

# **Section 6 - The Bad Self: The Envious, Omnipotent, Know-it-all, Destructive, Self-Sufficient “Bad” Part of Self**

## Disclaimer:

1 – The goal of this course is to make the side of human existence, represented by severe emotional disturbance and destructiveness, recognizable as an extension of all of us. This can only be done by linking it to infancy and ordinary healthy development. If we just call this aspect of self “bad” or “evil” then none of us will want to see it in ourselves when in fact, as the saying goes, “there but for the grace of god could go I”.

If instead we see it as having component elements that are an inevitable part of infancy, then perhaps we will be able to see its influence in ourselves, particularly since in the beginning of life it a necessary aspect of development and survival. The five features I have highlighted are arbitrary but seem to encompass what is most useful to abstract out about this element of the personality, often referred to in a shorthand fashion as the “bad part of self”.

2 – This course is designed to give the practitioner a means for thinking about the components of disturbed thinking and behavior, but it is not a catalogue of such behaviors. There is not the time or space to go into every category of life in which a hypertrophy of the influence of the bad self has led to severe disturbance as for example seen in psychosis, addictions, perversions, and criminal behavior. This course is designed to prepare one for a more in depth exploration of such in the literature.

## Axiomatic Basic Assumptions

Axiom #1: The bad self by definition exists outside the sphere and influence of the “good family”, internally and externally.

Axiom #2: The virulence of the bad part of self is always a product of a combination of factors including genetic constitution, parental and environmental influence both good and bad, and serendipitous events in infancy, childhood, and adolescence.

Axiom #3: The influence of the bad self potentially increases in proportion to the quantity of, and attitude toward, mental pain. This attitude may be a function of the moment or a broader characterological relationship to psychic pain. This broader approach to pain is typically based on (1) the level of trust, originating in infancy, in the availability of good objects, and (2) a characterological loss of a capacity for love by the good parts of self (i.e. because love makes one susceptible to all sorts of mental pains).

Axiom #4: An intense predisposition to envious hatred, combined with sadistic internal parental figures, can usually be found to underlay the most destructive types of behavior stemming from the bad part of self.

Axiom #5: The death instinct most commonly operates at an unconscious level in the form of behaviors that amount to ‘Russian Roulette’, with a lethal consequence as a distinct, even if remote, possible outcome.

Axiom #6: The most common cause of patient’s acting out under the influence of the bad part of self is an insufficient frequency of therapy sessions per week in the treatment setting.

## Overview of the Origin of the Bad Part of Self and Its Component Qualities:

1 – Every baby has periods in each day when it is in mental/physical pain and must find a way to cope. As Barry Brazelton describes, it can cry, poop, pee, spit up, sneeze, go to sleep, stare mindlessly at something, etc. Since the infant is totally concrete in its thinking, and because mother seems to be the source of all that is needed, if the pain is too regular and too intense, the baby will associate the pain with the caregiver. The result is that infants naturally assume that “the absence of a good parent is the presence of a bad one”, one of Melanie Klein’s great insights.

It is at this point (i.e. the unavailable parent who does not respond to the infant’s cries for help) that the infant will inevitably try to deal with the pain using whatever methods are available to it. These methods will have two key features:

- They will involve turning away from the caregiver.
- They will involve turning to one’s own body and its products for comfort and reassurance.

2 – This process of turning away from one’s caregivers to oneself is inevitable and creates a part of self that is universal and necessary for survival. If the pain of infancy is not overly intense or constant, then the sphere of influence of the part of self that “turns away” can be readily counterbalanced by good external parental figures (or other caregivers standing in their place) whenever those good figures come to the rescue during the state of pain. This relief of distress allows the infant to turn back to these good figures.

3 – For all infants there is a painful regular experience that begins with the experience of a painful need like hunger or any other distress and the time it takes for that painful situation to be relieved. The repeated experience of this time gap that is characterized by physical pain or emotional distress, while awaiting relief from this distress, creates a part of self and an attendant array of mental maneuvers (with physical manifestations) that become a permanent structure in the personality. These are initially simply a means to survive physical pain and the frustration of now being separate from mom and helpless. They inevitably create a part of self that exists when it is necessary to cope without the help of anyone else.

The strength and sphere of influence of this part of the self in a given personality is a function of many factors including:

e.g. – the availability and consistency of ‘good’ external parental figures

e.g. – the relative strength of constitutional factors, in particular (1) tolerance of psychic pain and (2) a predisposition to unconscious envious reactions to what one does not have or cannot produce oneself

e.g. – serendipity: including sibling spacing, trauma and illness, divorce, and other “luck of the draw” elements in infancy and early life

e.g. – how adolescence influences these previous issues and adds additional wrinkles e.g. divorce, death, etc.

4 – This part of self that is attempting to cope begins with a desirable quality of trying to get along without needing someone to fix every little thing. In other words, the infant is trying to be “self-sufficient”, a useful capacity to develop in life when it is necessary to bridge the distress of a war zone while awaiting the arrival of the cavalry. It is key that this relying on oneself needs to continue only until help and relief appears. In other words, this self-reliance is temporary and should not prevent the infant from turning to good figures and making proper use of them when they are finally available.

– This is exemplified in later life in a quote attributed to English analyst Hanna Segal who said at a case conference something like “This is a patient who is utterly incapable of making good use of a bad analysis”.

5 – It is a universal truism that the pains of infancy are embodied in the infant's smallness and helplessness which will take years of growth to get past. All infants have some awareness that if they could harness the size and competence of the grownups, it could fix this problem instantly. Enter, stage right, the phantasy of having MAGIC.

Note: I find it useful to think of “magic” as approximately equivalent to “omnipotence”.

The belief in magic, and the use of it as an augmentation of defensive maneuvers to cope with the pain of infancy, is highly variable from one baby to the next. Observing infants and their parents suggests that some of this is inherited constitutionally, some is learned from the parents, and some is developed in an ad hoc manner during an infant's attempts to hold itself together and soothe itself.

Whatever an infant's natural predisposition to turn to magic for relief, it is clear that a difficult environmental experience in infancy can greatly hypertrophy this “wish for and belief in” magical coping maneuvers. [One need only to have a conversation with very deprived older children or teenagers to see how much their thinking is permeated with magic and limited appreciation of external reality.]

The earliest versions of magic are likely embedded in the concrete experience that pooping and peeing do bring nearly instant relief from distress. Likewise, feeding brings quick, concrete relief to hunger. These repeated experiences will later evolve into an attachment to unconscious projective and introjective processes as concrete extensions of ways to bring rapid relief to distress.

6 – It is the totality of these “magical” maneuvers, i.e. the strength of belief in them and attachment to their use, that I am referring to as “omnipotence”. This use of omnipotent maneuvers is not a constant but rather a state of mind whipped up in the moment [see Donald Meltzer's The Psychoanalytical Process]. This state of mind is created in response to a task at hand that is felt to be a sufficient threat to necessitate resorting to magic, rather like a pep talk before a big game. In other words, the greater the felt problem at hand, which also means the more inadequate one may feel, the greater the need for omnipotence.

e.g. the gunslinger having a shot of whiskey before the big gunfight  
e.g. the single adult smoking a cigarette before going into a party or an important meeting  
e.g. the teenage boy masturbating before calling a girl for a date, studying for a test, etc.  
e.g. the housewife going shopping before a weekend with the kids while her husband travels, etc.  
e.g. the infant or small child who sucks a finger as mom leaves the room or sticks a hand down to touch its lower parts as it becomes anxious

7 – The infant's wish for magic is also seen in the degree to which it attributes magic to its parents. This attribution is probably universal as seen in the early phantasy that the parents “have everything, know everything, and can do anything”. One ordinarily expects this phantasy to diminish with increasing reality testing during childhood and adolescence.

Where idealization of the parents is excessive, it is useful to consider that the parents are being seen as having magic (i.e. it is being projected into them) and thus magic remains available to the projector to be inherited at a later date. This excessive attribution of magic to the parents effectively makes them into Gods. Their perfection makes them demanding and terrifying and potentially promotes fear and fealty, with a potential to for them to become a “harsh super-ego”. By contrast, getting inside such a figure would immediately confer the same power to oneself.

8 – During one's sojourn as an infant, one of the more painful elements of life is not understanding what is going on, why it happening, and how to think about it. This state of ignorance of life leads to a wish that it were possible to have an explanation for each situation that is not understood. This would diminish the feeling of helplessness attendant to not understanding, so often expressed in early childhood with the question “But why?”

For some more than others, this pain is answered with their own ideas, no matter how inadequate or illogical. It seems like the greater the pains of infancy, the more this “know-it-all” function becomes an inevitable buttress to the need for magic. Because the small child’s fund of knowledge is so obviously limited, this brand of being a ‘know-it-all’ is usually bent into a particular brand of omniscience in which a key substitution is made. It does not claim to “know all that there is to know” but rather that it “knows all that it needs to know”.

It is because of this distinction that I chose not to call it the ‘omniscient part of self’. I wanted it to have an a more limited and inherently pejorative, mildly obnoxious ring to it. I want it to bring arrogance to mind, which is its natural extension, when it is strongly influential in a given personality make-up.

9 – While self-sufficiency, omnipotence, and being a know-it-all are all broad attitudes that an infant can have about its existence out in the world and toward mental pain in general, there is still the question of what actual impact these elements will have on relationships and development. To answer this question we now have to address two issues, the relative impact of nature on one hand as compared to nurture on the other.

To look at ‘nature’ we have to address the really intense, specific emotions related to infancy. These primarily include reactions to separation, envy, jealousy, paranoid anxieties related to projective processes (i.e. ‘persecutory anxiety’), guilt and other ‘depressive anxieties’ attendant to feeling one has done harm to loved ones, and in some – shame and humiliation about having been small and helpless. These are significantly a product of the constitutional predispositions the infant brings to the dance.

To evaluate the influence of the environmental component of infancy, i.e. ‘nurture’, we have to look at the people making up the infant’s universe in terms of their availability, emotional states, life circumstance, etc. It is key that this appraisal not be done in a “sitting in judgment manner”. The net question is are they “good enough” parents, in Donald Winnicott’s sense, and is the child making the best or worst out of them.

10 – Of all the above mentioned variables, the one that will impact the influence of the bad part of self the most in relation to overall personality function is unconscious envy. It will substantially determine the capacity of the infant to make use of good figures, who it must be remembered, can be hated for the fact of their goodness!

Most importantly, vis a vis the development of the bad part of self, envious hatred will ultimately be the primary cause of an infant’s internal destructiveness and later recreation of that destructiveness in the outside world. Actual deprivation will exacerbate that envious hatred as well as promote and justify action on it.

#### Where is Jealousy and Why Isn’t It Included in the Characteristics of the Bad Self?

1 – Definition of jealousy: A triangular (three person) situation involving whole objects, and based primarily on love, in which one person wants the love of another and does not want that person to give their love to a third person.

One caveat to remember is that the further back toward infancy jealousy is traced, the more it shades into envy and becomes difficult to distinguish from envy. This is a result of the infant’s earliest feeling/phantasy that mother’s two breasts are going off to have a party to feed each other when the mother leaves the infant. Hence the deeply unconscious phantasy seen with some patients that whenever the therapist is unavailable on the weekend, etc. he or she is having a continuous orgy with their spouse while the patient feels abandoned and in pain.

2 – Because jealousy is linked predominantly to love, it implies the predominance of a loving capacity for a “good object”. The essence of the bad self is its desire to not be bound by the realities of the world of loving human relationships, the passage of time, caring feelings, and needs that one cannot meet oneself.

Jealousy is much too firmly a part of the sphere of caring relationships to be a key feature of a part of self which is dedicated by definition to avoiding precisely that sphere of feelings and relations.

3 – So while jealousy is a hugely important part of development, at the core of the oedipal situation, and a central part of sibling rivalry (along with envy), it is not ordinarily a part of the bad self.

In fact historically, its link to pain of love has conferred it an element of goodness that has previously allowed societies to forgive murder when done out of extreme jealousy rage, for example a man killing his wife's lover when caught in the act.

On the other hand, “pathological jealousy” is often more linked to unconscious envy and very disturbed projective processes and cannot be thought of as a part of the ordinary development of jealousy.

#### The Structure of the Unconscious Inner World:

1 – Overview: We need a schematic model of the structure of the unconscious inner world to usefully describe the influence of the bad self in human functioning. I find that a model of paired relationships, between parts of self and versions of mom and dad, formed in infancy (and rather permanently locked together by the brain’s phylogenetic predisposition to create such structures for survival value), to be both useful and hold up well to most all of human experience.

This handful of paired relationships can be seen in the transferences of every patient and can be arbitrarily reduced, in a schematic fashion, to several broad categories as seen in item 2 below. While both concrete and somewhat reductionistic, these categories fit well with how humans experience themselves. I offer Disney’s Snow White and the Seven Dwarfs as a case in point.

– Doc = adult self; Happy = good, loving baby self; Dopey and Sleepy = good, babyish parts of self; Bashful = a good, but slightly anxious baby self; Sneezy = the psychosomatic baby self; Grumpy = a watered down version of the ‘turning away’ bad self.

– Snow White and the Prince = idealized parents; the envious Queen/Wicked Witch = a bad mom; the hapless Woodsman and King = inadequate if not bad father figures.

#### 2 – Definitions of parts of self and internal parental figures (= Internal Objects = Superego):

– good baby parts of self that have all the various characteristics of babies with a key determinative quality of being willing to “turn toward” the good parents and family if any exist and thus enter into caring relationships

– an adult part of self that is by definition the (1) most developed and mature part of self at any age and has the characteristic of (2) wishing to model itself after good parental figures wherever and whenever available

– one or more versions of a good mom and dad, and likewise one or more versions of a bad mom or dad

Therefore, the net result in all human personalities is that one can expect a small core of fixed relationships to exist that will remain the template throughout life for what to expect in all relationships. These fixed relationships will be essentially between a part of self and a version of mom or dad. They will always, by definition, be manifested in all emotionally intimate relationships, their externalization representing what is called the repetition compulsion, and will be recreated in various ways in the transferences of therapy .

3 – Highly idealized objects represent evidence of the width of the split between good objects and self and bad objects and bad self. The wider the gap, the more it is evidence of anxiety about being able to keep the

bad from messing up the good. This anxiety may in turn be a result of inadequate differentiation in infancy or it may relate to fear of the strength of one's own destructive urges.

4 – Bad Objects versus Good Objects Behaving Badly (Britton): A bad version of mom or dad is bad by definition to the good baby parts and is seen permanently that way. For example, an alcoholic, violent, or cruel version of a mom or dad is a consistently bad version of that parent.

By contrast, a person who is normally seen as a good parental figure, but is temporarily felt to be doing something bad, for example having an affair, is still primarily seen as a good figure and will not be turned away from so easily as a bad figure.

5 – Turning away versus turning toward good objects: The good baby parts are always longing for a good parental object and can be readily won back around to the sphere of influence of the good family when the baby is in less pain and good figures are available. By contrast, the bad self never allows itself to actually be drawn into the sphere of influence of good objects, even when pretending to do so.

– Throwing a temper tantrum (i.e. behaving badly) versus <="" u=""> (i.e. being bad as a momentary or fixed identity): It is always necessary to look at motive when trying to adjudicate whether or not a piece of behavior is coming from the bad self or a good baby part when in a rage. Good baby parts usually feel guilt after doing something destructive while in a peek of rage. By contrast, the bad self is usually so outside the influence of caring that while it may feel persecutory anxiety or blame, it is not so likely to be feeling guilt in any proper, caring sense of the word.

#### Overview of the “Envious, Omnipotent, Know-it-all, Destructive, Self-Sufficient” Part of Self:

1 – Definition of envy: A two party relationship, based on part-objects, more linked to hatred than love, in which one compares oneself to another in terms of a quality, a capacity, or a possession. The felt discrepancy between oneself and the object of comparison is the pain of envy. This pain is often intolerably great so that it must be immediately defended against by some maneuver. It is these defensive maneuvers that result in the destructiveness of unconscious envy because it they inevitably spoil the object's goodness, render it unavailable, and do indirect harm to one's own development to evade the pain of envy.

The primary maneuvers to cope with envy include: (1) spoil the object so that it is no longer enviable; (2) reverse roles with the object by projecting one's own feeling of envious smallness, etc. into the object; (3) split off one's capacity for envy into someone else, usually while avoiding being enviable oneself; (4) deny envy as a variable in life by completely splitting off any capacity for envy or any comparison which usually impoverishes ones capacity for success i.e. the traditional success phobia; or (5) take the road least traveled and tolerate envy while slowly growing oneself to the level of the object (note: this is healthy and not a defense).

I have put unconscious envy as the first component of the bad part of self because it is the most crucial is determining how destructive the activities of this part of self will be! If attempting to survive mental pain is all the bad self is doing, then one could in theory have an infant who has worked to grow its capacity for self-sufficiency when good objects are unavailable but can willingly turn back to them when they return. On the other hand, if the good objects are hated, precisely for their goodness and possession of what is needed by the infant, then that envious attitude will severely interfere with turning back to them when they are available.

2 – Omnipotence: If the bad self is developed in the context of an infant trying desperately to cope with mental pain, then the infant's reliance on magical maneuvers to cope with states of mind becomes central to that infant's development. In turn, this reliance on magic will ultimately undermine its capacity to face reality. Instead of making the choice, crucial to healthy development, to learn to face and modify mental pain, it will have effectively made a choice to instead consistently try to evade mental pain and the realities within which it originates.

Because this is of extreme importance to the development of a robust mental apparatus, I made omnipotence the second of the characteristics of the bad self. One essential problem with relying on magic is that having good magic, when you are in a loving state of mind, also means that you will have bad magic when in a hostile or negative state of mind. This becomes crucial to healthy development because what you did to your early objects in an omnipotent state of mind, in infancy, lays the foundation for what they are expected to do back to you and how you will feel about life.

If you continue to rely on omnipotence to get through life, you limit your capacity to ever get past these early difficulties and effectively create a vicious cycle where omnipotence that evades mental pain begets more mental pain that is never successfully worked through. One sees this with adults who are usually composed but when they get frustrated in some situation they explode unexpectedly and inappropriately.

At this point we need to highlight two potential components or qualities that link to omnipotence that are particularly useful to understand: envious omnipotence and anal omnipotence.

These often provide a larger background quality to the omnipotence, that as I mentioned earlier, is whipped up in the moment to cope with a task at hand that is felt to activate baby level anxieties and issues.

– Anal omnipotence: All infants have moments of emotional and/or physical distress during which they try to comfort themselves. They explore their own bodies and discover sensations and physical movements that they gradually learn to associate with bringing relief or comfort (e.g. thumb sucking and rocking). If they trust in the availability of their good objects when needed, then they will not rely excessively on these self-soothing, comforting maneuvers.

On the other hand, if parental figures are regularly unavailable or inadequate in their responses to the infant's needs, then a hypertrophy of the use of turning to one's own body and bodily products for self-sufficiency will typically occur. This is exemplified by seriously deprived toddlers who will regularly have one hand down the front of their pants and the other down the rear, touching themselves when anxious.

Excessive reliance on anal omnipotence can be seen as a bolster to manic maneuvers. Turning to things, as a substitute for relationships with people, can be seen as existing on a continuum in terms of quality and quantity, both in infancy and later childhood. The small child who will entertain themselves for hours in a sandbox without seeming to seek human contact is indeed turning away in the extreme. Not surprisingly, this is a relatively common feature in the early history of a child destined to be schizophrenic.

In adult life these elemental forms of self-sufficiency will evolve into such behaviors as: wine or shoe collections, cigarette or cigar smoking, hoarding of money, exciting cars or jewelry, chatchkies, books, etc. At the more debased end of the spectrum one sees the hoarding of useless things like old newspapers, magazines, containers and bags, garage sale items, etc.

– Envious omnipotence and omniscience: The wish for magic, when combined with envious hatred of the goodness of others, is a particularly noxious combination. It is a standard underlying element in all perversions and many psychoses. It leads to envious competition in which a sadistic triumph is often the desired goal so as to feel superior and ruin the others enviable qualities or capacities.

This is wonderfully embodied again in the Snow White and the Seven Dwarfs in the evil, envious queen who wants Snow White's heart cut out. Envious omnipotence can be seen in everyday life in those who are arrogant and take sadistic pleasure in others' failures. Take, for example, Donald Trump who apparently sees himself as the one person on the planet who should have the right to say to anyone, you're fired, and is too arrogant to see how objectionable a behavior that represents .

The urge toward, or unconscious fear of, enviously omnipotent competition often goes unappreciated for its potential to interfere with human development and relations. This is especially true in the realm of test taking and intellectual achievement .

3 – Know-it-all (omniscience): This is commonly included implicitly under the broader rubric of ‘omnipotence’ but it needs to be separated out as it is so influential in characterological patterns, especially in the arena of arrogance. This component is so beautifully highlighted by Wilfred Bion in his paper “On Arrogance”. His idea is that “pride in one’s achievement under the sway of the ‘life instinct’ leads to self-respect”. In contrast, “pride in one’s achievement under the sway of the death instinct (i.e. unconscious envious hatred) leads to arrogance”, that is a feeling of triumph over others.

This influence of omniscience is central to the rigid narrow mindedness of most prejudices and essential to the failure to think through possibilities before embarking on some endeavor. The assumption undermining a more realistic assessment of the situation at hand, is that one already knows what one needs to know embodied in the joke, “my mind is made up, don’t confuse me with the facts”.

4 – Destructive: I made this the fourth item in the description of the qualities of the bad self because while it is hugely important when operative. It is always either a direct goal or an indirect byproduct of the first three components. In particular, where unconscious envy and envious omnipotence are prominent features of a personality, destructiveness in some form is never far behind.

Hints at the potential for destructive attitudes and behavior can be seen in childhood but cannot be reliably predicted until after puberty. The constitutional predisposition to rage and action, combined with strong omnipotence of attitude, may be in evidence during early childhood but often goes underground during middle childhood. Seriously harming pets is one ominous harbinger of a destructive aspect to come later.

If it resurfaces shortly after puberty, and the child is not yet in therapy, it may be too late to contain it. This is especially true where the environmental influences (i.e. parents, caregivers, or authorities) have a tendency to respond with aggressive action and too little insight and verbal expression. This leads to the unfortunate fact, so common in the juvenile justice system, that severely emotionally disturbed early teenagers, if physically diminutive, go to the mental health system and physically large but disturbed and immature teenagers go to the criminal justice system.

5 – Self-sufficient: I made this the last variable because it has the quality of being potentially both constructive and/or problematic. In theory, it could be purely constructive, especially if it were always a reversible state of mind that could be undone to allow turning back to good figures when available. Unfortunately, it usually is developed so that one can permanently be beyond ever needing anyone. This limits one’s capacity to enter into a healthy sharing, mutually interdependent, adult relationship.

At its worst, the goal of self-sufficiency aims to use omnipotence and omniscience to live outside the sphere of caring, human relationships and as such is terribly problematic for development and life.

#### Common Possible Configurations of the Bad Self Characteristics:

1- Plain Self-Sufficiency: This would in theory be purely healthy if it was only meant to temporarily bridge the time period during which the good parental figure was gone and then returned.

2 – Omnipotent and Omniscient Self Sufficiency: This would be adding more firepower to the first mechanism and would thus risk being more harmful to development. Omnipotence and omniscience tend to go together although one or the other might be more prominent in the character style based on what particularly works in that individual’s childhood. These would be elements that bolstered manic maneuvers used to deny of various aspects of psychic reality.

3 – Envious Omnipotence and the Likelihood of Destructiveness: As soon as envy enters prominently into the picture, attacks on goodness are never far behind and thus harm to self and object are inevitable to varying degrees. The spectrum of destructiveness ranges from interference with development on one hand, to outright physical and emotional violence at the other extreme.

4 – Full on E-O-KIA-D-SS: The combination of envy and a desire to be completely self-sufficient, in order to live completely outside the sphere of time bound, caring human relationships, is qualitative state of virtually all severe emotional disturbance.

Adolescence and the Crystallization of Character:

1 – The basic emotional tenor of the unconscious inner world and the primary tendencies of defensive postures in a given personality are all predominantly developed as a result of the total quality of experiences in infancy and reactions to them. In other words, infancy has everything to do with basic attitudes and approaches to life. On the other hand, none of the final personality traits and qualities that will be lifelong are fully expressed and crystallized until after puberty.

It is only when the future holds up the eminent prospect of growing up and leaving home that one sees the final development of methods for coping that were still latent possibilities before puberty. Thus, one's predisposition to turn away from good objects, one's attachment to omnipotent maneuvers including manic denial of the unconscious inner world and projective processes, one's tendency to envious hatred, etc. will all greatly influence development from puberty through entrance to college and leaving home.

Consider some of the common constellations of development after puberty:

- mood or thought disorders
  - confusional states and gender identity issues
  - turning away to omnipotent self-sufficiency as seen in substance abuse
  - conduct/behavior/antisocial disorders linked to concreteness and omnipotence
  - obsessional states and regression back to the safety of latency types of defenses and rigid splitting
  - psychosomatic illness
- 2 – Primarily because of the great dependence of the good baby parts of self on external objects during childhood, the influence of the bad self is not obvious during childhood except in extreme situations. One sees only hints at future possibilities for the bad self until the rebirth of baby states of mind after puberty finally demands taking a stand vis a vis life and relationships. If adolescence contains adequate good figures sufficient to counteract the negative pressures of baby emotional pain, then the good parts of self may retain a dominating link to good objects.

If good objects are inadequate to override the resurging infantile pains of adolescence, then the door is open to turning away to the bad self and the influence of objects in the outside world supporting its approaches. This amounts to a battle for influence that pits the bad self, bolstered by serendipitous events, the pain of infancy, and constitutional predispositions, against the qualities and availability of good objects (i.e. parents, relatives, teachers, therapists, etc.), and environmental influences like poverty, divorce, etc.

3 – Recognizing the presence and influence of the bad self in a child's or adolescent's personality requires an awareness of the influence of projective processes. Most children and adolescents project their bad self, because it is not seen as desirable to own, into someone in the outside world. In childhood this is often an older sibling, a cold, mean, or rejecting relative or parent, or a suitable child from the neighborhood or school.

In adolescence, the various parts of self tend to be dispersed into a gang of friends or associates, some of whom are more rebellious or destructive, and lend themselves to leadership roles and as containers for the bad part of self. No adolescent who performs or supports some destructive behavior is an innocent victim of bad influence. They are expressing an aspect of themselves and need to be held accountable, in an ownership sense, for the act.

4 – It is important to note that during infancy, childhood, and adolescence, a destructive or violent component of the bad part of self may become, functionally speaking, permanently projected into and lodged in an internal version of a parent. While the parent often has earned this to some variable extent, sometimes the projection represents a nearly psychotic distortion. This is not uncommonly seen, for

example, in a divorce where the child colludes with one parent, in a folie a deux, to make the other parent “all bad and to blame”.

#### The Influence of the Death Instinct:

1 – The death instinct is not about death, it is about a hatred of life and all of the pains to which one can be subjected when “living in the world of caring relationships”. In effect, the death instinct links to both a hatred of all of the pains of living in the outside world and a hatred of the mental apparatus that can pained by their apprehension. Thus, in the extreme, this can mean hatred of everything mental and mindful as is seen in the worst drug addictions and psychoses.

It seems very doubtful that death itself can be comprehended or even conceptualized accurately in early childhood. It seems more likely that for infants and small children, the opposite of life is seen as being “unborn” back to the inside of mom.

2 – The death instinct is usually among the most controversial of topics, I think largely because it is approached from a vantage point of adult logic. I find it more useful to approach it from a vantage point of baby logic. I prefer to start with an assumption, developed from clinical experience with babies and small children, that when every baby is born it must decide if being out in the world has sufficient goodness/pleasure to make it worth it.

Virtually all infants request being held and seem comforted by a return to the constant contact with mother’s body, heartbeat, etc. Some babies will refuse anything other than being on their mother’s chest continuously in a “snuggly” type wrap. Later in childhood, they will make all manner of womb equivalents, loving to crawl under blanket wrapped tables, beds, inside cabinets, forts, virtually any nook or cranny.

Unfortunately, some babies decide there is more distress in life after birth than they are willing to tolerate and so they remain significantly ambivalent about being outside the womb. These are the individuals in life who have many and varied versions of undoing this pain by becoming an “unborn, inside baby”.

3 – The death instinct is probably an attitude about being born that in earliest life could be thought of as belonging to what we will come to call “good baby parts of self”. This ambivalence about life in the outside world will later be used by the bad part of self to bolster its hegemony within the personality.

4 – Living a life as a separate individual in the outside world can be seen as existing on a large continuum. To frame this continuum in stark images, every infant has a dilemma: “how alive to be, how much life to live”.

An infant can choose between passionately exploring life and relationships in the outside world at one extreme, or it can retreat to being an “unborn, inside baby” at the other extreme. It can also make a compromise, choosing something in between like accounting or library science.

Those who unconsciously wish regularly to return to the passive state of being completely without effort or responsibility as an “unborn, inside baby” exist in the ranks of every mental health practice, often without being recognized as such.

5 – In adult life, if being born is not ever been fully embraced in infancy and childhood, the death instinct will remain meaningfully influential. The manifestations of this state can be seen in various forms of delays or arrests of development. At the least problematic end of the spectrum one sees some restriction in the scope or sphere of the individual’s existence. While common in career development, it is most significant in the realm of relationships, where a lack of risk taking, commitment, or spontaneity, lead to a rigidity of emotional experience or expression, etc. and thus preclude a full relationship, even if married.

6 – At the other extreme, the individual tries to completely obliterate all of the pains of life which then requires attacking caring, external reality, the passage of time, or even the mental apparatus that could be available to experience any of these psychic realities.

While this is more obviously the realm of serious addiction, perversion, and psychosis, it often exists as encapsulated, walled off pockets in an otherwise relatively ordinary appearing individual (see Fifty Shades of Grey!). This walled or split off element may be seen in one's fixed, chronic projections into spouse or family of origin. During times of great emotional pain, it may manifest when the person becomes abruptly suicidal, seemingly “out of the blue”.

7 – It is useful to recall the Lucifer Myth in which the best angel in heaven is so filled with envious hatred of God (i.e. mom or her symbolic representation, the “good breast”) that he would rather rule in hell than be second in command and serve in heaven. This myth encapsulates the influence of unconscious envy as a major contributor to the pains that the death instinct aims to avoid. At its most extreme, it is manifested as major risk taking in which murdering oneself to cause mother the pain of the loss of her creative product is a component of unconscious suicidal ideation.

#### The Sphere of Influence of the Bad Self:

1 – Because the bad part of self originates in infancy as a method of coping when good caregivers are unavailable, it always has an aim, at minimum, of getting along without needing anyone else. It will always exploit whatever resources are available including co-opting whichever personality characteristics or traits are the most useful. This almost always means, first and foremost hijacking the intelligence of the person for its own purposes.

This is usually particularly evident in the realm of verbal capacities for symbol manipulation, including propaganda, lying, exploiting confusion, logical fallacy, etc. Remember it can always assert anything as fact and the good objects will by definition be slow to judge while they try to think through the facts of the situation. This will be seen as weakness or uncertainty by the ‘bad’ part of self.

Where beauty, muscularity, sensuality, musicality have been inherited as desirable attributes, they will invariably be seized by the bad self for its own use and motives. The more the parents are vulnerable to seduction in any of the areas, the greater the likelihood of that area becoming an arena for unconscious, secret, destructive activities under the influence of the bad part of self.

2 – The influence of the bad part of self is highly variable from person to person, and from one period of time to the next even in the same person. What is constant is that the bad self will always aim to lure the good but pained baby parts of self away from the good family whenever possible. It will always propagandize that they should follow its lead and methods for coping, and only then will they be free of mental pain.

3 – Whenever a mental pain becomes too extreme, and is not relieved by good external parental figures, then the bad self will always offer solutions to magically evade the pain. The vulnerability of the good parts at that moment will usually be a function of the nature of the pain and its intensity, and the quality of the relationship to good objects at that moment.

4 – The bad part of self can be seen to follow a sequence of seduction of the good baby parts away from the sphere of influence of good objects and the good family externally and internally:

– It will try to loosen the trust in the good objects by stirring up depressive anxieties, especially via jealousy, so that the good parts become confused and uncertain about their good objects.

- Sensuality is offered up in the name of self-comforting and omnipotent self-sufficiency, usually by masturbation in some form.
- Projective processes are then used to get away from the confines of time and identity with a confusion of inside and outside commonly resulting.
- Manic denial of psychic reality is then asserted.
- Ultimately, the differentiation of good and bad is attacked and the result is a loss of capacity for maintaining sanity as evidenced in the common statement “Man this is some good shit!”.
- The bad part of self, as seen in gangs, cults, pimps, drug pushers, etc. always starts by offering itself as a protector from pain. It then exploits sensuality and vanity, and only resorts to brute force when the good baby parts try to turn back to the realm of good objects.
- The good baby parts of self, as development proceeds, can be seen to vary from person to person in how much they are embarrassed, ashamed, or humiliated by the realities of being or having been a small, helpless, dependent, soiled baby. For some these painful states are dealt with, when present, by making constructive use of their own developing capacities and requesting help as needed from good figures in the environment.

For others, these states are felt to be so toxic that they are avoided like the plague. This then requires denying normal healthy dependence and necessitates an hypertrophic reliance on omnipotence, omniscience, and self sufficiency. Invariably, this results in a narcissistic, arrogant approach to life, overvaluing one’s own capacities, and diminishing what others have to offer.

If a person hated being a baby, then anything that reminds them of those feelings is likely to be hated and defended against stridently.

7 – The question of who controls manic defenses offers an interesting dilemma. By definition, manic defenses come on board later in the first year of life as the infant is developing a capacity to have a more complete view of mother as a separate figure. The infant then has a new painful realization that person toward whom it has loving feelings is the very same person it at times hates.

This brings to the fore a new class of feelings which Kleinian’s call depressive anxieties. They represent the evolution of a movement from a value system of largely exclusive interest in the self to a developing new, more mature value system of concern for the welfare of the other. In turn this creates a new class of defenses referred to collectively as manic defenses. They are not as primitive or concrete as the early maneuvers.

The primary aim of these manic defenses against depressive anxieties is to remain in the sphere of caring relationships with the good family but limit the pain experienced. To do this they focus primarily on denying the psychic reality of having done harm to one’s good objects. Because they are trying to remain in the sphere of influence of the good family, I am suggesting that manic defenses are part of the armamentarium of the good parts of self.

This attempt at a clear differentiation of control of manic defenses breaks down as the severity of the mental pain which the manic defenses aim to avoid increases. The good baby parts are then subject to the propagandizing influence of the bad self that will offer up its approaches as a solution as the increasing pain becomes intolerably overwhelming to the good baby parts. At that point the manic maneuvers begin to shade into the realm of more severe disturbance and psychosis.

Narcissistic Personality Organization and the Bad Part of Self:

1 – Rosenfeld/Meltzer definition: A configuration of the personality in the unconscious inner world in which the good, but pained, baby parts of the self have turned away from the good family, internally and externally, to give themselves over to the influence and control of the bad part of self. This can be seen in external reality in gangs, cults, drug pushers and pimps in relation to addicts and prostitutes, etc. It is the personality configuration that predominates in addictions and perversions, most psychoses and borderline personality disorders, narcissists and psychopaths.

To a much milder extent it can be seen as the configuration of many personalities during times of stress but is usually less destructive and more easily reversed with a lessening of pain of arrival of good objects. Every practitioner must deal with this type of emotional configuration in response to every significant separation including weekends, vacations, etc.

2 – The bad self offers an array of means for coping with pain that are a function of some combination of an illusion of omnipotent self-sufficiency bolstered usually by turning to one's own body and bodily products in some form of masturbatory activities. Later, in adolescence, this will be augmented by substance use to alter one's state of mind.

3- For someone to develop a functionally permanent dominance of a narcissistic personality organization, several things usually have to exist:

- The sheer strength constitutionally of the envious omnipotent attitude can overwhelm the good baby parts when their relationship to good objects is impaired in infancy. There is always a knife edge balance between the influence of good objects and hatred of them for their goodness.
- Significantly inadequate or unavailable good figures during infancy and childhood combined with the unfortunate distressing events to undermine a trust in it being safe to love, care, and hope.
- Genuinely bad, sadistic external figures, usually parents or grandparents, sometimes older siblings, whose behavior is a template for destructive, cruel behavior and functionally leads to a fusion of sadistic impulses from oneself with the sadistic behavior of the object to create a “sadistic super-ego”. The most virulent, evil personality configurations tend to stem from this sort of personality developmental situation.

4 – It is useful to remember that in the clinical setting this narcissistic personality organization is the configuration that underlays most if not all negative transferences. This awareness adds to the therapist's potential ability to anticipate it in advance of it becoming full blown in a situation of separation from or envy of the therapist.

#### Creation of a Really Harmful Bad Self by Its Fusion with a Bad Internal Figure:

1 – How does a sadistic super-go come into existence? Is it purely a product of cruel behavior from caregivers in infancy and childhood? Can it come into being in someone who was never mistreated in any way by caregivers? What role does an innate sadistic predisposition play in its development?

– Nature and nurture influence all development, positively or negatively. The strength of either environment or constitution, when extreme, can override opposite tendencies in the other. In other words, good parents can have bad kids, and bad parents can have good children, in the sense of seeking loving caring relationships.

2 – What is clear is that the teasing out of each of these components is essential for a patient to be able to see their own contribution, in the hope of modifying it. The greater the disturbance in the caregivers, the easier it is to project one's own tendencies into them and not be able to take back one's own destructiveness.

3 – Where self and object fuse, in a folie au deux, the chance to undo the resultant difficulties is extremely limited.

#### The Bad Self in Dreams:

1 – With the exception of a patient acting out destructively, it is often easiest to demonstrate the existence of and the activities surrounding the bad part of self by how it manifests in the patient's dreams. Not only are the activities depicted graphically, but the patient cannot deny that they wrote the dream, not that it is just the therapist's attribution to them of something potentially problematic.

A clear reference to suicidal behavior, anal omnipotence, turning away from the treatment, cruel treatment of a child or pet, etc. will commonly show up in a dream before a patient can or will consciously take ownership of such things.

2 – Since the bad part of self is usually seen consciously as undesirable, it is usually estranged from one's sense of self and projected, starting in early childhood, into something scary outside oneself. Picture anything or anyone that a small child could be afraid of and you have a potential container for the bad part of self. A common example would involve one's own sadistic oral, biting impulses, which can be easily projected into a snarling dog or a toothy shark.

3 – Because of the wish to project, disown, and deny one's own destructive side and urges, the bad self usually appears in dreams in a manner that is alien to one's view of oneself. For this reason, the bad part of self as depicted in dreams usually follows an evolution over the course of the therapy as the patient increasingly recognizes and takes ownership of it. This evolution can be typically characterized as follows:

– Alien from outer space or prehistoric monster – to – frightening wild animal – to – scary foreign human – to – human behaving badly but recognizable as one's own age and race. While there is great variety in these manifestations, one can see the evolution of a diminishing width of split in ownership of one's bad part of self.

4 – In a similar fashion, one can see the activities of the bad part of self graphically in dreams. It is in fact common for more perverse, secret masturbatory activities to show up in dreams before a patient will openly and honestly acknowledge their existence to the therapist and at times, even to themselves. I recommend Donald Meltzer's books "Sexual States of Mind" and "Dream Life" for an in depth exploration of these issues.

5 – It is occasionally only through a patient's dreams that their omnipotent approach to reality can convincingly be depicted. It is common to have patient's portray the act of getting inside and taking possession of another person's identity in a dream when they consciously avoid sharing any awareness of such an act in the therapy. I have regularly had patients associate to an aspect of their appearance or behavior in a dream that makes it clear they are taking possession of an attribute they see as belonging to me.

6 – Similarly, omnipotent masturbatory activities show up commonly in dreams as repetitive activities, going in and out of buildings, etc. The often eventuate in a shift in the dream demonstrating that the masturbatory activity has altered the person's sense of identity or relationship to reality. This in turn is likely to have a grandiose, unrealistic quality that is evident by the dream's content or the patient's associations.

#### Significance in Everyday Life:

1 – The more immature and neurotic aspects of everyone's personality have activities that are microcosms of activity emanating from their "E to SS" part of self. Much of it originates in the childhood pain of "being

small” and thus not getting to do what older siblings or grown-ups get to do. This envy of others fosters all manner of omnipotent over-estimations of one’s own capacities and simultaneous denial of those of others.

2 – All manic activities to evade mental pain and psychic reality are in part manifestations of the influence of the bad self to varying degrees, combined with the intolerance of depressive pains by the good baby parts.

- “When the going gets tough the tough go shopping”.
- “Don’t get mad, get even”.
- “Out of sight equals out of mind” and “What I don’t know won’t hurt me”.

3 – Every little emotional slight or disappointment can lead to a momentary shift to control of the bad self.

#### Activities of the Bad Self in the Therapist:

1 – Because our work is potentially stressful and difficult, it will regularly activate the influence of our own urge to escape that anxiety and distress. This will happen more acutely and forcefully when patients are projecting violently into us and more subtly and insidiously when patients are getting to us unconsciously with their chronic characterological maneuvers.

- e.g. patient is chronically late and you start to use the time to get other tasks done
- e.g. patient consistently hammers you to take action of some sort and ridicules your attempts to think about the meaning of the requests

2 – Strongly envious patients pose a particular problem for a number of reasons. Their direct attacks on our own sense of worth, competence, intelligence, goodness, etc. often result in an urge to defensiveness or counter-attack in the form of an interpretation. The more subtle influence of envy in a “failure to thrive” often pushes therapist’s to a progressively more omnipotent, action oriented posture and away from the arduous work of patient, interpretive understanding as therapist.

3 – More severely disturbed therapists who use a lot of omnipotent, omniscient postures and maneuvers that involve unconscious projective processes, especially in relation to unrecognized baby aspects of self, are always at risk to get into situations of serious boundary confusion as a result to these projections.

#### Implications for the Consulting Room:

1 – It is important to keep in mind that everyone starts out as an infant and has essentially the same modest array of maneuvers for coping with emotional distress. Therefore, all of the configurations of personality organization mentioned in this course exist on a continuum of mild to extreme. Every human personality evidences these maneuvers to varying degrees when under extreme duress and mental pain but they are reversible when things calm down and do not represent that persons ordinary, everyday coping pattern.

In infancies and childhoods in which distress, deprivation, etc. is excessive, for whatever reason, then these configurations of defensive maneuvers become ingrained ‘pathological organizations’. [see John Steiner]

2 – The most common expression of these coping maneuvers occurs in therapy provoked by a patient’s difficulty of dealing with separation. For this reason the frequency of sessions is the primary tool in the therapist’s arsenal for modulating the influence of the bad self while the ‘good baby parts’ are trying to learn how to understand their painful feelings and irrational unconscious phantasies.

- This is the backdrop to axiom #6 that the most common cause of patients acting out is insufficient frequency of sessions.

3 – In the narcissistic personality organization of every patient, progress will ultimately lead the ‘bad self’ to feel that it is fighting for its life and that the therapist wishes to murder it. The more disturbed the individual, the more intense this reaction will be as a consequence of progress. The good baby parts are turning back to the good parents, internally and externally, and the bad self is threatened with being put out of business, permanently.

As a result, every significant separation will lead to a barrage of propaganda from the bad self, often leading to significant confusion on the part of the patient’s good baby parts. This resulting doubt and confusion is often more than the patient’s adult self, acting as an intermediary for the good parents internally and the therapist, has adequate tools and insight to manage until well along in therapy.

4 – Where envy is a major influence on the activities of the ‘bad self’, the therapeutic work will require a slow but steady acknowledgement of its influence in daily life. The patient needs to see that the therapist sees unconscious envy and its defensive maneuvers as human, inevitable, and problematic, but understandable and modifiable.

Since the word envy easily becomes an intellectual and emotionally meaningless concept, it is often best to simply refer to the emotion of ‘hatred’ in its place. This places attention on the pain of envy rather than making it a destructive act for which the patient is being blamed. The therapist capacity to be empathic about how painful it is to face one’s envy, especially when it is spoiling goodness, makes it easier to tolerate exploring.

- e.g. I imagine that a part of you hates me for having this understanding and wants to deny ...
- e.g. I think you turned away because you hated feeling you needed me to be able to cope ...

5 – In patients in which the bad self has played a prominent role in their development their treatment will be long and arduous. This is logical when you consider their likely intolerance of mental pain and strong attachment to magic and action to evade it. A higher frequency of sessions, with very steady consistent work over a period of many years is virtually always necessary to make any real substantive changes in personality structure and function.

While one doesn’t suggest to patients that it will be a long treatment, it will usually become an implicit underpinning to the therapeutic relationship over time. For the masses, this fact demonstrates why ‘Alcoholics Anonymous’ is one of the few programs to have consistent success as it offers a way of life with a family/home in every neighborhood.