

LYING, DISHONESTY AND INAUTHENTICITY

The 39th Annual Margaret S. Mahler's Symposium

Saturday, April 26, 2008

Philadelphia . PA

A summarized report  
by M. Hossein Etezady, M.D.

Dr. Fischer reviewed major sources of classic and modern psychoanalytic literature to describe developmental pre-requisites for producing a lie which would conceal the inherent intent to mislead.

Before one can lie a profound level of cognitive and emotional development is needed. This would include the establishment of an attachment bond allowing for a sense of dependence and autonomy, a successful passage of the rapprochement subphase, representational object constancy, reflective functioning to allow distinction of reality from fantasy and the integration of the psychic equivalency and pretend mode of thinking, in addition to the capacity for affective containment, play and an oedipal organization.

Contributions of Mahler and Winnicott's concepts each elaborated on the interaction of internal maturational factors with the maternal object and the facilitating environment in establishing object constancy and a "true self". During rapprochement, when a secure attachment has already been attained, the mother's ability to mirror and mark the child's inner states enables the true self and the constancy of self and the object to begin to emerge. The inner and outer worlds as well as wishes versus reality become demarcated, conflicts arise and compromise formation become necessary. The child now has not only the intra-psychic capability but also the motivation to lie. By reflecting the child's mind and offering her own mind for the child to explore, the parent paves the road to reflective functioning and finding meaning in one's own behavior and that of others. The ability to lie also depends on the capacity to distinguish between subjective reality and that which is contained in the mind of an other. The capacity to play, within a pretend mode of thinking is essential for creating and testing new roles, solutions and meanings.

In order to lie one must have a mind that can conjure up ideas that are different from those of another and can convincingly influence the other. The all important oedipal organization determines and allows for the flourishing of symbolic play, pulling together reality and fantasy, conflict and compromise, develop a narrative, discriminate reality from pretense, contend with the prohibitions of superego and attempt to mislead and deceive the other.

Dr. Lafarge described fantasies of some patients with narcissistic personality about the way reality and self were constructed or changed. These fantasies were at times conscious but were often expressed as enactments in the transference. These fantasies reflect the way a parent imagined the child which in turn affects how the child imagines himself.

Fantasies of imaginer and imagined are present in every one and are shaped by life experiences as well as wishful and defensive elements. The imagining parent may be split, alternatively into idealizing, loving and transforming or annihilating, rejecting and remaking the child's entire self into a rageful shell. Deceptive activity in which one person controls another 's experience of reality, involves specific kinds or fantasies of the imaginer and the imagined. Deception can be viewed along the continuum of the dynamics of narcissism. At one end we locate those for whom the fantasies of the imaginer and the imagined are fundamentally those of authentication. They remain stably identified with the imagined self and turn to the imagining parent to bolster a sense of authenticity. Next on the continuum are those who also retain a stable identity but on occasion reverse roles. Farther along we find patients engaged in imposture, maintaining a split fantasy, simultaneously identified with the imagined child on the positive side and

the imagined parent on the dark side of the split. Finally, in malicious deception the patient is identified with annihilating imagining parent placing, the object in the role of the helpless annihilated child.

Kernberg considers the presence of psychopathic features an indication the patient is not suitable for psychoanalysis. It is useful to consider in each case the dominant function that the imposture serves, particularly with regards to aggression. At best, we can treat in psychoanalysis only those patients for whom the representation of the mis-imagining parent is not too sadistic and the patient's identification with this figure is not too complete.

Dr. Stone noted that patients in psychoanalytic treatment customarily show integrity and moral grounding not compatible with serious deceitfulness, although they may be squeamish about revealing some information until later in treatment. By contrast one is likely to encounter deceit and prevarication commonly in borderline, sociopathic or antisocial individuals, especially in a forensic practice.

He described therapeutic encounters with a variety of patients along a continuum of borderline, sociopathic and antisocial gravity while examining the question of how to determine what, if any, treatment approach or technique may have a chance of success with this group and at what point could it be determined that the therapeutic effort has exhausted all chances of success. Of important consideration also are the wide range of counter-transference reactions that will inevitably arise in the course of the treatment process with such individuals. Along the continuum that these conditions may be located there are those that may well be treatable, albeit with the help of special techniques or accommodations. At the other extreme there are cases that are utterly untreatable as in the

case of some of the notorious figures of extreme criminality whose case histories he presented.

Being capable of exploitativeness/manipulativeness, shallow affect, callousness, lack of remorse and inability to accept responsibility for their own actions. Behavioral factor can include impulsivity, poor behavioral control and need for stimulation that can change for the better over the years. The personality traits remain fixed.

Among the higher social classes one mostly sees the items from cluster A. Families bail out or bribe the authorities to go light on adolescents or young adults. The behavioral irregularities are present but no arrests or convictions result. The psychopathy scores therefore remain below a diagnostic threshold. Hare speaks of such people as white collar psychopaths. admission and acknowledgement of the deceptive behavior is the first step in the preparation for any treatment. In criminological work, those who treat psychopaths, rely on criteria by set forth by Robert Hare, using a 20 item scale broken down into two domains; A- emotional features of extreme narcissism, and B- Behavioral features. The first cluster include glibness, superficial charm, grandiosity, deceitfulness/lying,