

WINNICOTT'S IDEA OF THE FALSE SELF: THEORY AS AUTOBIOGRAPHY

One of the most important concepts developed by D. W. Winnicott was his idea of the false self. In the course of his work, he was often preoccupied with the need to maintain a sense of psychological vitality, which could be threatened in various ways. Threats occur throughout the life cycle as parents, siblings, friends, teachers, and other people impact the individual and contribute to the creation of the inner world of fantasy, which is also self-generated. These elements can work together or separately to undermine one's sense of vitality by the pressure to comply with a variety of demands, which can give rise to a false self. Winnicott's principal method of exploring this issue was through his clinical work, which was informed by personal struggles instrumental in shaping his thinking about the concept.

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One of the most important concepts developed by D. W. Winnicott is his idea of the false self. Barbara Socor (1997) goes so far as to state that Winnicott's major contribution to psychoanalytic theory was his investigation of "the circumstances under which the self's emergence is most likely to be facilitated, and the quality of experience which is apt to foster true or false self systems" (p. 227).

In the course of his work as a pediatrician and psychoanalyst, he was often preoccupied with the need to maintain a sense of psychological vitality. His continual use of words such as "aliveness" and "spontaneity" points to his concern that vitality can be undermined, especially by the pressure to comply with the demands of others, which then become internalized. Since this can become a pervasive issue in one's life, it can give

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rise to significant frustration and anger as well as futility and despair. It occurs as people in the outside world make demands on one that are woven into one's fantasies and can cause significant conflict when the demands run counter to one's own feelings and thoughts, some of which are unconscious. Winnicott became increasingly concerned with this issue in his work as a psychoanalyst, so much so that André Green (2005) considered Winnicott's life a major source for his interest in this idea. According to Green, "throughout his life Winnicott struggled against compliance, conformism, and submission" (p. 7), all central to the nature of the false self.

He believed that the origin of the destructive features of this condition could be found in the relationship between the mother and her infant. Failure on the part of the mother to adapt well enough to the infant's needs results in the baby's "compliance" with the mother's gestures. According to Winnicott (1960), "Compliance" by "the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs" (p. 145). This process becomes a template for later development if the individual tries too much to acclimate to the desires, if not the demands, of other people.

In writing about Winnicott's life and work, many commentators have explored this problem, but they have not provided a sufficiently extensive analysis of the relationship between his personal subjective experience and his theoretical work. For example, in biographical works like those of Brett Kahr (1996) and F. R. Rodman (2003), the focus is primarily on Winnicott's life, with relatively little attention given to in-depth discussion of his ideas. This is also the case with articles about his life, such as the accounts provided by Clare Winnicott (1989) and James Anderson (2015). Though Anderson states that his "objective is to explore the connection between the life and the work" (p. 19), he does not spend much time discussing Winnicott's ideas. By contrast, while theoretical issues are explored extensively in books by Adam Phillips (1988) and Dodi Goldman (1993), they do not include much information about his life. Similarly, numerous articles about his ideas offer little about his personal experience. With regard to the issue of the false self specifically, Lore Schacht (1988) has written an important article, but it contains little in the way of biographical information. In saying this, I am not criticizing those who focus primarily on biographical issues or theoretical matters. I am suggesting only that more work might be done with regard to

understanding the relationship between his life and work, for each of these domains provides information that helps clarify the other.

Here I have used biographical studies of Winnicott, his own presentation of his theoretical work (which includes a discussion of clinical issues), and secondary sources to explore the relationship between his theory of the false self and aspects of his internal world. I will argue that his theory of the false self is in part a reflection of his personal struggles throughout his life, even to the extent that he used his writing to try to understand more fully the nature of these issues with the aim of lessening their adverse emotional impact on him. In saying this, I am not diminishing the importance of Winnicott's concept of the false self as a theory or its usefulness in clinical practice. However, I believe it important to consider the ways in which psychoanalytic theory is a subjective creation, one bound up with the life of the theorist.

Indeed, the autobiographical dimension of psychoanalytic theory is evident in Freud's work: he relied heavily on his own dreams in constructing his theoretical edifice. In the subsequent history of psychoanalysis, the autobiographical element is evident in the work of many other figures. According to Charles Strozier (2002), Heinz Kohut heavily relied on his own life as evidence for the importance of self psychology and the limitations of classical psychoanalytic theory, as seen in Kohut's "The Two Analyses of Mr. Z." Kay Souter (2009) has shown how Wilfred Bion's experience in World War I had a significant impact on some of his major ideas, such as "nameless dread" and "containment." Finally, Robert Wallerstein (2014) has demonstrated that Erik Erikson's important concept of identity was rooted in part in his personal conflicts.

Speaking more generally, Robert Stolorow and George Atwood (1979) argue that all psychological theorizing can be understood, in part, in the context of the subjectivity of the theorizer. As they state, "the subjective world of the theorizer is inevitably translated into the metapsychological conceptions and hypotheses regarding human nature, limiting the generality of his personal existence as an individual theoretical construction and lending them a coloration expressive of his personal existence as an individual" (p. 17). But there is also a more positive dimension to the subjective aspect of theoretical work. Psychoanalysts can draw on their personal experience to clarify ideas about their internal world that have more general applicability but have not been observed or discussed by others. Moreover, the personal life of the theorizer may be used to more

fully develop complex, highly abstract ideas through the use of vivid examples of her experience both internal and external.

In Winnicott's case, it is especially important to remain aware that his relationship with both his mother and father, some of his relationships with people who worked in the psychoanalytic world, and his attempts to advance professionally in the field of psychoanalysis were all affected by his ongoing attempt to live more according to his own feelings and values than those of others. Throughout his life, he often felt conflicted, because his impulse to comply with others clashed with his own desires. Although many people experience the same conflict, for Winnicott this was virtually a lifetime battle. I would stress that it is the intensity of this conflict which had a major impact on both his personal and professional life.

The picture that is painted of Winnicott at times neglects this conflict. For example, Clare Britton, his second wife, says that there were not "*disasters* in the Winnicott home. There are just comic episodes" (Neve 1992, p. 168). About the attitude of family members toward him, Britton says that he was "surrounded by a lot of people who thought he was wonderful" (Neve 1992, p. 168). Britton (1989) adds that "there was no question that from his earliest years, Donald Winnicott did not doubt that he was loved, and he experienced security in the Winnicott home that he would take for granted" (p. 6). In addition, his contributions to pediatrics and psychoanalysis were widely praised.

Another version of him, however, stands at least partly in contrast to this one, a version suggested by Winnicott himself. He felt that he was "a rather inhibited young man" and even stated that he was "ill" (quoted in Kahr 1996, p. 44). James Strachey, his first analyst, thought Winnicott was fragile and worried about the consequences if Winnicott "cracked up" (Kahr 1996, p. 50). Kahr acknowledges that it is unclear precisely what Strachey meant by the remark. But taken together, these comments by Winnicott and his analyst suggest that at times he was in considerable emotional turmoil. What is known is that it is likely that Winnicott had serious problems with sexual "impotence" and experienced "the late achievement of a fully sexual relationship" (Rodman 2003, pp. 9, 71) with Clare Britton, the woman who later became his second wife.

Kahr (1996) also states that from approximately 1920 until his death the fact that Winnicott had to struggle emotionally is reflected in the degree to which he "dedicated himself single-mindedly to the study and

treatment of human psychopathology, and he did so with such verve and determination that he often became ill from overwork” (p. xxvii).

It is interesting that a number of commentators have spoken about his grandiosity, evident in his wish to be perceived as a great man, an ambition he cultivated by engaging in professional activity. This would help explain the intensity of the pain he could experience when criticized by others. Perhaps he felt that any criticism of his professional life was necessarily unjust, because it failed to take into account his immense dedication to his work. In addition, it suggests that Winnicott’s sense of well-being was greatly dependent on the recognition he received from others. His contribution to the development of psychoanalytic theory through his writing was perhaps one way he could solve this conflict. For he could engage in the relatively independent activity of writing, while at least partly fulfilling his need for an admiring audience.

Fortunately, as he grew older, and especially in the last decade of his life, Winnicott developed to the point where he could shed some of the encumbrances that bound him to others’ expectations. This newfound freedom is reflected in his late theoretical work, especially in his theorizing about play. By the time he engaged in this work, he had created sufficient distance from outside influences that he could forge his psychoanalytic vision despite the criticism of others.

WINNICOTT’S THEORY OF THE FALSE SELF

Winnicott’s point of departure for his discussion of the false self is a developmental failure that disrupts the infant’s sense of its true self. Believing that the only reason to study the true self was “to understand the False Self,” Winnicott spends less time exploring the nature of the former (1960a, p. 148).¹

Central to the functioning of the true self is “the experience of aliveness” (Winnicott 1960a, p. 148). For Winnicott, its origin is “the aliveness of the body tissues, the working of body-functions, including the heart’s actions and breathing” (p. 148). It is evident here that Winnicott is drawing on Freud’s ideas about the importance of the instincts. In addition, Winnicott makes a connection between his concept of the true self and Freud’s idea of

¹In fact, Winnicott spends a significant amount of time discussing aspects of the true self in his work, most notably in *Playing and Reality* (1971).

the primary process. Nevertheless, he makes it clear that the satisfaction of the instincts alone is not enough to establish the true self. He speaks of the necessity for the ego to develop power so that the instincts can be felt to be part of the budding self and not experienced as external to it. In saying this, he is emphasizing the degree to which “id-excitements can be traumatic when the ego is not yet able to include them, and is not yet able to contain the risks involved and the frustrations experienced up to the point when id-satisfaction becomes a fact” (p. 141).

According to Winnicott (1960a), it is within this general framework that “the True Self is the theoretical position from which come the spontaneous gesture and the personal idea” (p. 148). This is a developmental achievement that involves a sense of feeling “creative” and “real” (p. 148), a sense that can emerge only when the infant has developed the physiological and cognitive capacities that provide a foundation for the organization of the mind. Once this has occurred it is imperative that it be preserved. Winnicott goes so far as to say that there is a dimension of the true self, which he calls “a core to the personality,” which “never communicates with the world of perceived objects” and “must never be communicated with or be influenced by external reality” (1963a, p. 187). He also states that “each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound” (p. 187). For Winnicott, this domain must be respected, lest it lead to a terrifying sense of being totally violated.

At first, the baby’s true self is not represented in the mind and is without organization. Winnicott says that in the beginning one cannot speak of the baby as a self but only as the virtual merger of mother and infant that led him to say that “the infant exists only because of the maternal care together with which it forms a unit” (1960a, p. 42).

It is the mother’s ability to provide sufficient care, which is part of what Winnicott (1956c) calls “primary maternal preoccupation,” that can allow for the psychological emergence of the true self. This process is so delicate that Winnicott believed that the mother, who is primarily concerned with her infant’s care after birth, could best provide the possibility for its development. According to Winnicott (1960b), the self begins as a result of the culmination of a set of experiences that include the care of the mother, who prevents as much as possible “reactions to impingements” and allows for the condition of “continuity of being” (p. 52). This state is possible only if several conditions exist: namely, “holding,” which leads to “integration”; “handling,” which leads to “personalization”; and “object-presenting,”

which leads to “object-relating” (Winnicott 1962, p. 60). Failure in any of these processes can lead to the creation of a false self.

With regard to “holding,” Winnicott refers to such experiences as the mother holding the infant in her arms and, when the infant is in distress, remaining sufficiently empathic to sense the baby’s needs. In addition, for Winnicott “holding” refers to the process by which the mother insulates her baby from intrusions by the outside world. For the otherness of the outside world is unbearable for the baby and is disruptive to its sense of “continuity of being.” In fact, Winnicott (1960b) states that the “holding environment therefore has as its main function the reduction to a minimum of impingements to which the infant must react with resultant annihilation of personal being” (p. 47).

The mother, then, must be an unobtrusive presence. She should provide an environment in which the infant’s “inherited potential” (Winnicott 1960b, p. 43) can emerge and develop so that a foundation can be formed to allow it to experience its sensations. This kind of setting provides for the baby the possibility of “integration.” Winnicott contrasts the state of “integration,” which in the beginning is transient, with the state of “unintegration,” in which the infant exists in various sensory states. It is the mother’s task to provide ego support and organization for the infant, who otherwise would experience the world as a chaos of external and internal stimuli.

Moreover, even as “integration” is taking place, the process of “personalization” should be under way. Winnicott defines “personalization” as the capacity of the infant to feel sufficiently rooted in its body, so that psyche and soma feel joined. For this to occur, “handling” must take place, which requires the mother to be especially attentive to the infant’s bodily needs, a precondition for the infant’s feeling real. It is the inability to feel real in various degrees of intensity and duration that is central to the existence of the false self.

Finally, with regard to formation of the true self, Winnicott speaks of the need for the infant to be offered opportunities to respond to the external world, especially other people. For this to happen properly, the maternal figure must once again be fully absorbed in the infant’s life so as to be sensitized to its needs and capacities. It is in this context that Winnicott states that as part of the infant’s development the mother must be able to present enough of what her baby needs from the external world at a given moment, a process he calls “object-presenting.” This can allow the infant the illusion of having created what in fact has been offered empathically.

The baby's experience of feeling omnipotent here is the basis for its capacity to make creative (subjective) contact with the external world. According to Winnicott (1962), "object-relating" comes about as the baby is allowed to "find and come to terms with the object" subjectively (pp. 59, 60).

Winnicott describes a possible negative outcome when he speaks of the manner in which the infant may be forced into reacting to "impingements" and made to violate its biological and psychological core. To the extent that this occurs, the child may engage in various forms of falsification of self-experience that carry over into the future. These later forms may not give rise to overt pathology but at times may lead adolescents and adults to feel increasingly hopeless and without vitality. For example, Winnicott refers to the way the infant may then develop as it grows older in such a way that it becomes too similar and too responsive to the people in its immediate environment. In this case, the infant's false self takes over and makes it difficult for the true self to appear. Winnicott (1960c) essentially viewed the false self as a "defence against the unthinkable, the exploitation of the True Self which would result in its annihilation" (p. 141).

Under the best circumstances for the infant, the frustration that follows impingement is woven into its existence gradually. When this happens, a general sense of reliability on the earliest maternal figure is developed. If the mother is unable to provide adequate care constantly, this problem can be addressed if she is able to convey to her baby that she can understand and change her behavior, which may allow her to be experienced as sufficiently nurturant and loving. In the absence of "good enough" mothering, especially in the earliest phase of infancy, there may result the inability of the infant to remain in its initial state of "unintegration." In this state, the infant must be protected from what Winnicott calls "unthinkable anxiety." He unpacks this term by referring to its variations: namely, "going to pieces," "falling for ever," "having no relationship to the body," and "having no orientation" (1960b, p. 58). A situation involving any one of these processes can produce "disintegration," which "is an active production of chaos in defence against unintegration in the absence of maternal ego-support" (p. 61), all of which can contribute to the creation of a false self.

Nevertheless, so long as the mother's failures do not reach these catastrophic dimensions, they can be useful developmentally to the extent the infant can recover from them. The process of recovery forms part of the

basis for ego organization and the creation of a true self. According to Winnicott (1956c), “the first ego organization comes from the experience of threats of annihilation which do not lead to annihilation and from which, repeatedly, there is *recovery*” (p. 304). This can happen when the baby can tolerate its mother’s failures by rudimentary processes of thinking. It is through “mental activity” that “the infant turns a good enough environment into a perfect environment” (Winnicott 1949b, p. 245). This “mental activity” must be of such a nature that the infant can relate the process of “thinking and the good-enough mothering function” (Winnicott 1968a, p. 214); otherwise, the infant may take on the mother’s function as caretaker, which may lead the infant to conform to the demands of those around it, a process designed to maintain the true self in a hidden state.

Winnicott (1960a) developed a classification of “False Self organizations” (p. 142), all of which involved some form of retreating into the mind in order to avoid the pressures imposed by people in the outside world, pressures that ultimately become internalized. According to Jan Abram (1996), “in each classification,” “the false self is a structure that is there to *defend* the true self, even—or especially—at the healthy end” (p. 304).

At worst, “the False Self sets up as real” (Winnicott 1960a, p. 142). This soon becomes an unworkable solution, for when the baby grows up to become an adult, she is unable to function well psychologically at work or in her personal life. In this situation, the true self is hidden, and the adult has virtually no idea of what may have caused this condition.

The possibility for functioning well is greater in the less extreme case when the true self is capable of being resurrected and accessible at some time in the future. Here the true self has more of an existence to the extent to which symptoms are present, though in a more organized manner than in the previous case. There is a more positive dimension, since what is sought after in this situation is a response to the failure of the environment to allow the person to find the proper external conditions to allow psychological development to proceed.

An even better solution is the creation of a set of circumstances in which the false self is dedicated to allowing the true self to emerge. However, it is important to remember that Winnicott suggests that if the individual possesses this kind of false self organization there is a possibility of suicide, because the existence of hope of having a life that feels more real is accompanied by the possibility of failure. Winnicott states that under these conditions there arises still another defense, which

hopefully will prevent the true self from being exploited. Without this new defense, which Winnicott does not elaborate upon, suicide may be the result, for the individual will be left with the despair of having betrayed the true self. According to Winnicott, the suicide will be carried out by the false self with the aim of preventing the true self from being violated.

Suggesting a more hopeful outcome, Winnicott speaks of a kind of false self organization that is healthier than the forms I have presented. He speaks very briefly about the false self whose foundation is in processes of identification. He implies here that the individual may not be imprisoned by these identifications but can use them creatively in the service of the true self.

Finally, there is a condition in which the false self is necessary to allow the individual to exist among people, especially in the public world. For Winnicott, pathology arises in conditions in which the individual is minimally or totally unaware of the various facades being used to maintain civility. Like Freud (1930) in *Civilization and Its Discontents*, Winnicott is aware that the ability to function in society requires people to hide from public view many of their thoughts and feelings. Thus, Winnicott (1960a) speaks of the false self that “is represented by the whole organization of the polite and mannered social attitude” (p. 143).

Winnicott, then, believed that one could not function in the world only through the true self. He even suggests that the true self can have a dimension in which compliance predominates in normal daily life, so long as the true self can feel it is not being violated. For Winnicott, the manner in which one complies is very important. He often speaks of the need to remain in contact with one’s feelings in the face of internal and external pressures, especially demands made on oneself by others. He suggests that the capacity to reflect on both the pressure to comply and acts of compliance provides a way of preserving the true self. The importance of doing this points to his belief that everyone must struggle with the need to reconcile “a polite or socialized self, and also a personal private self that is not available except in intimacy” (Winnicott 1964a, p. 66).

THE AUTOBIOGRAPHICAL DIMENSION OF WINNICOTT’S THEORY OF THE FALSE SELF

Winnicott’s attempt to theorize about the issue of the false self was not simply an attempt to explore this idea on a theoretical level. He acknowledges

very generally that this was the case, stating that “in some form or other or to some degree each one of us is divided . . . into a true and a false self” (1964b, p. 65).

Here he is suggesting that he was preoccupied with this concept, in part because it was an aspect of his desire to resolve personal conflicts in his private life, as well as difficulties that arose in his professional world. His belief was that he, as well as people he wrote about who suffered from these difficulties, could manage them, and that they could possibly learn to “live with” these problems with the hope that over time some kind of “personal evolution rather than a solution” would occur (Winnicott 1964a, p. 66). Anderson (2015) states that central to Winnicott’s experience as a child “was the development of a false self, not the most malignant and extreme variety, but a false self nonetheless” (p. 22).

When speaking of Winnicott’s early life, Clare Winnicott (1989) states that he was presented with the dilemma of remaining within the stable confines of his home as opposed to “freeing himself from the family, and of establishing his own separate life and identity without sacrificing its early richness. It took him a long time to do this” (p. 20). It may also have interfered with what he states is the natural developmental process that under the best circumstances involves movement from “absolute dependence” to “relative dependence” and then “towards independence” (1963e, p. 84). He even states that with regard to his choice of profession his fears of feeling helpless and dependent were central to his becoming a physician. He said to Clare Winnicott that during his teens, he broke his collarbone while playing sports, and he acknowledged that this experience contributed to his becoming a physician: “I could see for the rest of my life I should have to depend on doctors if I damaged myself or became ill, and the only way out of this position was to become a doctor myself” (quoted in C. Winnicott 1989, p. 10). At the same time, the role of a doctor, who is in a position of authority, appears to be independent, and elicits respect, was so attractive to him that he decided to pursue a career in medicine.

His fear of feeling helpless and dependent was also central to the manner in which Winnicott conceptualized destructive versions of the false self. For he often struggled with the wish to reconcile his desire to conform to the expectations of others on whom he depended to some extent, as opposed to expressing and acting on his own feelings. His interest in the antisocial dimension of experience is rooted, in part, in his belief that he had to be “good” in the eyes of others in order to survive psychologically and that this might involve losing too much of his true self.

The very process of writing about this issue was affected by his personal struggles. He wrote that he “must be always fighting to feel creative” (1970b, p. 41). For he experienced in a sufficiently powerful manner the temptation to embrace the ideas of others that he could speak of “not getting killed or annihilated all the time by compliance or by reacting to the world that impinges” (p. 41). As a result, he appears to have carried with him, at least periodically, the fear that he might lose a sense of his own originality if he even read the work of others. This is a way of understanding Adam Phillips’s comment that “Winnicott was to be fiercely and subtly protective of his own difference as though he was somehow fearful of being seduced by other people’s ideas” (1988, p. 25).

Winnicott’s struggle to maintain contact with what he felt were his real feelings is evident in his early years, particularly in his relationship with his mother, who Rodman strongly but not conclusively demonstrates was depressed (2003, pp. 14–15). However, Clare Winnicott appears to disagree with this assessment. She describes his mother as “vivacious and outgoing,” someone “who was able to share and express her feelings easily” (p. 5). In addition, Stanley Ede, one of Winnicott’s friends from boyhood, has spoken of the way Winnicott’s mother often came down the stairs and clapped her hands and was very tolerant of her son, all of which suggests how “pleasant” she could be (Rodman 2003, p. 13). However, in this context, Rodman wonders if his mother’s overt behavior might have been a way for her to find “an antidote” to “depression” (p. 13).

With regard to this possibility, Rodman refers to a poem that he calls “the most profound autobiographical statement of [Winnicott’s] life” (p. 283). According to Rodman, the central theme of the poem, titled “The Tree,” is “the fear of destructiveness emanating from very early contact with a depressed mother,” a theme with which Winnicott “was preoccupied throughout his life” in an attempt to find “the means by which to recover this deficit” (p. 288). Rodman goes so far as to intimate that this poem was Winnicott’s personal statement about the issues he was concerned with in his exploration of the nature of the true self and the false self (p. 196).²

The poem was written in 1963, when Winnicott was in his late sixties. In the same year, he wrote “The Fear of Breakdown” (1963d), which

²Although Rodman makes some observations about the poem, Winnicott’s life, and their relationship to the theory of the false self, he does not explore the relationship in depth. This same observation could be made about the analysis of these issues provided by others (e.g., Phillips 1988; Goldman 1993; Kahr 1996). My own observations about these issues reflect my own point of view unless I provide citations of others’ work.

emphasizes the failure to have experienced what would have been for the child the unthinkable feeling of having lost inner contact with the mother. He believes that this condition gives rise to a hole in the personality that can only be mended if, later in development, one can live these experiences for the first time and therefore bring them into the area of omnipotence that Winnicott describes as a necessary part of development. Without this opportunity, the foundation may be laid for the development of a false self.

With Rodman, I suggest that this may have been what happened to Winnicott. In "The Tree," Winnicott (1963f) speaks of his desire "*To enliven her*" (p. 290) when he believed she was depressed, and he laments his inability to be successful. The anger that he felt about this is intimated when he refers to being "*Held by dead wood that has no need of me*" and "*the cruelty of the nail's hatred / of gravity's inexorable and heartless / pull*" (p. 290). In the poem, he is left with nothing, for his mother remains unresponsive to his efforts to help her, which leaves him with a "*thirst*" (p. 290) that is not quenched. Both his need to feel safely dependent upon his mother, and his desire to repair her, reflect his idea of the importance of an adequate "holding" environment. Although Kahr (1996) states that Winnicott's mother's depressions were "episodic" (p. 10), Winnicott makes it clear in his poem that he yearned for more care and concern from his mother than he felt she was capable of providing. Instead, too often, he watched her "*weeping*" (p. 290). When he had physical contact with her, which is part of what Winnicott calls "holding," he felt "*stretched out on her lap as / now on a dead tree*" (p. 290). His experience of feeling abandoned, which contributed to the development of his false self, is apparent here. Just as important is his sense of feeling stretched out on his mother's lap, without feeling sufficiently her physical presence because of his sense of her deadness, with which he identified.

This can be related to Winnicott's emphasis on the importance of "handling." For one aspect of "unthinkable anxiety" is "having no relationship to the body" (Winnicott 1962, p. 58), and this can be fostered if the baby has not had sufficient contact with the mother's body, contact that Winnicott states he lacked when she was in a state of depression. Failure here will impact the infant's sense of aliveness. It will impede the baby's being "linked with the body and the body-functions" (Winnicott 1962, p. 59) and can lead to feelings of depersonalization. According to Winnicott (1962), this means "a loss of firm union between the ego and

body” (p. 59). Under these circumstances, the psyche has difficulty living “in the soma,” and the process of initiating “an individual psycho-somatic life” (Winnicott 1962, p. 61) is thwarted. This can lead to the creation of a false self, as the “thinking of the individual begins to take over and organize the caring for the psyche-soma” (Winnicott 1949, p. 246).

Winnicott (1963f) suggests that he often gave up the search to have his need for psychological and physical care met by his mother. In addition, in her states of depression his mother may have had difficulty “object-presenting.” In this context, in his theoretical work, Winnicott (1962) emphasizes the importance of the mother’s “presenting an object or a manipulation that meets the baby’s needs” (p. 62). The disruption of this process may have made it difficult for the infant to engage in “object-relating.” He (1963a) speaks of the movement from subjectively and creatively relating to objects to the condition in which objects are “objectively perceived” (p. 180). Without the former, the baby cannot gain a sufficient sense of its own realness, which is necessary for it to get a sense of the realness of the external world. This may provide still another part of the foundation for the creation of a false self. According to Winnicott (1963a), the failure of “facilitation” by the mother may lead the infant to relate to the object in such a way that “a false or compliant self” develops (p. 183).

This is evident in Winnicott’s belief in how his mother may have affected his ability to reach her emotionally when she was in a depressed state. In “The Tree” (1963f) he speaks of how his effort to make contact with her succeeded to the extent that he “*learned to make her smile / to stem her tears / to undo her guilt / to cure her inward death*” (p. 290). He also suggests that one of the ways he could deal with the impact on him of her emotional difficulties, at least temporarily (though with potentially future negative consequences), was by engaging in a great deal of activity that would involve helping people who are suffering. He speaks of children who experience “achievement” in terms “of mending something wrong in the mother and achievement therefore leaves them always without any personal advancement” (1969, p. 248).

When this occurs, Winnicott implies, the process of reparation, so central to his ideas about the baby’s ability to begin to develop a sense of concern, may be disrupted. He suggests that this may have happened to him because of his mother’s emotional illness. Winnicott’s attempts to show concern for his mother may not have been satisfactory for him

because of her own mother's problem with providing enough of a "holding" environment. However sensitive he may have been to others' suffering, surely evident in his work as a psychoanalyst and pediatrician is another, more problematic dimension to Winnicott's desire to ameliorate the pain of others. For example, in "The Tree," his identification with Christ is suggested in his belief that he had to be sacrificed in order to save his mother from "weeping"; at the end of the poem, he says it is "*I who die*" (1963f, pp. 290–291), which perhaps points to his experience of annihilation anxiety occasioned by the emotional absence of his mother longer than he could endure. That in the poem Winnicott writes of this experience by stating "*It is I who die / I who die? / I die / I*" (p. 291) helps reinforce the sense of annihilation. For by successively shortening each line and leaving the reader with a lone "I," he bleaches out the world without which, given his theoretical framework, a sense of self cannot exist. Here and elsewhere, there is a sense of both resignation and rage toward his mother that is woven into this poem, which suggests the degree to which Winnicott believed he had to be overcompliant by hiding emotionally and creating a false self.

Kahr (1996) states that this preoccupation with his mother's suffering extended into his adult life when he developed "excessive rescue fantasies towards women in distress" (p. 12). Perhaps the most graphic example of this was his decision to remain too long in his marriage to Alice Taylor, who was emotionally ill, which exacerbated Winnicott's own emotional problems, because he felt so often that he had to care for her as a physician would a patient. It is reasonable to speculate that this may have generated considerable anger in Winnicott, which he could not easily express because of his sense of her fragility, a situation that resembles, to some extent, the one he experienced with his mother in her depressed states. It is interesting that as an adult he came to place so much emphasis in his theoretical work (1968b) on the infant's need to be ruthless, as well as its need for a mother who could survive the expression of anger that is central to his concept of "object usage." Winnicott used this term to speak about the inner life of the child and its need for a mother who could survive emotional and physical attacks without retaliating. He believed that this would help her offspring develop a sense of the externality of the world with which, according to Winnicott, it is initially merged.

In his clinical work, Winnicott (1947, 1968b) believed that as part of dealing with the transference he had to adopt a similar position with

regard to patients who were expressing anger or hatred. He acknowledged that at times he had difficulty doing this, because he had problems retaining access to these feelings. This was evident in his analysis of Margaret Little (1990, p. 43), who speaks of how in one session she attacked him by destroying a vase that contained a flower. Winnicott reacted by leaving the office immediately and returning as the session was about to end. He never did tell Little directly that he felt hurt by what she had done until many years after the analysis had ended. Winnicott appears to have learned to deal with his anger more effectively in his later years. Rodman states that “we find great generosity, and the persisting capacity for vitriolic attack where he deems it warranted. He had always sought a capacity for ruthlessness in order to reconstruct and reinspire the damaged impulses of his infancy and thereby realize a certain kind of productivity and fulfilling destiny” (2003, p. 366), all of which could contribute to the development of a true self.

In acknowledging the importance of being able to recognize his aggression, he speaks during the same year he wrote “The Tree” about a dream that contains three scenes (1963c, pp. 228–230). In the first of these scenes, the world of which he is a part has been destroyed. In the second scene, Winnicott is “the destroyer of the world” (p. 228). Then, in the third scene, he awakens while still dreaming. “As I awakened,” he says, “I knew I had dreamed both (1) and (2) . . . so the three I’s were altogether in touch with each other” (p. 229). Suffering now from a bad headache, he becomes aware that “destructiveness belongs to relating to objects that are outside the subjective world or the area of omnipotence” (p. 229). Winnicott (1964a) believed that this dream resulted from his self-analysis, his clinical work, and especially his writing of a book review of Jung’s *Memories, Dreams, Reflections* (1963). Winnicott was drawn to this book in part because Jung described a split between the true self and a false self, particularly with regard to Jung’s difficulty in acknowledging his aggression, which left him feeling insufficiently integrated. Unlike Jung, Winnicott (1963c) believed at the time that he wrote his review of Jung’s autobiography that he was able to reach “a deep layer of destructiveness” (p. 229) in himself, which allowed him to feel more real and therefore contributed to his development of a true self.

Winnicott’s difficulties with his destructiveness were compounded by his problems with sexuality. That difficulty may have arisen from the possibility that in infancy he was “seen by his mother as a girl” (Rodman

2003, p. 310). He wrote about this issue when discussing one of his patients but was unable “to identify” the problem in himself, “even though he had been dealing with this throughout his life” (p. 310). His attempt to find the male element in himself may be suggested in the fact that in 1966 he wrote “The Split-off Male and Female Elements to Be Found in Men and Women.” Claiming that Winnicott’s mother had difficulty acknowledging the male element in her son, Rodman speaks of “Winnicott’s life-long struggle to emerge as his own person as an individual being and his own person as a psychoanalyst” (p. 310), all of which suggests his struggle against falsifying his experience by succumbing to the views of others.

Winnicott felt that he grew up in a house with “multiple mothers” (C. Winnicott 1989, p. 8), not only his own mother but also his two sisters, a nanny, and at times a governess, all of whom taken together left him feeling overwhelmed. In addition, Rodman describes Winnicott’s father as a man whose “good deeds and personal prominence suggest that he was an overpowering, narcissistic presence for his son” (p. 17). It is plausible to think that Winnicott’s father wished to create a model son, one who would follow in his path, thereby fostering the creation of a false self.

That Winnicott tried to live up to his father’s expectations is suggested in the manner in which he changed during adolescence from being too much a disruptive presence to one who could accommodate his father by succeeding in school. As his behavior changed, his academic work was perceived to have improved, which fueled his confidence and set him on his quest to be viewed as an exceptional person. Like his father, who participated in many aspects of community life, Winnicott developed himself in a number of ways when he went to boarding school—not only academically but also in activities like music, public debating, and playing on the rugby team. He identified with his father’s ability to be recognized by others for being successful.

His father had lived much of his life as the Victorian Age was coming to an end when Winnicott was born in 1896. I suggest that the effects of that age, which was patriarchal in nature and emphasized propriety, manners, discipline, and restraint, especially among those who were comfortably situated financially, contributed to Winnicott’s development of a false self. Kahr (1996) says that Winnicott’s parents named their son Donald because “it was a prophetic name that derives from the old Celtic word meaning mighty” (p. 1). The name perhaps fueled his tendency to

be grandiose. In addition, the choice of the name was possibly a reflection of his father's success as a businessman, who "specialized in wholesale merchandise, selling items of every variety" (Kahr 1996, p. 2), which made him one of the pillars of the community of Plymouth in which he lived. He was heavily involved in religion, both personally and institutionally, before turning more to politics. He held numerous civic positions in the city, eventually becoming its mayor. As a result of all this work, in 1924 he was knighted by King George V.

These accomplishments were reflected in his family's lifestyle, which included living in a large beautiful house on land that contained a tennis court and an elaborate garden (Kahr 1996, p.4), all of which perhaps provided Winnicott a sense of security. But he also felt the pressure of traditional Victorian values, which he tried to embrace. As might be expected, however, he could not always succeed.

For example, at the age of three Winnicott smashed his sister's doll, because his father had teased him for his interest in it (C. Winnicott 1989, p. 7). Anderson (2015) suggests that Winnicott's "father was making fun of Donald for his attachment to the doll," which may have been based on his father's feeling "that a little boy should not care so much about dolls" (p. 21). Further, both his "father and Winnicott too as a little boy, would have seen his aggressive feelings as wrong and unacceptable" (p. 22). This suggests that his father was overly harsh on his son when he engaged in disruptive behavior and violated the Victorian emphasis on restraint. It also points to the possibility that Winnicott both internalized his father's criticism but also rebelled against it; in his early years in school his grades were low and he behaved rambunctiously.

It is not clear when Winnicott appears to have decided as a child to comply more consistently with what was expected of him. But Clare Winnicott has said that by the age of nine Winnicott thought of himself as "too nice" (Rodman 2003, p. 19). Nevertheless, he appears to have continued to cultivate another side of himself since he rebelled against this behavior in ways that upset the adults around him not only by using curse words but also by again receiving poor grades in school. The headmaster went so far as to complain about Winnicott's friends, whom he thought were having a bad influence on him and also about Winnicott's use of the British curse word "drat."

All this behavior led Winnicott's father to respond in an overly severe manner by sending his son, who was then fourteen, to a boarding school

catering to “proud, successful, gentrified families” (Kahr 1996, p. 14). Winnicott’s difficulties with authority figures during his early adolescence suggest an “antisocial tendency” characteristic of “normal” as well as disturbed children and “found at all ages” (Winnicott 1956a, pp. 122, 123). According to Winnicott, the tendency is the result of an environment that is overly depriving and is indicative of the child’s need for “management, tolerance, and understanding” (p. 123). The existence of this antisocial tendency also suggests the loss of something good that once existed in the child’s life but has been lost. Winnicott states that part of this may be the loss of “the mother’s body, the mother’s arms, the parental relationship” (p. 125). To express its loss and deprivation, the child or adolescent may become a “nuisance” (p. 129). Kahr states that “it is tempting to speculate that [Winnicott’s] mother may have experienced another episode of depression” during his “latency years” (p. 12).

Given Winnicott’s early sense of deprivation with his mother and his father’s excessive strictness, it is not surprising that Winnicott felt liberated when he left home. I suggest that the thought of leaving home to go to boarding school was appealing to Winnicott because he no longer had to contend with his mother’s periodic depressions and his father’s strictness, which aroused considerable anger in him.

Nevertheless, according to Phillips (1988), Winnicott later in his life would defend his father’s behavior as a necessary set of prohibitions to restrain his rebelliousness (pp. 25–27). Winnicott’s willingness to accept his father’s overly punitive behavior for relatively minor infractions suggests a form of identification with the aggressor. Here is still another instance of Winnicott’s propensity to yield to his false self. In this context, I would emphasize André Green’s observation that Winnicott’s father was particularly “evocative of a ‘false self’: more concerned and preoccupied with his own social position than with his son’s difficulty in developing into a man” (2005, p. 37).

That his difficulties with his father continued after boarding school is suggested by the fact that Winnicott was unable to tell him that he did not want to work in the family business but rather wished to go to medical school. This was communicated to his father by one of Winnicott’s friends. Dodi Goldman (1993) states that “the idea of a rift with his father made Donald so anxious that he hoped to deny his own inclinations. He tried to make himself go into the business to please his father” (p. 51). The oedipal dimension of this situation is striking. Even in his forties, he

was so frightened of his father that he could not tell him about the problems in his first marriage or that he wanted a divorce.

It is not surprising, then, that problems around the issue of compliance occurred also in his personal relationships. According to Rodman (2003, p. 57) who learned of this through a conversation with Hannah Henry, a friend of both Donald and Alice, in his first marriage Winnicott was unable to consummate a sexual relationship. The reasons for this are not sufficiently clear. Most of the explanation for his sexual problems with Alice Taylor points to his own emotional difficulties. Winnicott found his marriage to her, which began in 1923, to be increasingly dissatisfying. He ultimately began an affair with Clare Britton in 1944, which resulted in marriage in 1952. As a social worker and later a psychoanalyst, Clare shared his professional interests. However, he remained with Alice until 1949, when he separated from her. The strain of staying in a relationship with her may have contributed to the two heart attacks he suffered during the marriage. In addition, he was unable to initiate the separation until his father died (Rodman 2003, p. 65), which suggests his great concern about how his father would react to his son's defiance of conventional behavior, demonstrating again Winnicott's difficulties in maintaining his true self.

It is interesting that at about the time he married Alice Taylor, Winnicott underwent his psychoanalysis with James Strachey, which began in 1924 and lasted until 1933. Late in his analysis with Strachey, he was directed by him to see Melanie Klein, who, Winnicott was told, would give him something new that Strachey believed he could not provide. Although Winnicott was persuaded by Strachey to go into analysis with Klein, she wanted him to analyze her own child, which Winnicott agreed to do. That Klein chose Winnicott to do this is an indication of her assessment of his talent, which perhaps contributed to his sense of feeling exceptional, given Klein's influential position in the British Psycho-Analytical Society. In 1936 he began a second analysis with Joan Riviere, one of Klein's followers. About his analyses, Winnicott (1952) stated that though he felt helped by both Strachey and Riviere, they did not respond to him in such a way that he could feel his "creative" endeavors were appreciated (p. 34). Once again he felt he was encountering people who too often were intent on imposing their beliefs on him and unwilling to consider his ideas when they ran counter to their convictions.

Basically, they could not tolerate Winnicott's attempt to speak at length about the importance of the early environment, especially the role

of the mother, in the shaping of inner experience. Here is still another example of Winnicott's ideas about object usage. Although the concept was used primarily to describe the inner world of the child, it could also be employed to describe the need on the part of the adult for the experience of being able to express a point of view that differs from that of another. The danger here is of being met with a response that both invalidates one's point of view and leaves one feeling that one has hurt the other person. Further, Winnicott's feelings here indicate his theoretical preoccupation with the importance of the mother's nurturing her child's imaginative capacities in order to provide a basis for the development of a truly personal and unique internal world that can serve as a template for dealing with differing viewpoints as an adult, all of which facilitates the emergence of a true self.

In his analysis with Riviere, Winnicott found himself pressured to adopt an essentially Kleinian perspective. He felt trapped, forced to defend himself against people he had admired but came to feel hurt by because of the strength of their disapproval. His feeling could be easily exacerbated because he was, in part, dependent on them, given the power they exerted in the British Psycho-Analytical Society. As a result, in part because of his conflict with them, he helped form the British Independent Middle Group. Moreover, the struggle with Klein and Riviere over the acceptance of his ideas reflected concerns he developed in his theoretical work about the importance of the movement from absolute dependence to relative independence, concerns so important in his discussion of the development of a false self as opposed to a true self.

According to Rodman (2003), Winnicott "embraced" a Kleinian perspective early in his career "as a necessary means to liberation. Only as an outsider to an orthodoxy that he studied so hard and with which he flirted, could he effectively be himself" (p. 114). The tortuous nature of his relationship with Klein and her followers was a continual source of excitement, as well as concern for him, because he often sought approval from them but in the process felt he was falsifying his experience by tempering his critical stance toward Klein's ideas when they differed from his own. This, in turn, was at times followed by attempts to assert himself that led to further turmoil, even if that turmoil fueled his creativity.

One of the most graphic instances of this was the conflict that Winnicott had with Klein over his paper "Transitional Objects and Transitional Phenomena" (1953). She could not support his perspective in

this work, because she believed he too forcefully advanced the role of the environment, especially the mother, in shaping inner experience and neglected intrapsychic factors too much, particularly the power of “phantasy.” Winnicott experienced her rejection of his ideas as a blow to his self-esteem, and he virtually pleaded with Klein and Riviere to evaluate his ideas more favorably. In a letter to Riviere, Winnicott (1956b) sounds almost desperate: “I do in fact mind tremendously if I really have a positive contribution to make, however small, and if this cannot find acceptance either with you or Melanie” (p. 96). His concern in his theoretical work with the need to have one’s creative endeavors supported is once again suggested here.

The anger he appears to have experienced at the rejection of his paper is also a reflection of his sense of feeling prevented from rising professionally and achieving recognition from others. I suggest that Winnicott’s attempt to stand out as an adult could be viewed, in part, as a compensatory maneuver to deal with the sense of emptiness and anxiety he could experience in his early years, a sense expressed in “The Tree.”

Fortunately, with regard to the rejection of his important early paper, he continued to value its ideas, which were published in the *International Journal of Psychoanalysis* in 1953. Ultimately it was considered a major contribution to the development of psychoanalytic theory, which could only have bolstered his desire to be viewed as an exceptional man, even if paradoxically it may have contributed to nurturing his false self, given his need for an admiring audience. In addition, in those instances when he refused to comply with the wishes of Klein and Riviere, he demonstrated that he was able to fend off the temptation to adopt more of a false self. It became increasingly important for him to have his views appreciated; if they were not, he was willing to suffer the consequences. One of the most notable of them was the decision during “the late 1960s” of “certain tutors on the Child Psychotherapy course at the Tavistock Clinic (a proverbial home of the Kleinians) who expressly forbade their students to attend Winnicott’s public lectures” (Kahr 1996, p. 77). Winnicott simply continued to lecture in venues more open to his point of view.

His desire to be perceived positively in his professional life was a continual source of anxiety for him. For example, when he first opened his own office to begin a private practice while still working at the Paddington Green Children’s Hospital, he paid for some of his poor patients to travel to see him outside the hospital setting in his private

practice (C. Winnicott 1989, p. 13). In this instance, he was in fact hiding his real professional status, which suggests how far he would go to elevate his sense of himself. It is reasonable to speculate here that he felt quite self-critical for not having more private patients. His decision to create this kind of facade perhaps points to his inclination to create a version of the false self.

One of the reasons he may have entered into a relationship with Masud Khan, which involved boundary violations, was the ease with which Khan was willing to engage in behavior that though perceived as transgressive did not often result in sanctions. In short, Winnicott may have found in Khan someone with whom to identify, someone who behaved in such a way as to allow Winnicott to experience vicariously his own impulses to transgress, given his many attempts to reluctantly comply with others. In addition, Winnicott had some incentive to maintain a relationship with Khan, who responded more favorably to Winnicott's theoretical and clinical work than did many others in the British Psycho-Analytical Society. In this context, of special importance is that Khan acted as a foil in the face of the criticism that Winnicott received from Riviere and Klein. As the relationship with Khan developed, it became increasingly difficult, as he allowed Khan to become one of his analysands, at the same time that he turned over important editorial duties to him, a dual relationship that would not be acceptable today. Moreover, Winnicott's ability to identify with Khan became undermined as the latter's behavior with patients came to involve very serious boundary violations.

The turmoil engendered by his relationships with Khan, Riviere, and Klein did not appear to have affected significantly Winnicott's capacity to engage in a great deal of work. For Winnicott was not involved only in his work with patients but engaged as well in a range of other professional activities. He served on a significant number of committees and spent two terms as President of the British Psycho-Analytical Society. He also produced a large body of important written work. Finally, he lectured, taught, and made radio broadcasts, especially on child-rearing practices. He was also involved in providing psychological assistance during World War II to parents and children who had to be evacuated from British cities because of massive bombing by the German air force.

All these activities are impressive in terms of his devotion to his profession. Nevertheless, they could also have fueled his belief that he should live up to the expectations of his father, whose career was

“brilliant and public” (Rodman 2003, p. 14). In addition, they may have compromised his health: according to Clare Winnicott “he’d had about six coronaries” in the course of his life (Neve 1992, p. 183). In light of these issues, it is tempting to speculate how much his work may have sustained Winnicott’s sense of his own importance and was an effort to obtain the approval and admiration of others, thereby furthering the interests of his false self.

With regard to his health, in “The Tree” he speaks of his “*thirst*” (1963f, p. 290) under conditions in which the activity of caring for others was quite demanding. Indeed, as Kahr (2015) states, at times Winnicott’s clinical work with “disturbed patients,” including “*at least six*” who lived at his home “during the 1940s” while he was still living with Alice Taylor, “produced burdensome consequences” (p. 77) psychologically. Kahr also suggests that Winnicott’s Methodist upbringing may have contributed to his tendency to sacrifice his own desires and therefore contributed to the development of a false self. For “as a Wesleyan Methodist, Winnicott adhered to a credo of performing unceasing charitable works, as the Christian leader John Wesley had done” (Kahr 2015, p. 79).

Moreover, there may have been another dimension to his willingness to take on so much responsibility. Perhaps he found in work a way to deal with his own psychological difficulties because of the manner in which subordinating his desires to the needs of others could have led to a deadening of his feelings through the routine he created for himself. This could have been a means for him to bind some of his anxieties. In one of his theoretical papers, he refers to an adult patient who warded off “the threat of annihilation” by becoming “extremely independent” and “well-defended,” moves accompanied by “a sense of futility and of being unreal” (1963b, p. 253). His description of this patient could be viewed as applicable to Winnicott himself and points to his creation of a false self. This dynamic was revealed, at least to some extent, in “The Tree” in Winnicott’s account of his many attempts to enliven his depressed mother. In addition, perhaps in part because of all the work he did, Winnicott developed fantasies of receiving a knighthood from British Royalty, just as his father had. This may be one of Kahr’s reasons for saying that Winnicott occasionally “could be grandiose” (1996, p. 111). Charles Rycroft went even further, calling Winnicott “a crypto prima-donna” (quoted in Kahr 1996, p. 111). These observations by Kahr and Rycroft both suggest that indeed Winnicott was cultivating a false self.

The grandiosity may have been a defense against the possibility that he had to deal periodically with the anxiety that might result from the arousal of his early sense of helplessness and unmet needs for dependence, given the periodic emotional unavailability of his mother in his childhood. In his theoretical work, he emphasized the persistence of these difficulties if they have not been sufficiently confronted. Yet, that he could say at the end of his life that he fervently hoped that he could be “alive when I die” (Kahr 1996, p. 125) suggests his commitment to the importance of self-awareness and his hope that he could face the entire range of feelings that he carried, including his emotional turmoil. Failures to do so could lead to the falsification of his experience, which was such a major issue for him.

WINNICOTT'S CONFRONTATION WITH THE FALSE SELF

Given that Winnicott spent approximately fifteen years as an analysand, it is reasonable to assume that he exerted himself a great deal in this process, as well as in the professional endeavors in which he engaged. During the year following his first analysis, Strachey's “The Nature of the Therapeutic Action of Psycho-Analysis” (1934) was published. It is possible that his analysis of Winnicott was a source for the ideas presented in this article. Strachey's emphasis on the analysand's tendency to be self-critical may be of relevance in terms of understanding Winnicott's emotional difficulties. In this context, Strachey's ideas are also related to Winnicott's concept of the false self, which can also include the development of an overly severe superego. For this can give rise to an ongoing process of self-condemnation that may be accompanied by a loss of vitality and, concomitantly, a loss of access to the true self.

In “The Tree,” Winnicott (1963f) refers to the guilt he carried for being unable “*To enliven*” his mother: “*the sins of the whole world weigh less than this / woman's heaviness*” (p. 290). His tendency to be self-critical is evident also in the difficulty he had telling his father of his desire to be a physician, because he knew that his father expected him to enter the family business. In addition, the fact that Winnicott could feel so driven to succeed professionally in the world of medicine, to the point too often of feeling emotionally exhausted, may be evidence that he was trying to assuage the guilt that he felt not only about his mother and father but also about others whom he believed he had failed to help or accommodate

sufficiently. Charles Rycroft “has postulated that Winnicott suffered from an identification with the martyred Jesus Christ, masochistically torturing himself with more and more tasks” (Kahr 1996, p. 124).

I suggest that his tendency to be self-critical fueled the creation of his false self, which led to significant discomfort. This in turn served as a catalyst to develop his capacity for self-reflection and led him to try to embrace and act upon his own values. He speaks more generally about this issue, stating that “even in the most extreme cases of compliance and the establishment of a false personality, hidden away somewhere there exists a more secret life that is satisfactory because of its being creative or original to that human being” (1971, p. 68).

In this context, one of his most stressful experiences professionally occurred toward the end of his life, when he did not respond fully enough to those who spoke critically about his paper “The Use of an Object” (1968b), delivered at the New York Psychoanalytic Society. According to Francis Baudry (2009), Winnicott “replied to his discussants in a charming and whimsical fashion, stating that his overall concept had been torn to pieces and that he would be happy to give it up! He was trying to say something, but felt he had not succeeded” (p. 1070). Given the severity of the critique provided by some of the respondents, for me Winnicott’s comments suggest the difficulty he had in directly expressing his anger toward others. It is important to remember that since his presentation was the culmination of work he had been engaged in as early as 1945, which is evident in his paper “Primitive Emotional Development,” I am inclined to believe that he felt much more attacked than he revealed at the time he made his presentation.

Yet, despite his “disappointment” (Thompson 2012, p. 409), Winnicott continued to work on the “Use of an Object” paper. He made relatively few changes, and published it in the *International Journal of Psychoanalysis*. Ultimately, then, he stood up to his critics, an indication that at the end of his life he appeared not as easily to succumb to the attacks of others as he had at times in the past.

With regard to his clinical endeavors, Winnicott also engaged in work that was controversial. He was especially concerned that the psychoanalytic process can become derailed if both patient and analyst are not able to get beyond the false self. He believed an analysis can go on for years in some instances with the true self never being accessed. Instead, what is focused on is false self functioning, especially the defenses. Both participants may believe that psychoanalytic work is being done—interpretations have been

made, some change has come about—when in fact the core of the emotional difficulties is hidden from view, because it is too terrifying to face.

Winnicott stresses the importance of the analyst's ability to see this. Just as the true self cannot come into being without the existence of a devoted mother, the analyst must be committed to reaching this layer. It is in this context, in part, that Winnicott distinguishes different forms of the therapeutic process that would be necessary depending on what internal state predominated in the patient. He goes so far as to speak of three "different types of psycho-analysis" (1945, p. 147). In a classical psycho-analysis, the analyst focuses "almost exclusively" on the "person's personal relation to people, along with the conscious and unconscious fantasies that enrich and complicate these relationships between whole persons" (p. 146). In these cases, the person was provided adequate care during infancy, so that "the establishment of the ego *could be taken for granted* by the analyst" (Winnicott 1955–1956, p. 295). In the second class of patients, according to Winnicott (1954), the patient had not been provided good-enough care as a baby, so that "the wholeness of the personality only just begins to be something that can be taken for granted" (p. 279). Then there is a third group, which includes patients for whom the environmental provision was so limited that "no true ego" had been established but what occurred was the development of "*a pseudo-self*" consisting of "a collection of innumerable reactions to a succession of failures of adaptation" (Winnicott 1955–1956, p. 296). It is in this group that Winnicott finds patients who may have to deal with the emergence of a false self that "hides and protects" the true self (p. 296).

This requires of the analyst a stance very different from what she would use with the first two groups of patients. What is necessary here, especially in the beginning of the analysis, is an atmosphere in which "holding" is the prominent feature. With this provision, "there is now for the first time in the patient's life an opportunity for the development of an ego, for its integration from ego nuclei, for its establishment as a body ego, and also for its repudiation of an external environment with the initiation of relatedness to objects" (Winnicott 1955–1956, p. 298). Under these conditions, an ego can come into being that is able to experience impulses emanating from the id, which is the basis for feeling real and for the development of a true self.

In the course of his work as a clinician, Winnicott increasingly came to see the value of his observations about the necessity for changes in how

to work with patients. He even stated that for a long time he used classical technique and then would realize that with some patients he should have been using less interpretation but rather providing an environment in which he was adapting to his patients' needs.

In some situations Winnicott believed that the false self organization might be of such a nature that what is needed is "*regression to dependence*" (Winnicott 1954, p. 284). This idea was criticized by analysts who did not believe in the value of prolonged regression, lest it lead to a worsening of the patient's condition. But for Winnicott, a return to the original traumatic situation, as it has been modified through subsequent internal and external experiences, may be required, all of which may be manifested in part in the transference. Winnicott states that this constellation of events suggests there was a failure, probably by the primary caretaker, that resulted in environmental impingement and the development of a false self. According to Winnicott, the ability to access this failure in a favorable setting, especially with an analyst, may result in the emergence of the true self. In the course of the psychoanalytic process, he believed, the patient might slowly be able to relinquish the false self, in part because the analyst could provide the caretaking instead of the false self. Winnicott indicates here that the patient must come to trust the analyst a great deal, since so much of adult functioning, which was based on defensive maneuvers rooted in false self functioning, is given up and what emerges are states of feeling more characteristic of infancy and childhood, especially focused on dependence.

I believe it is possible that Winnicott thought he might have benefited from such an experience, given his belief that his analyses with Strachey and Riviere did not go far enough with regard to reaching his core problems. He stated that he learned a great deal about himself in the course of his work with patients in a deeply regressed state. At one point, he says that he "had to make personal growth in the course of" his experience with one such patient (1954, p. 280). It is significant that his difficulty with sexual impotence appears to have been ameliorated not by his analyses with Strachey and Riviere but in his relationship with Clare Winnicott. Rodman (2003) states that he experienced "the late achievement of a sexual relationship with Clare" (p. 9).

Speaking about her relationship with Winnicott, she emphasizes his spontaneity by referring to how unpredictable he was in the way he behaved around her. In addition, she says that each of them acknowledged

the “recognition and acceptance of each other’s separateness” (1989, p. 15). This helped foster Winnicott’s ability to become increasingly independent as he grew older, at the same time that it helped both him and his wife feel closer to one another because they were each able to contain the fear of being abandoned if they displayed their innermost feelings. It is not surprising, then, that Winnicott did the bulk of his important writing after his relationship with his second wife began. Winnicott states that her “effect on me was to make me keen and productive and this is all the more awful—because when I am cut off from you I feel paralyzed for all action and originality” (quoted in C. Winnicott 1989, p. 15).

His creativity was especially evident in his theoretical work on playing. He wrote about this concept in the context of what he called “the search for the self” (1971, p. 53), which suggests that this was an attempt to deal with the issues presented because of the problems posed by the existence of a false self. According to Winnicott, unlike the false self, which is rooted in part in the tendency to accommodate others, playing is associated for Winnicott with creativity. In speaking of the origins of playing, he links the concept to his ideas about the “transitional object” and “potential space,” where the issue of separation from the mother is one of utmost delicacy and requires that the child be able to feel in contact with her at the same time as it is moving toward the external world.

These concerns are woven into his conception of the therapeutic process; “psychotherapy,” he states, “has to do with two people playing together” (1971, p. 38). This consists of the following “sequence: (a) relaxation in conditions of trust based on experience; (b) creative, physical, and mental activity manifested in play; (c) the culmination of these experiences forming the basis of a sense of self” (p. 56). Of these conditions, the necessity for adequate provision of a holding environment is essential, for without the existence of a reliable analyst, the process of playing cannot unfold. It is only under conditions of trust that the patient can embrace dependence, formlessness, and “a non-purposive state, as one might say a ticking over of the unintegrated personality,” all of which contributes to the ability to play (p. 55). For this to occur, it is necessary for the analyst “to reflect back” to the patient this process, so that it “becomes part of the organized individual personality” (pp. 48, 64), thereby contributing to the development of the true self.

For Winnicott, this led him to allow the process to unfold at the patient’s pace and to make interpretations sparingly. He made clear his concern that

far too many analysts adopt a stance in which they try to sound clever or authoritative. In this context, according to Abrams (1996), “Winnicott implies that the danger is that the analyst’s interpretations may lead to the development of a false self” (p. 257), because of the possibility that the patient will simulate agreement with the analyst’s interpretations, especially if they are delivered in such a forceful manner that they arouse in the patient the fear of incurring the analyst’s disapproval and even withdrawal if agreement is not forthcoming. Under such circumstances, there is also the possibility that fears of the negative consequences of the failure to comply will be aroused that were characteristic of the patient’s childhood, which from a developmental standpoint is the origin of the false self.

According to Winnicott, a firm authoritative stance is the opposite of play, which was for him so central to psychotherapy. There was also a childlike quality about Winnicott that is perhaps suggested in Winnicott’s interest in the Squiggle Game, which he used in his clinical work with children; indeed, in his private life as an adult, he often made “squiggle drawings” (C. Winnicott 1989, p. 15).

It is not surprising that Anne Clancier (Clancier and Kalmanovitch 1964), who had watched Winnicott work with children in a clinical setting, speaks of his “ease of manner, naturalness and simplicity. He had about him none of the conformism of many of the leading figures in the medical world; he never seemed to be speaking from a professional chair” (p. 4). Clancier’s impressions here are interesting not only because of her description of Winnicott, which includes indirectly references to the way that he seems to have embraced his true self. For she also describes the nature of the behavior of his colleagues in his professional world, which appears to be too laced with false self functioning. This in turn points to Winnicott’s belief that issues pertaining to the false self have implications in terms of how people experience themselves in the larger social world as they try to maintain contact with the true self.

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