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 Lesley Caldwell (ed.), Helen Taylor Robinson (ed.)

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CHAPTER

1 The Concept of the False Self

Donald W. Winnicott

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Abstract

In this paper, Winnicott discusses the link between the concept of maturity, personal adult health and personality. Everyone, Winnicott contends, is divided into a true and a false self. He writes that in health the false self is to some extent the adaptation we all make to live within a given society, the caretaker of the true self. However, in what might be termed a false self disorder, in severe mental illness such as schizophrenia, the true self is compromised and depleted by the false self and the capacity for spontaneous living is jeopardised.

Keywords: Winnicott, maturity, personality, true self, false self, psychoanalysis, schizophreniaSubject: Clinical Psychology, Clinical Child and Adolescent Psychology

Originally published in *Home is where we start from: Essays by a psychoanalyst* (pp. 65–70). Harmondsworth: Penguin, 1986.

The complete manuscript from the Winnicott archive held at the Wellcome Library, London, of an unfinished draft of a talk given to 'Crime: A Challenge', an Oxford University group whose senior member was Dr Max Grunhut (Reader in Criminology), at All Souls College, Oxford, 29 January 1964, and also to the Davidson Clinic Summer School, Edinburgh, 1 August 1964. Winnicott's first published statement on this topic can be found in 'Ego distortion in terms of true and false self' [CW 6:1:22], which was written in 1960 but not published until 1965.

I have had the honour of addressing 'Crime - A Challenge' before,ⁱ and I have found out therefore that your speakers can choose any subject, not necessarily one that is related to crime. This leaves me with a difficulty, however, for if I may speak of absolutely anything, how shall I choose?

Six months ago, when you invited me to be a speaker this term, I threw up the idea of the concept of a true and false self, and now I must try to make this into a contribution which you can feel to be worth discussing.

It is easy to talk about crime, because I know that you are not criminals. How shall I talk, however, about this, my chosen subject, without seeming to be preaching a sermon, since in some form or other or to some degree each one of us is divided in this way, into a true and a false self? In fact, I shall need to link the normal with the abnormal and I must ask your forbearance if in the process I seem to suggest that all of us are ill or, on the other hand, that the mentally ill are sane.

I think you will agree that there is nothing new about the central idea. Poets, philosophers and seers have always concerned themselves with the idea 4 of a true self, and the betrayal of the self has been a typical example of the unacceptable. Shakespeare, perhaps to avoid being smug, gathered together a bundle of truths and handed them out to us by the mouth of a crashing bore called Polonius. In this way we can take the advice:

This above all- to thine own self be true,

And it must follow, as the night the day,

Thou canst not then be false to any man.ⁱⁱ

You could quote to me from almost any poet of standing and show that this is a pet theme of people who feel intensely. Also, you could point out to me that present-day drama is searching for the true core within what is square, sentimental, successful or slick.

Let me take it for granted that this same theme haunts the whole of adolescence and even finds echoes in the vast halls of Oxford and Cambridge colleges. There may be some here now who are concerned with the same thing in themselves, as I am myself, but I promise I will not put forward any solutions; if we have these personal problems, we must live with them and see how time brings some kind of personal evolution rather than a solution.

You know that I spend my time treating patients (psycho-analysis and child psychiatry), and as I look round those who are in my care at the present time, I think I see this problem in all of them. Perhaps there is a link between the concept of maturity, or personal adult health, and the solution of this problem of personality. It is as if after years and years on the horns of a dilemma, we suddenly wake up and find the beast was a unicorn.

In one way I am simply saying that each person has a polite or socialized self, and also a personal private self that is not available except in intimacy. This is what is commonly found, and we could call it normal.

If you look around, you can see that *in health* this splitting of the self is an achievement of personal growth; *in illness* the split is a matter of a schism in the mind that can go to any depth; at its deepest it is labelled schizophrenia.

I am therefore talking about common matters that are also matters of utmost significance and seriousness.

While I am in the middle of writing this, I am interrupted by an interview with a child.

He is a boy of ten and the son of a colleague. He has an urgent problem. He is living in a good home, but this does not alter the fact that life is difficult for him, as for others. His particular problem at the present time is that he has become transformed at school after having been consistently difficult and unsuccessful. He has started to learn and to do well. Everyone is delighted and he was referred to as 'a twentieth-century miracle'. There raction is a complication, however. This change in

him has been accompanied by another change which is not so good. He cannot get to sleep. He said to his parents, who are very understanding: 'It's this doing well at school that's the trouble. It's awful. It's girlish'. Lying awake, he has all sorts of worries, which include the idea of his father's death and his own. He thinks a lot about some character in history who worked hard and died at sixteen. This boy was quite specific about the connection between his worries and the change in his character. It was after getting his first 'good' at school; as he got off the bus he suddenly had a new kind of fear, a fear that a man he saw was going to come and kill him. There was a complication to this even, that the idea of being killed was pleasurable to him. He said: 'I can't sleep because if I shut my eyes I get stabbed'.

I am leaving out a very great deal in order to present this case in a way that can be used in this context. In the course of an easy interview that he and I had with each other, he told me of his dreams. One of these is specially significant. He drew a picture of himself in bed with a murderer and a sword, and then there was himself sitting up very frightened with his hand to his mouth, and the murderer just on the point of shoving the sword into him. You can see in this the mixture of murder and symbolic sexual assault, and this would be a not-uncommon dream of a boy of this age. The point is that in talking to me about these matters this boy of ten was able to explain to me that if he does well, then he and his father get on well together, but after a time the boy begins to lose his identity. At this point he becomes defiant and in some silly way refuses to do what he is told. He hates to get into a wrangle with his father, and he usually manages to switch it round to making the masters at school angry with him. In this way he feels real. If he is good, then the dream turns up with the murderer and he is terrified, not so much of being murdered as of getting over into the position of wanting to be murdered, and this makes him feel identified with girls rather than boys.

You see, he really has a problem, a very common one, but perhaps because of the satisfactoriness of the relationship between him and his parents, he is able to express himself clearly. In one language, he can employ a false self which pleases everyone, but this makes him feel awful. In some cases it would make a person feel unreal, but for this boy the trouble is that he feels threatened, as if he were going to be turned into a female or the passive partner in an assault. He is sorely tempted, therefore, to reassert something which is more along the lines of a true self and to be continuously defiant and unsatisfactory, although this too produces no satisfactory answer to his problem.

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I am giving this case because I think the boy is rather normal and I think it illustrates the idea that I have put forward already: that the working out of 4 this problem is one of the things that is being done by the adolescent. You will perhaps recognize the same problem in people you know who could be doing well and getting first-class honours degrees and all that sort of thing, but who feel that in some way or other this makes them feel unreal, and that in order to establish a sense of feeling real, they become uncomfortable members of society; you can see them almost deliberately doing badly and disappointing everybody.

This is the awful thing about examinations, all of which are in a sense initiation rites. It starts off with the eleven-plus and goes on through the O- and A-levels to the university degree; and it seems that what is being tested is not only the individual's intellectual capacity, which could be done better by an IQ test, but also the individual's capacity to comply and to tolerate being false, to some degree, in order to gain something in relation to society which can be used while life is being worked out after the phase in which a student's privileges and obligations provide a very special place, which unfortunately does not last for ever.

You can probably feel that there are some people in the world who can quite easily tolerate being compliant in a limited way in order to gain limited advantages, whereas others become thoroughly worked up about this same problem. Naturally, if it comes to this, that someone who is in a muddle over these matters asks for advice, the adviser must come down on the side of the true self, or whatever you like to call it. Whenever there is an insoluble problem over this subject, the outsider must always respect the individual's integrity. Nevertheless, if you are the parent of a boy or girl, you naturally hope that the battle of the true and false selves will not have to be fought out in the territory covered by the words 'teaching' and 'learning'. There is so much to be gained and so much to be enjoyed in this field that it is tragic for a parent to watch when a boy or girl must be antisocial, or, at any rate, the opposite of pro-social, during the time when there is opportunity for the individual to enrich himself or herself culturally.

Perhaps you can understand what I am saying if I take this matter back to early childhood. You teach your small child to say 'thank you'. Actually, you teach your child to say 'thank you' out of politeness and not because this is what the child means. In other words, you start up teaching good manners and you hope that your child will be able to tell lies, that is to say, to be able to conform to convention just to that degree which makes life manageable. You know perfectly well that the child does not always mean 'thank you'. Most children become able to accept this dishonesty as a price to pay for socialization. Some children can never do this. Either someone tried to teach them to say 'ta' too early or else they themselves were tremendously caught up in this problem of integrity. Certainly there are children who would rather be counted out socially than tell a lie.

p. 31 In describing this I am still talking about normal children. If I go a little further, however, I am talking about children who are going to find life difficult because of this need that they have to establish and to re-establish the importance of the true self relative to anything false. I suppose that it would be true in a general way to say that although a compromise is usually possible in everyday life, there is no compromise for each individual in some area that is chosen for a special treatment. It may be science or religion or poetry or games. In the chosen area there is no room for compromise.

I hope you will allow me at this point just to go over the boundary from normal into abnormal, and I assure you that there is absolutely no sharp line between health and schizophrenia.

Here is a patient who has everything that is needed for a happy and successful life. She is probably a girl in early puberty or just before puberty. Unfortunately she would rather die than eat. This is not at all an uncommon condition and certainly some degree of this is common and must be called normal. Why is it that this patient would rather die than eat? Sure enough the interest in food is there, and usually this same patient is a specialist in cooking and perhaps she thinks of very little else except food. It may be that her dreams are of eating, but she must not eat, and she really may die of starvation after a long period of looking like an inmate of Belsen.

One of my patients would not take anything that would do her any good and so she had all the deficiency diseases.

p. 32 As I have raised this problem you will want me to explain to you, if I am able to do so.... L

Notes

Editorial Winnicott presented a talk entitled 'Illegitimacy and the Broken Home' on 29 May 1959. Note i Editorial *Hamlet*, Act 1, Scene 3 Note ii

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