "How ugly you are," had passed through the symbiotic phase of development and arrived at individuation more or less intact—i.e., there had been no inherited defects and, with apparently adequate mothering in her first two years, the core of psychic structure had been successfully laid down. She was expressing her feeling about her self-image, her body, and her genitals. The mirror image was also her mother, an intensely dissatisfied woman whose habitual facial expression was one of disapproval. The patient's initial complaints were of feeling unattractive, selfish, and unworthy. She suffered from suppressed rage and from bouts of compulsive behavior. She described her mother as wonderful: "I used to think she was perfect." The intense ambivalent tie to her mother turned out to be her most meaningful attachment. She was continually motivated to deny her "perfect" mother's imperfections of body, mind, and character. Her involvement in repetitive compulsive acts kept her mother out of her conscious thoughts. I learned that she was repeating, in disguise and attenuation, early traumatic seductive events between herself and her mother.

Buying an article of clothing or furniture took weeks of obsessing. Afterward she minutely examined her purchase for defects, and since it invariably turned out not to be perfect, she would return it. Both before and after the purchase there was intense involvement in fantasy with the salesman (or saleswoman). Despite her hostile, demanding behavior, she expected to be loved by the salesman. He had supplied the damaged artifact and would rescue her by supplying the perfect one. The rage-filled struggle went on for weeks. The rest of her life continued as usual during these periods, but it had little meaning. Under the sway of her compulsions, this ordinarily polite, decent, and well-behaved girl became shrill and vindictive, tricky and dishonest. Beneath her anger and
excitement were feelings of depression and intense longing. Like Freud's Rat Man, she was transformed by her obsessive involvement with cheating and being cheated. She did not really acknowledge this unattractive "persona"—the intellectual knowledge that she was tormenting the salesman and herself was split off and discounted.

As the analysis proceeded she gave up these bouts of acting out, but a dreadful yearning for them continued. In her associations her mother emerged as a predominantly selfish, angry, irrational person who required complete compliance and admiration from her daughter. In a sense there was nothing new here for the patient. But the ugliness of her mother's character defects had existed in a walled-off compartment of her mind. Here, too, the split-off knowledge, as Freud said of the Rat Man, was "sterile" (1909, p. 268). She described, for example, how her mother promised the children a special treat for dessert, and then bought spoiled fruit. This happened repeatedly, but the girl always believed, at the same time knowing better, that "this time" the fruit would be good.

When the child was four, her father was away for long periods. It emerged that the mother had turned to the little girl who was home alone with her all day. There was an almost daily ritual of bathing with the mother, the two of them facing each other in the tub. Details of this confrontation emerged with great resistance. It became clear that the mother had been sadistically exhibitionistic—fully displaying her vagina and anus—and that there had been sexual contact. During these displays, when approaching orgasm, the mother's face became an unrecognizable trance-like mask of hatred. Any acknowledgement of the child's existence was abandoned. The child's initial pleasure of the body contact was transformed to unbearable overexcitation and rage; this led to terror.

During the unfolding of this traumatic past, associations to mirrors appeared frequently and began to be blended in with the destructive "mirror-situation" of the naked child facing her naked mother in the bathtub: "Why do I always feel impelled to look in your mirror? It's as if there is something magic about it—I think of an evil witch—the witches in Macbeth sitting in [sic] the cauldron. My God, why did I say that? I must be thinking of being in the bath with my mother."
She felt rage at the mirror and a wish to smash it. Once she did break a mirror and cut herself. She connected the mirror-smashing impulses with wishes to castrate and be castrated. She realized that she wanted not only to smash her “ugly” self, but also her mother and her analyst.

Suddenly, without the usual obsessive preparations, she purchased a new mirror for her own room. It came from the country of her mother’s birth. It was described as beautiful, “almost perfect”; yet she still wanted to smash it. In relation to this mirror, details about the seduction were remembered: “What I really look for in the mirror is the picture of my mother and me in the tub—she showed her vagina to me in every detail. She would lift her legs to the sides of the tub—Oh, I can’t stand it! You have to do something sexual to me. I want to take a piece of glass and cut a six-inch gash in my face and then look in the mirror.” The six-inch gash in her face was resolved to her having been pulled toward her mother’s genitals, which had then been applied to her face.

Acknowledgment and conviction about the reality of the memories of the baths came about in large part through another mirror situation: seeing herself as victim in a small girl. The patient began to be aware of her own sexual and sadistic wishes toward children. Once when a three-year-old girl was left in her care, she felt a strong impulse to put the child on her bed and press her genitals to the child’s face: “It was such a temptation because I felt I could get the child to let me do it and I would get away with it—an innocent child! And my vagina was just burning. I’m not that crazy or that cruel—I could never do it. But I can understand how my mother felt toward me as a child. And she would have had no qualms.” Gradually the patient was able to see her mother fully; her (admittedly few) good points as well as her psychosis and bad character. She was very proud when she noticed a slight crack in the mirror she had purchased and it didn’t bother her.

The confrontation in the bathtub had meant castration shock, overstimulation, and terrifying rage. This made for an overwhelming need to be rescued by a good mother. The rage was turned inward; the bad mother was taken in as “introject.” The good mother was preservable only at the expense of the compromise of
reality testing by denial. She identified with her mother who, in between the sexual contacts, showed no awareness of what had taken place during them. Realistic appraisal of her mother’s defects was only possible in a split-off, “sterile” fashion. Differing views of herself and her mother were maintained simultaneously by hypnotically walled-off vertical ego-splits. For example, she constantly denied castration while feeling and acting castrated and as castrator. She was fixated to the bath trauma, compelled to repeat it in displacement and attenuation, and to repeat the defenses and ego distortions made necessary by the continued overexcitation and the pathological identification with the mother. The mother as introject was neither quite a self representation nor an object representation but a confusing unsynthesized mixture of both which, when psychically activated, was accompanied by confusion, autohypnotic states, and a loss of the feeling of identity.

It was the terrible rage felt as a magic murderous power that was probably the most difficult part of the experience of the past for the patient to own. In order to try and reassure herself when beginning to feel her own rage (or her mother’s), she sometimes rushed to the mirror. Sometimes seeing the nice young girl there would bring comfort. More often she dressed and set her face to find herself “ugly,” and yet there remained the desperate hope that this time the mirror would show the loving mother gazing lovingly at the beloved child. The good magic mirror would take away the terrible excitement and anger. To be in the bath water with mother, to gaze at her own image in the mirror (like Narcissus) would bring the timeless peace of the baby at the breast. The inevitable disappointment led to more rage, more guilt, and greater need for rescue—in a vicious cycle. The incestuous contact had enhanced the narcissistic promise of magical specialness. This was seen in what was almost a transference delusion that the analyst would, as promised, seduce her in some wonderful way, making her a part of him or at least making her perfect with the gift of his phallus.

In the course of the analysis, the magically wonderful mirror that was supposed to be perfect was associated with her mother, and the mirror whose cracks could be tolerated, with the analyst. She rejected the magic mirror of her mother, promising bliss but containing the devil, in favor of the “clear equal glass” of the
analyst—offering no magic, but promising a sense of identity. She was able to "see" her mother, and ceased to "be" her.

**Implications for Technique**

It follows that it is necessary to know thoroughly, not only one's patient, but also the important people in the patient's life, especially the parents. The knowing must be experiential, so that one can empathize with the patient's world as if it were that of a very close friend or of a character in a great novel. To know the parent is difficult: direct evidence is not available; the patient inevitably distorts. What is unacceptable is frequently projected onto the parent. Often the patient has identified with traits that he denies in the parent. In cases of childhood seduction, the child most often takes on the guilt that the adult may not have felt. It is difficult to determine whether the story of being seduced, tormented, or beaten by a parent is memory or fantasy. The analyst must be aware of the subtleties and the intensity of the resistance in these cases, evoked by the attempt to get the patient to recognize and be responsible for recognizing what the parent was and is like. Despite the difficulties, the transference to the analyst who functions as a "clear and equal glass," enables him (within inevitable limits) to show the patient not only what the patient is like but what his objects are like. It is necessary not only to see but also to feel with conviction what is there, both in the self and in the object. Self- and object representations must not only be freed from distortion, they must become separable and subject to discrimination. The patient should become responsibly aware of the inevitable displacements between subject and object, and develop the ability to synthesize as well as analyze the splits in the self- and object representations. Parents exist in the minds of these patients in large part as split-off unassimilated introjects (part self, part object). To give up the introject, the patient must feel what it is to identify with a parent. The patient just described had to feel not only her rage at her mother, but also her mother's rage at her. The patient must feel what is there to be felt on both sides of the mirror—thought and feeling must be free to flow from one side to the other.
The man who looked at his genitals in the analyst's bathroom mirror, for example, was not able to see with any conviction, and therefore could not empathize with his own pathological qualities in others. (Most of these had been derived by way of identification with his parents.) He would repeatedly go to an authority figure with the assumption that his needs would be put first, no matter what. The seductions and spoiling of childhood had produced the narcissistic insistence that he was the center of everyone's world. He had enough charm and intelligence to get his needs fulfilled much of the time. But the compulsion to repeat inevitably made him push for too much (for the unattainable, like Narcissus), or—with even more dramatic results—to attach himself to a parent-substitute who had narcissistic qualities similar to his own. The confrontation between the two self-centered people meant being at the mirror, but before analysis he didn't know this. He was always astounded and "beside myself" with rage at the quite predictable selfish treatment he received from his superior. The intellectual awareness of what would happen based on his acute knowledge of his boss's character was swept aside. This time (a recurrent motif) it would of course be different and his wishes would be granted. Only after he was able to see and feel the terrible intensity of his own narcissistic needs was it possible to begin to work toward empathy with those very needs in the parent-figure. The change took place gradually in relation to the memory and reconstruction of his early relation to his disturbed "symbiotic parasitic mother" (Mahler, 1968, p. 148). Her blindness to other's needs and her making use of him as an extension of herself had to be felt. He learned to see what was going on on both sides of the mirror (in himself and in "the other") and became able to synthesize previously split-off images of himself and his parents. A freedom in his thinking developed with the flow back and forth between subject and object in the past and in the present. In Schafer's terms, there was a freeing of reflective self-representations.

The I-You Shift

A regressive shift to an early narcissistic mirroring situation can be signalled by a sudden switch from the first to the second per-

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4 Because "the other" was a kind of mirror image, he was in reality "beside himself" in this confrontation.
son in a patient’s associations. This usually has the meaning of distancing affect and probably always involves some change in the sense of identity. In the following example it reveals the presence of an unassimilated introject. This clouds the mirror: self- and object representations become fused, and the patient cannot see clearly who she is or who “the other” is:

A young woman, subject to mirror dreams, was describing a meeting with a man, X, who was judging her work. She went on to the familiar theme of feeling as if the analyst was criticizing her and being hostile. The anger this roused was characteristically disowned and turned against herself. She said she was aware that she hated the analyst for just being there and knowing how she functioned (i.e., for being a mirror), but the anger wasn’t felt: “I just shut you out. It’s as if you aren’t there, so I don’t feel the anger. If I turned around and looked at you, maybe I’d feel it. I have the thought, ‘Get thee behind me, Satan.’ I’m thinking of X again. He was fairly nice today, but I had to not think about the last time when we fought. He is so critical and directive. I give in, and then I even begin to think maybe he is right.” (Here anger appears in her voice for the first time.) “It’s really intolerable. I always was so uncomfortable with him. You never know where you stand with him. [Analyst: “You shifted from I to you.”] I realized that. I have to get away from my anger with him. I had a feeling of cloudiness momentarily. It is as if someone in my mind were saying, ‘You shouldn’t be angry.’ The ‘I’ gets lost.”

Here the thought and feeling, “I am angry with you,” addressed mainly to the analyst, was first displaced onto someone else, then put into the past. In spite of this, the affect became conscious. There was an alteration of consciousness (cloudiness), and a regressive distorted (cloudy) mirror situation ensued that is expressible as: You are angry with you—that is, You (the I:Parent introject) are angry with you (self representation as object confused with object representation as object). The “I” is lost, as the patient said. The introject expressed an unassimilated superego force angrily asserting, “You shouldn’t be angry.” With the slight alteration of consciousness, the patient’s feeling of identity was dimmed. In the cloud of slight confusion, it was not clear who was angry with whom. To have retained her sense of identity, to have banished the introject, she would have had to have been able to bear her frightening rage—to have felt, “I am angry with you be-
cause of the way I feel you have been treating me.” The thought was available, but with the approach of the rage to consciousness, the I was transformed to You.

The next day she did better: “I said I wanted to turn and look at you and called you Satan because you were hateful. But today I really feel the hate, and it makes me feel like Satan myself.” The mirror situation: I/Angry Satan am looking at you/Angry Satan became analyzable when she was able to feel the rage on both sides of the mirror. Once she really felt “the devil’s behind the glass,” she was able to see herself and the analyst clearly.

Autohypnosis

The case just described illustrates the confusion and cloudiness that denote an alteration of consciousness affecting the feeling of identity and inhibiting thinking; this marks the activation of an unsynthesized introject. At the mirror it is not just a matter in these instances of the self-as-subject confronting the self-image. The patient reacts as if someone else were present (“the devil’s behind the glass”): an introject, part self, part object, dimming the sense of identity and taking away the (always shifting and never complete) capacity to differentiate clearly subject and object, self representation and object representation. There is a hypnotic subjection to the introject that can be manifested in a hypnoid state (see Dickes, 1965; Shengold, 1967, 1971). The alteration of consciousness can be so subtle or chronic that it is not noticed by the patient. The autohypnosis can distance or suppress emotions, sexual feelings, and anger (see Fleiss, 1953, 1973). Anxiety may or may not be felt. With chronicity the whole syndrome can operate with almost no awareness of it. When these defenses and symptoms are continuous and intense, what results is as if functioning. The feeling of identity is chronically deficient; automatic and rigid isolation distances feeling; vertical ego splits are walled off by autohypnotic states.

Analysis of the Introject

It is an essential part of the concept of an introject that it is to some extent unassimilated. I conceive of a graduated series ranging from a successful identification where the self- and object represen-
tations coalesce, to a partial or (in the cases cited in this paper) most incomplete synthesis accomplished by the ego. It is fruitful to make technical use of this idea. For the patient to be able to feel that his sense of identity is affected by his being "part-self, part-other" can supply conviction about past memories as well as motivation for change.

The patient I have described at length came one day to her analytic session especially poorly dressed, without make-up, and carrying so many parcels and paper bags that she could barely manage them. She began her session by stating that she felt confused and hypnotic—she was dimly aware of being angry. When she was putting her things down in the waiting room she realized she felt "like a rag-picker," and had confirmed this by looking into the mirror. She had felt impatient and pressured all morning. After her session she was going on a short trip, and she had arranged things so that there wasn't enough time. The hour she had set to meet her fiancé was impossible to make; she would be late; he would be angry. She had known this would happen, but why had she done it to herself and to him? Why hadn't she given herself time to dress properly? Why hadn't she used her new suitcase and organized her parcels? "At these times, it's as if something gets into me. I'm not myself. I go crazy the way my mother did. She used to make me suffer with her craziness, and now I'm making my fiancé suffer." At this point I interpreted that she had acted and was talking as if she were partly her mother as tormentor and partly herself as victim, and that this double role must have to do with the sense of confusion and of not feeling herself that she had described. This was extremely meaningful to her. She went on to talk of her mother as "the rag-picker"—masturbating in front of her when wearing menstrual pads. The patient was able to feel both roles in that confrontation. The subjective awareness of being part her mother and part herself that followed the interpretation led to a full realization of how she was reliving the past. By dressing and acting as the ill-used and yet tormenting rag-picker, she had chosen to be with her mother again. This was reinforced when she looked in the mirror. She had rejected the separation offered by the vacation, her fiancé, and especially by the analyst who wanted her to remember and to see, rather than to repeat. The interpretation cleared the mirror for her.
According to legend, gazing into the mirror means endangering one’s soul (see Röheim, 1919; Sarnoff, 1972). If, as Ibsen (1896) says, “the sin for which there is no forgiveness” is “soul-murder . . . to murder love in a human being” (p. 269), the analyst is in a position to bring understanding, if not forgiveness; to restore identity, if not the soul.

Summary

The mirror is a metaphor for the mind, and therefore for its structures and functions—e.g., normal and pathological splits, reality testing, defenses (especially projection, introjection, denial, reversal). Inasmuch as images of the self and of objects can be presented in the mirror, most conflicts can be enacted there. All the main psychic dangers (ego disintegration, separation and the loss of love, castration, guilt) as well as the specific reassurances that aim toward counteracting them motivate mirror acts and fantasies. The mirror’s magic, good and bad, stems from its linkage with the narcissistic period when identity and mind are formed through contact with the mother; the power of mirror magic is a continuation of parental and narcissistic omnipotence. The stress on the visual associated with the mirror is another link to narcissism (and therefore self and identity), but also specifically underlines voyeurism and exhibitionism, the primal scene, and castration. My emphasis in this paper has been on the mirror reflections of narcissistic and libidinal conflicts in those people who have established identity, but who regress as a result of traumatic overstimulation in childhood. In them, the presence of an unsynthesized introject acts as a “devil behind the glass” of the mind. Exorcism by analysis is needed to free them to think reflectively, playfully, meaningfully and to restore their sense of self.

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245 E. 87th Street
New York, New York 10028