

The False Self as a Means of Disidentification: A Psychoanalytic Case Study

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Winnicott uses the term “false self” to describe the defensive organization formed by the infant and child as a result of inadequate mothering or failures in empathy. Experiencing either maternal impingement or emotional withdrawal, the infant is forced to accommodate his own needs to the conscious and unconscious needs of those upon whom he is dependent. Winnicott (1960a) states that the infant's compliance “is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs” (p. 145). Thus, the False Self develops as the infant is repeatedly subjected to maternal care that intrudes upon, rejects, or abandons his experience. As a result, the growing child increasingly loses his sense of initiative and spontaneity, as “there is a growing sense in the individual of futility and despair” (p. 133), or as Bollas (1989) has termed it, a sense of “fatedness” (p. 33).

I examine here, through a six-year analysis of a female analysand, the complex and unique ways in which False-Self organizations develop. Through comprehending this patient's individual organization, I have delineated a fifth function that the False Self serves, in addition to the first four previously referenced in the literature:

- (1) protecting the True Self from mother's impingement and neglect (Winnicott, 1960a)
- (2) maintaining connection with mother (Stern, 1985)
- (3) protecting mother from the infant's destructiveness (Glasser, 1992)
- (4) warding off the child's anxiety about oedipal conflicts (Cassimatis, 1984)
- (5) creating a means for the child to disidentify from mother

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This article is the first to explore and integrate, within one clinical case, the previously identified four functions of the False Self, contributing to the literature by postulating a fifth function: the individual's disidentification from mother. The formulation of this False-Self function evolved as a result of my attempt to understand and work with the more intractable aspects of my patient's False Self. I also discuss how the exploration of this additional False-Self function led me to hypothesize that aggression plays a significant role in the development and maintenance of the False-Self organization.

In this case, the five False-Self functions were not all evident at the beginning of the analysis, and there is considerable overlapping in terms of the timing of their emergence in the analysis. Broadly speaking, however, the first two False-Self functions, protecting the patient's True Self from mother's impingements and neglect, and maintaining a connection with mother, were more prominent during the first half of the analysis. Awareness of the more intractable aspects of this woman's False-Self functions, protecting mother from her own destructiveness, warding off anxiety regarding oedipal issues, and creating a means of disidentification from her mother, emerged during the second half of the analysis.

When Sharon entered treatment, she was a forty-four-year-old nurse, who was married and had two adolescent sons, adopted by her and her husband approximately six months after each birth. Severe depression and suicidality had plagued her since suffering a series of recent losses: the deaths of her mother, father, stepmother, and best friend to cancer, as well as her personal illness, which resulted in a mastectomy and hysterectomy. She initially stated, “I feel like I've been taking money out of the bank all my life, none's ever been put back in by me or anybody else, and now I've discovered I'm bankrupt.” She was the primary caretaker throughout her mother's lengthy illness, and her mother's death precipitated a crisis in which Sharon realized, “I've tried as hard as I could my whole life to be good, and now I realize there's no reward.” Following her mother's death, she became paralyzed with intense feelings of hopelessness, meaninglessness, and emotional depletion. Although potentially attractive, Sharon was seriously overweight, having gained sixty pounds during this crisis period, and

conflicts concerning her feminine identity were evident. She was understated in her appearance, wearing plain clothing, no makeup, and no jewelry, because, "I don't want to have to do those things in order to be liked by and acceptable to people."

Sharon had been involved in a committed but significantly distressed

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marriage for twenty-one years. Conflicts around intimacy were also apparent, but she was undisturbed by the fact that she and her husband rarely had sex. Her husband, although a basically kind and stable person, was highly intellectualized and unable to be emotionally present, feeling helpless to respond to her depression. Together, they defined Sharon as the "sick" one.

Sharon came from a middle-class Caucasian family in the Midwest. She was the youngest of three children; her sisters were nine and three years older. Her mother was only fourteen years old when she gave birth to her first daughter, and had been severely abusive to her, both physically and emotionally. The family moved frequently. Sharon's parents' chronic marital conflict culminated in an abrupt move in which Sharon, then age eleven, and one of her sisters were secretly taken to another state by their mother, who did not notify their father of their whereabouts until several days later. She remembers her mother feeling triumphant about the fact that she had, after years of planning, succeeded in deceiving him.

This separation from her alcoholic but kind, nonabusive father was traumatic for Sharon. Her memory of the separation accounts for the difference in the way she perceived each of her parents. She saw her mother as intrusive, selfish, and deceitful, whereas her father, although unattuned and negligent, was perceived as kind and well-intentioned. His presence was somewhat calming, and she felt a sense of freedom and acceptance when with him, which significantly differed from the intrusiveness of her mother. Sharon expected little from him, however, because of his instability and inability to protect her from painful interactions with her mother. As a result of guilt and intense feelings of responsibility, Sharon alternated between living with her mother and father during adolescence, but was finally able to create some stability for herself by moving in with a nurturing aunt and cousin for her last year of high school.

Sharon experienced her mother's inability to function as a protective shield for her (Khan, 1963) as a repeated trauma and her mother's recurring nonresponsiveness as abandonment. Early in the analysis she stated, "I have an image of myself running to her and her telling me that I was embarrassing her." She recalled repeated incidents at extended family gatherings characterized by drunken brawls, inappropriate touching, crude language and gesturing, during which her mother would become seductive with the men present. Sharon hid in the corner, frightened for her safety. When Sharon was fifteen, her mother's boyfriend gave her a

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ride home. He passed out at the wheel, and Sharon had to steer the car to the side of the road and stop it. She then sought help from county workers nearby. Her mother told her the boyfriend had a seizure, but Sharon later found out he had been drunk.

These experiences reveal her mother's profound difficulty acknowledging or responding to Sharon's most basic needs for security and protection. Sharon often felt invisible to her parents, whom she believed saw children more as objects or possessions than as individuals with feelings, thoughts, and ideas worthy of respect. She could not envision herself or her needs as having been reflected upon by her parents, which contributed to a tremendous feeling of isolation and futility. In one session, Sharon wondered aloud about the frequent moves made by the family. "I must have changed schools eleven different times before I graduated, and for what reason, I don't know. It seemed like as soon as they got a place fixed up, they moved again. Just when it was ready to be lived in, they'd sell it, or my mother would get homesick for her mother and we'd move again. I wonder if they ever asked the question of what impact these moves were having on us children."

Sharon maintained that a power-oriented facade hid her parents' emotional insecurity as they commanded strict obedience to their wishes. In fact, Sharon and her sisters often felt treated with contempt, being subjected to severe ridicule and shame for the most human of experiences or mistakes. For example, after a fire broke out in the neighborhood, Sharon was terrified and wanted to sleep in her parents' bed with them that night. "My dad spanked me, and I sat on the stairs and cried, and then he came and spanked me again. They were clueless."

Sharon learned to cope with her mother's maternal failures by developing an exquisite sensitivity to her mother's conscious and unconscious narcissistic needs, compulsively attuned to her mother's well-being as if it were the primary task of her existence. About such attunement to the mother, Winnicott (1960a) says, "where the mother cannot adapt well enough, the infant gets seduced into a compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them" (p. 146). Several dimensions to her False Self developed as Sharon accommodated to a variety of her mother's unconscious needs and projections. Sharon became a child who caused her mother no problems; in vigilantly anticipating her mother's insecurities (her potential narcissistic injuries), Sharon responded in ways that warded off her mother's rage and abusive attacks. Because Sharon's feelings of anger

and hurt, or need for attention or autonomy, were experienced by her mother as an attack on her own self-esteem, they were met with her mother's rage and shaming reactions. This was unbearable for Sharon, who learned to reveal only what was expected of her in order to provide herself some degree of security.

At the same time she anticipated her mother's needs at the expense of her own, Sharon supported her mother's narcissism by becoming a receptacle for her mother's projected weakness and inadequacy. Sharon also served as an extension of her mother's grandiosity, becoming competent and self-sufficient. She disavowed any need for attention from others, allowing her mother to be center stage and exhibitionistic. Ironically, Sharon had to navigate an impossible double bind: being dependent upon her mother, without, in actuality, requiring anything of her. This accommodation gave her mother the sense of importance and significance she commanded, while at the same time, it did not require her mother to be responsive to Sharon's needs. As a result, Sharon was generally unrealistic about her abilities, feeling superhuman in her ability to handle anything, while at the same time feeling helpless and incompetent.

Stern (1985) provides greater refinement to the concept of the False Self through infant research, by specifying several types of parental responses that contribute to the development of a False Self in the child: nonattunement, misattunements, and selective attunements. *Nonattunement* describes particular parental responses that reflect a severe inability to participate in the infant's experiences, leaving the child with a pervasive feeling of aloneness and chronic isolation. In *selective attunements*, parents make choices about which of the infant's overt behaviors, internal states, affects, and energy-activity levels are acceptable and can be shared with them. This selective responsiveness reflects the parents' conscious and unconscious fears, desires, and fantasies, and shapes corresponding intrapsychic experiences in the child. Stern describes *misattunements* as those parental responses purposely designed to "miss the mark" in order to change the infant's behavior. This might happen when the parent responds to an infant's excitement by remaining subdued, rather than joining in the infant's experience, in order to insure that the baby "settles down."

The effect of these deliberate attempts to change the infant's experiences is to shape the child in the direction the parent wants, again contributing to the development of a False Self. In emphasizing that an infant's

False-Self organization is based on what a particular infant learns from its particular parent about which aspects of its inner experience can be shared with another, Stern demonstrates for us how Sharon's particular False-Self organization evolved as a unique product of her parents' selective attunements, misattunements, and nonattunement. Because Sharon's parents valued children who are "seen and not heard," they were inevitably misattuned to her desire to be enlivened and assertive, covertly attempting to create a compliant child who would exert little will of her own. They were selectively attuned to highly modulated, contained affect and behavior. They were also attuned or responsive to behavior that reflects exquisite sensitivity to the desires of others while they were almost totally nonattuned to the imaginative or creative aspects of her self. As such, her imaginativeness and creativity became part of a secret self that would have to remain outside the realm of shareable experience. Feelings of anger or expressions of aggression or vitality became inaccessible to consciousness as well.

The deaths of Sharon's parents, stepmother, and best friend to cancer, and her own diagnosis of breast cancer and resultant mastectomy, all occurred within a three-year period. In addition, the therapist with whom she had begun treatment a year earlier moved out of state. These losses were so devastating that by the time she began her current treatment, Sharon's False-Self organization was failing. A dream shortly after beginning treatment reflected this plight: "I am an Olympic swimmer, and I am drowning. Somebody throws me a life preserver, but I can't get it."

Sharon became intensely aware of her need for affective contact with others, yet did not experience anyone in her family or circle of friends as capable of responding to this need. She felt trapped in her role as caretaker within these relationships and hopeless about the possibility of creating an alternative way of participating within them. As a result, her depression and suicidality became profound, her state heralding internal fragmentation and external doom. Early in the analysis, she described her depression in the following way. "I was doing some work around the house, and then I felt those bleeps of depression coming down all around me. Black bleeps that go 'boing, boing' around my head. There were so many, I couldn't count them. I'm afraid they'll never go away. Some things can't ever get fixed. I'm afraid that for the rest of my life, I'm going to have to feel those dreadful black bleeps."

It quickly became apparent, however, that Sharon's depression served

a crucial defensive function, in that it was only when she was severely depressed she could be absolved of the responsibility for her mother. "Depression is my only protected space. If I get well, I'm going to have to be well forever. All that means is

that people will expect me to take care of them again.” Thus, in the midst of her crisis, Sharon's depression became one of her few sources of nurturance or protection from her critical internal world.

In terms of the initial transference that developed, Sharon assumed that I, like her mother, would find her pain and despair to be burdensome—I would be invested in having her “give up” or “get over” her depression quickly. She was certain that her needs would be intolerable to me and that I would tire of her complaints. She would often predict how long it would take me to abandon her as a hopeless cause. She needed to get well in order to make me feel successful as a professional. To remain depressed was to wound me narcissistically, thus depriving me of the attention she believed I needed. She was convinced that her continued focus on her internal experience would provoke my rage and subsequent abandonment of her, as it had with her mother.

Another facet of her initial transference was reflected in her doubt about the possibility of receiving anything from me that would be useful to her. She expected her experience with me would be similar to that with both her mother and her father; that is, I would be unable to comprehend anything of what her internal world was like, and would be unable to protect her from further internal pain or external losses. Like her father, I would be unreliable and useless to her; like her mother, I would be too absorbed in maintaining my own emotional equilibrium to serve as any sort of protective shield for her.

In spite of the depth of her depression, there was some evidence of hope within Sharon that her connection to me could make a difference. Although she believed she had been “too much” for her previous therapist (because the therapist wanted to see her only one session weekly), she did experience the therapist as benevolent and felt somewhat helped by her. Sharon knew I was personally chosen by her therapist to continue working with her, which created a degree of confidence in me and allowed her to attend her sessions regularly. Beyond this, I believe that it was solely my hopefulness, which existed because I had a sincere sense of liking and understanding Sharon, that held the analysis together for many months. Sharon appeared to be surprised, but pleased, by my attempts to create a reliable frame for the analysis. Years later, she was

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able to tell me that my consistency communicated a respect for her that was deeply meaningful to her. This, in conjunction with my refusal to collude with the demands of her False Self that she recover so she could again accommodate to people, contributed to the gradual creation of an analytic space in which Sharon could feel safe enough to explore her feelings and make sense of her experience.

Functions of the False Self

Protection of the True Self

Winnicott (1960a) believes the False Self exists solely for defensive purposes. “The False Self has one positive and very important function: to hide the True Self, which it does by compliance with environmental demands” (p. 146-147). By True Self, Winnicott is referring to that authentic identity with which the child is born. When acknowledged, received, and responded to by the mother, the child's True Self is confirmed and given meaning. Over time, this nurturance contributes to the further development of the individual's authentic and integrated sense of self. The False Self, then, is reactive, created to protect the existence and maintain the integrity of this burgeoning sense of self. Without the False Self, the True Self of the infant who experiences maternal impingements or neglect would be exploited, “which would result in its annihilation” (p. 147). Elaborating on this function of the False Self, Glasser (1992) says, “we may thus speak of the deceptively compliant shell of the False Self which protects the hidden True Self from the mother's colonization. In psychic terms, this is a narcissistic act of self-preservation” (p. 497).

The different aspects of the False Self that Sharon developed served the important function that Winnicott addressed: *to protect the integrity of the True Self*. Her exquisite sensitivity to her mother's conscious and unconscious needs minimized her mother's sense of being narcissistically injured. By maintaining a self-sufficient caretaker position, Sharon learned to be a minimal inconvenience or frustration to her mother and did not require her mother to immerse herself in, understand, or even acknowledge the existence of Sharon's internal world, thereby not arousing her mother's hostility. By maintaining her False-Self position, Sharon allowed her mother to project her own weakness and shame into her, at the same time reassuring her mother that she would not be abandoned.

Sharon also clearly saw the difference between how she was treated

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and how her sisters were treated. She believed she “narrowly escaped”; yet she experienced an unrelenting guilt that her survival, based on knowing how to accommodate to her mother, may have contributed to their abuse. In fact, Sharon evidenced what is termed “survivor guilt” (Modell, 1971; Weiss & Sampson, 1986) in the many ways in which she physically and emotionally cared for her more severely abused sister.

Although Sharon was able to tolerate the position of being a child who should be seen and not heard, and was relatively successful at warding off her mother's rage and retaliation, she was never free from the fear that a wrong move on her part could provoke her mother's attack. At one point, Sharon described her mother as "cruel, like a vicious animal devouring her prey." She described herself as feeling like a helpless and defenseless animal, whose only defense from a predator would be to camouflage herself and freeze.

This protection of the True Self was evident within the transference, where Sharon would become terrified when I made reference to any feelings she might have toward me or that we might have toward each other. She would become very anxious and immediately want to leave the session, believing the immediacy of the affect between us would create an irreparable conflict, ultimately destroying her. She felt she had to be very careful with me; she was highly vigilant in her monitoring of what happened between us and was unable to take any risks in relating to me in ways she thought would "disrupt or unsettle" me. If she ever did say something that might be interpreted as critical, she would suffer until her next appointment, fearing retaliation from me. "I just can't have you feeling bad or mad ... that would be the end of everything."

A Bridge to Relatedness

It was apparent to me quite early in the analysis that Sharon's False-Self functioning also served the crucial function of creating and maintaining a tie to her mother. Stern (1985) has addressed the ways in which the creation of a False-Self identity ensures some sort of connection to, or way of being with, the parent. He says, "It is only in the domain of false self that the infant is able to experience the communion of subjective sharing and the consensual validation of personal knowledge" (p. 228).

In Sharon's case, she felt invisible to her parents. She believed she existed in her parents' minds, and could maintain a tie with them, only to the extent that she entered into and responded to the needs of their world. To hope or wish that her parents could immerse themselves in

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her world was useless and only resulted in feelings of abandonment and despair. She stated, "It feels like everything I had with my mother had to come from me and my actions. The only way I was connected to her, the only kind of closeness I could get was to be what mother needed me to be."

In the transference, Sharon assumed a compliant and submissive psychic position, reflecting her experience of me as the mother who required intense attunement to her own wishes. She was vigilant about ending her sessions exactly on time, and was extremely reluctant and apologetic about asking me to reschedule sessions when her work required some alteration in our appointments. In this way, Sharon was attempting to secure an attachment to me and thereby stabilize herself.

Sharon's realization of the extent to which her current relationships reenacted aspects of her early relationship with her mother created a growing dissatisfaction and disappointment with her family, as well as with herself. "I've ended up in the same position with my sons that I was in with my mother as a child. My feelings and opinions don't matter. I've re-created what I was trying to avoid, because I wanted them to know that their thoughts and feelings were important. The mistake I made was in never requiring them to know that mine were too." She recognized how burdensome and dutiful her existence had become and, ultimately, was able to acknowledge, "I long for somebody to say that I've done enough."

As she began to accrue experiences with me in the analysis that communicated to her I was not invested in her for the purposes of maintaining my narcissistic equilibrium, Sharon began to view me as an ally in her search for an individualized sense of self. She sensed that I was interested in her inner experience, rather than in her external behavior, and gradually became more able to differentiate between these for herself.

Her emerging awareness set up a new authority internally (Miller, 1979), which began a rudimentary sense of empathy for herself. She took several distinct steps in the direction of shedding her false existence, the most notable of which was quitting her nursing position. Sharon realized that the nursing profession served, in part, as an extension of her attempt to take care of her mother. She also became aware that she chose nursing to maintain a tie with her mother, who was also in the medical field. In addition, working with terminally ill patients, particularly after having suffered so many losses of family members to

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cancer, began to be unbearable. She also discontinued her church involvement, because in it she perceived a lack of space for her to participate authentically that paralleled her parents' impossible expectations of her. Discovering the freedom to discontinue her involvement in these areas, although it did not resolve her struggle with self-differentiation, did create concrete ways in which her sense of power and control over her own life expanded.

Increasing attention to her own need states precipitated a period of intense mourning, as she realized the profound losses in her childhood concerning her lack of parental care. Relinquishing her False Self in stages also involved the loss of the grandiose illusion of self-sufficiency, along with her belief that she had complete control over her mother's self-esteem.

Sharon gradually became more comfortable with her own needs for attention, and as she grew less fearful of catastrophic consequences, she expressed her needs more directly in her sessions. She allowed herself to be more visible and had less need to protect herself, as was reflected in major changes in her appearance. She lost fifty pounds over a period of several months, developed an exercise program, began wearing makeup and styling her hair, and made significant changes in her apparel, wearing more colorful and comfortable, yet feminine, clothing. These changes maintained throughout the analysis.

Sharon was attempting to understand what it was about the analysis that facilitated change. She had some idea that the transformation of her experience had to do with her ability to put together the pieces of the puzzle of her life, creating a picture of her that fit her subjective view of herself and explained the evolution of herself as a person. This is closely related to the idea of narrative-making (Stern, 1985), the weaving of an autobiographical history that unfolds over the course of an analysis.

Sharon also sensed that the transformation of her experience had to do with the holding environment (Winnicott, 1960b) that had been created within the analysis. For Sharon, this "holding" could occur because of the consistency of our work together (four sessions per week with few interruptions or unanticipated scheduling changes), as well as the privacy and predictability of the physical and emotional space with me. This holding environment was also created via my ability to "hold" her anxiety and despair, without feeling burdened or destroyed by the intensity of her affective states. As a result of these different aspects of the

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connection with me, Sharon was able to create a new object experience with me, from which she derived a sense of safety and trust.

As the analysis moved into a new phase, it became apparent to me that Sharon was reluctant to shed herself of this False-Self organization, like a prisoner who remains in her cell, even though the prison door is open. I was aware of a growing sense of impatience and annoyance within myself as Sharon continued to speak of her experience. I also began to feel somewhat bored during the sessions, and I wondered what this was about. Exploration of the more intractable elements of Sharon's False Self led to confirmation of the False Self's role in protecting mother from the infant's destructiveness (Glasser, 1992) and in facilitating a retreat from oedipal issues (Cassimatis, 1984). It also led, ultimately, to my conceptualization of an additional False-Self function: the role the False Self serves in effecting a disidentification from mother.

Protection of Mother from Infant's Destructiveness

Sharon believed any outward attempt to differentiate herself from her mother would lead to irreparable conflict. It became apparent that she not only feared retaliation from her mother for having a life, she also feared she would destroy her mother by having one. Even after her mother's death, Sharon continued to be in bondage, as the external mother whom she had placated was a relentless presence within Sharon's internal world, likely to be destroyed by Sharon's attempts at self-delineation. Thus, this False Self also served the important function of protecting her mother from Sharon's destructiveness. This function of the False Self is addressed by Glasser (1992), who writes,

Winnicott certainly places great importance on the infant's aggression, but this does not feature in his discussions of the False Self. It will be seen that, if I were expressing the dynamic situation using the concept of the False Self, I would place as much emphasis on its importance in protecting the mother from the infant's destructiveness as in protecting the infant from the colonization and annihilation by the mother. (p. 502)

Sharon's fear of her own destructiveness became apparent within the transference, as she exhibited being frightened of challenging, reacting to, or even having observations about me. As a result of this awareness, Sharon worked intensively on her inhibition of aggression within the

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transference. Whereas previously she had been idealizing of me, she now began to wonder, "Maybe I'm just a sucker, and you're taking me for everything I've got." As her envy of me became more intense, it was dissipated only when the anticipated mutual destruction did not occur. She also experienced anger at her parents' destructiveness and power over her, discovering her chronic suicidality was an expression of the rage she felt for her family.

Retreat from Oedipal Issues

Throughout the analysis, it was evident that Sharon's False Self served an important function in warding off oedipal issues. Cassimatis (1984) maintains, "there is no point in being concerned with Oedipal considerations when the true self is

not in sight” (p. 69). When oedipal issues are introduced by the analyst too early in the analysis, they become another gesture to which the patient learns to accommodate. “If, on the other hand, they are discovered by the patient in the course of awakening the true self, they will undoubtedly contribute to that awakening and that self’s ultimate strength and resilience” (p. 76).

The course of this analysis certainly seems consistent with this statement. Oedipal elements became prominent in Sharon’s later attempts to integrate awareness of her sexuality and aggression and as she struggled through the ways in which she maintained a position of submission and inadequacy with me, in order to ward off any rivalry or retaliation.

A Means of Disidentification from Mother

Despite Sharon’s need to protect her mother from her original infant’s destructiveness and herself by retreating from oedipal issues, I continued to have a nagging sense there was something else accounting for the intractability of Sharon’s False Self. She appeared, at times, emotionally shapeless and textureless, and my intermittent annoyance with her clued me to the possibility that she was invested in her angelic persona.

More frequently, Sharon made reference to the discrepancy between her parents’ behavior and the standards they set regarding the behavior of their children. A subtle but disavowed contemptuousness was apparent as she talked of her mother’s vulgarity and seductive behavior with men, and her father’s chronic marital infidelity and alcoholism.

On the surface, Sharon’s False Self appeared to be in compliance with her mother’s needs and admonition, “Do as I say, not as I do.” On a

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deeper level, this False-Self identity served as an aggressive triumph, in that it maintained the connection to her mother, yet at the same time effected complete disidentification from her.

In hindsight, I believe this disidentification, False-Self function was difficult to distinguish precisely because the clinical material was so interwoven with Sharon’s retreat from oedipal issues. My conceptualization of this particular function of Sharon’s False Self, however, provided a more complete understanding of its resistance to change. Although her secret aggression was an attempt at self-differentiation, Sharon was left imprisoned within this False Self because she could not outwardly show signs of either aggression or sexuality. The only expression of either was through the internal rejection of everything her mother stood for. This inwardly focused and hidden use of aggression for purposes of self-differentiation was destined to fail, in that, as Winnicott (1969) describes, true autonomy and self-differentiation are possible only when aggression can be expressed within a relationship and the other can survive it.

As a result of this conceptualization and my ensuing interpretations, a flood of knowing emerged for Sharon. After her parents’ divorce, her mother became quite promiscuous, wanting to experience the adolescence she had been deprived of by her marriage and motherhood at age fourteen. She had numerous boyfriends who stayed overnight, living with some of them intermittently. She “lost all interest in being a mother,” staying out late at night and drinking. Her mother was very vocal about her fantasy of being a striptease dancer and would often do striptease dances in front of her daughters. Sharon felt ashamed of this, saying, “Mothers aren’t supposed to be strippers.”

This behavior by her mother took place during Sharon’s preadolescent and adolescent years. “I couldn’t be an adolescent while my mother was acting like one. It was too dangerous; I felt too unprotected. I guess I became the mother.” She remembers calling the police and hospitals at night, terrified her mother had been in an accident and wouldn’t be coming home. The awareness of these feelings about her mother was very painful. “It’s so hard to give up these illusions about her. I want someone to tell me that the bad things aren’t true. I want somebody to tell me she was better than she was.”

At this point in the analysis, Sharon recalled the following dream. “I was staying at my mother’s house. Someone called and told us to go to the hospital, because somebody had dropped an atomic bomb. I went to the window and saw a mushroom cloud. My mother was crying. I tried

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to cheer her up and told her that maybe this was a good thing, because we’d be going to see God. I reassured her that if she confessed her sins, God would accept her. Then I told her that maybe it wasn’t an atomic bomb and that we wouldn’t all die.”

Evident within the dream is Sharon’s attunement to her mother’s need state, but also the perception of her mother as a sinner responsible for their destruction who needed to repent. Sharon gradually developed a deep understanding of how she had organized much of her identity around being as different from her mother as possible. She was repulsed by and contemptuous of her mother, harboring a deep sense of shame about her behavior. Sharon’s rigid morality and asexuality became a means of maintaining a distinction between herself and her mother. As a result, she had limited access to other aspects of herself, as she had to disavow feelings of anger, envy, or desire. She originally adopted a non-feminine,

understated appearance as well, and associated much of what is traditionally feminine with what she saw as her mother's shameless exhibitionism.

The net effect of this function of her False-Self organization was to instill in Sharon the belief that to be good is to be in control: "If I give up my controls, I'll feel repulsive like my mother, promiscuous and sexually depraved. What will distinguish me from her and her drunken, chaotic, foulmouthed relatives?" Ultimately, to relinquish her False Self meant to Sharon she would become like her mother.

One of the major insights Sharon had during this time was the extent to which she projected her own aggression, sexuality, and defectiveness into her two sons. This left them serving as the container for her badness, as well as being helplessly dependent on her. This realization, although accompanied with shame and guilt, served as a tremendous motivation for change, as she truly cared for her sons. What made this task so difficult, however, was the fact that this hidden and fragile veneer of grandiosity was the only thing reassuring Sharon of her goodness or separateness. It was by the contrast between herself and her mother that she was able to define her sense of worth. The aggression she projected allowed her to differentiate herself from her mother in a determined way. Without this, she feared a fusion and identification with her mother. She was also terrified of the effect of encountering her own anger, hate, envy, and sexuality.

The new object experience with me, which evolved over many years of analysis, provided Sharon with hope and confidence that she would

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not experience the repetition of the trauma that caused the development of her False Self originally. This knowledge was a major support for Sharon in bearing the pain inherent in giving up her False Self.

Winnicott (1955-56) attempts to describe this process when he says, "eventually the false self hands over to the analyst" (p. 297). He believes this can occur only when the analyst adapts sufficiently to the patient's need, such that it "is gradually perceived by the patient as something that raises a hope that the true self may at last be able to take the risks involved in its starting to experience living" (p. 297).

Winnicott emphasizes that during this period, it is imperative the patient be able to make use of the analyst's mistakes or failures, creating a deep understanding of the meaning these failures have for the patient. At this point in the analysis, Sharon became able to process with me her reactions to moment-to-moment failures of mine that created disruption for her. Thus, she could finally move in the direction of using me for purposes of integration. As a result, as Winnicott (1955-56) states, there was "a shift in the patient of the main site of operation from a false to a true self" (p. 298), which was accompanied by the development of a body ego for Sharon, or a sense of feeling real and alive.

Sharon's dread of destruction upon encountering her own aggression and sexuality was replaced by a hesitant, but hopeful, anticipation regarding risk taking in these areas. Her attempts to explore her sexuality were delightful, as what emerged was a childlike curiosity that reflected the resumption of what was an arrested developmental process. She purchased educational sexual videos, which served as sources of information for her and also provided permission for her to experiment sexually without shame and embarrassment. She experienced an intense interest and pleasure in sex for the first time in her life.

At first, Sharon had significant anxieties and concerns that her increasing desire for sexual and emotional intimacy would cause her husband to withdraw. What she discovered was, "I know that he could never initiate any of the changes that I'm wanting, but it seems like he's enjoying coming alongside me whenever I do." Although this was not completely accurate, as her evolving capacity for intimacy became quite threatening for her husband, his own involvement in psychotherapy allowed him to work on these conflicts sufficiently to be responsive to the changes initiated by her progress.

Other actions reflected a disinhibition regarding her sexuality as she surrendered her need to disidentify from her mother. She recently reported

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that when her son left a pornographic movie in the VCR, "My first response was disgust. I put it in a bag and put it in the trash, but I noticed that I placed it in there carefully, on top of other things. The next day I thought, 'He's curious and wants to know, just like I do. So, if I want the freedom to do and be what I need, without being bad for wanting it, he probably does too.' I took it from the trash and put it back exactly where I found it." This was a dramatic example of her attempt to decrease the splitting and projection in relation to her sons, as she was able to acknowledge more of her own aggression and sexuality. As she did so, she had much more aggression available to set appropriate limits for them; she could perceive more of their talents and strengths, and encouraged greater self-sufficiency on their part. An example of this process occurred when she attempted to help the two of them find jobs. She went to the library to research employment opportunities with them, but they stood by, bored and angry at being subjected to this. "I started to get those depressed feelings, which told me I was feeling

victimized again. Then I said to myself, 'I've done this to myself. This is not my problem. I've got a job. I've got money. I've got my life together. I'm going home.' They were dumbfounded."

This vignette also reflected a major shift in Sharon's depression, in addition to its significance in marking a further resolution of her False Self. As a result of her False Self "handing over" (Winnicott, 1955-56, p. 297) to me, and my ability to survive her aggression (Winnicott, 1969), Sharon no longer felt vulnerable to her "black hole" depression. Instead, she learned that any time she had a "bleep of depression," it served as a signal that she was functioning within her False Self, which she could reverse by empowering herself to discover what it was she truly needed or wanted. Previously, any loss, real or imagined, would precipitate a traumatic depressive state; now, she developed the capacity to soothe herself, having internalized my ability to tolerate and contain her depression. The energy of her previously hidden aggression could be used for constructive action.

Most recently, Sharon dealt with a recurrence of breast cancer quite well, experiencing grief and mourning without moving into the despair and hopelessness of the traumatic depressive state. She fears death, rather than looking forward to it, saying, "I'm afraid of having my life cut short, now that I've just decided I want to live."

Another significant shift concerned her father. Previously, she needed to see him as a victim of her mother, a somewhat benign, even warm,

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presence in her life. Where she attributed malicious intent to her mother, she saw only ignorance or lack of awareness in her father. She now became strong enough to explore and relinquish some of the delusions she had about him. She has been able to acknowledge the devastating effects that his alcoholism and extramarital affairs had on the family, as well as experience her hurt and anger about his inability to protect her from her mother's destructiveness. This shift in perspective has enabled Sharon to develop more compassion toward her mother, decreasing her anger and furthering her self-differentiation.

Sharon's identification with me is less conflicted and, within the sessions, she is more spontaneous and playful, developing greater ability to take up space. There has been an important shift, too, in the way she organizes her experiences. She is now able to acknowledge her own distinctiveness and embrace her aliveness and vitality, no longer believing herself to be omnipotently destructive.

She recently reported a dream. "This is the first dream where water isn't bad. I'm swimming in the water, but there aren't awful terrible waves, just little waves. I was enjoying it, too. Somebody there is giving me little tips on swimming in the ocean, but it's not like I'm in trouble. It seems so significant. After all these years, to finally have a dream about oceans and have it be a pleasant experience. That's quite an accomplishment for me."

Reflecting on our work, she said, "I've had to give up a lot of illusions about my parents, my husband, and myself. There are probably still more to come. Part of me feels that the excruciating pain, the tremendous loss and grief I've felt are almost not worth the process of having to experience all that pain. Then, in another part of me, I get a glimpse of how wonderful it is to have a sense of who I am. It feels like I have a right to take up space in the world now, and so much can happen as a result of that. I just have this sense of limitless possibilities. My existence now has such a richness to it. It's all so ironic."

What was also evident throughout the transference was how difficult it was to bear the possibility of hurting someone she loves. Sharon can now tentatively imagine the possibility of termination, as is expressed in the following dream. "I wasn't feeling well. Bob and I had to walk a long distance. We stopped at a women's shelter, and someone took me to a bedroom and I rested. Then, I wanted to leave, and some woman was trying to convince me not to leave. I got mad and told her she should leave me alone, because I'm ready to go and I'm going."

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Apparent from the dream is her concern: "I'm afraid you won't know I love you or how grateful I am to you if I say I'm ready to leave you." She continues to work on self-differentiation and is particularly intent on creating an authentic form of spirituality for herself, as well as decreasing her inhibitions in regard to her creativity. The kind of freedom involved in her drawing and painting continues to frighten her, but she is taking courses in art, allowing the structure she needs to contain her anxiety and develop her aesthetic capabilities.

Sharon's profound levels of integration and the transformations in the various ties to her mother are reflected in the symbolism of her decision to keep an antique rocker that was her mother's. "I had to replace an arm, refinish the wood, and reupholster it, but I have to say that it is now my most comfortable chair. I guess that's how I feel about myself. I had to replace, refinish, and reupholster, but I can truly say I'm pretty comfortable with me now. I'm glad that I feel like there's something of mother's that I wanted to preserve."

Summary

The False Self has been conceptualized here as a defensive organization developed unconsciously as infants are compelled to abandon their own wishes and needs to accommodate chronic or acute failures of mothering, which comes to serve multiple functions for the individual. Illustrated through the analysis of a forty-four-year-old woman is a highly individualized False Self, serving to (1) protect her True Self; (2) maintain a connection with mother; (3) protect mother from the infant's destructiveness; (4) ward off the child's oedipal issues; and (5) create a means by which she could disidentify from mother.

Four of the False-Self functions explored here have been previously referenced in the literature (**Winnicott, 1960a; Cassimatis, 1984; Stern, 1985; Glasser, 1992**). In general, the first two of these False-Self functions emerged during the first half of the analysis, and reflect the more traditional notion of the False Self, the key features of which are compliance and accommodation. The latter three functions of the False Self emerged during the second half of the analysis, as I attempted to identify and understand the more intractable elements of this patient's False-Self organization.

Through use of my countertransference experience I was able to identify a fifth False-Self function: the role of the False Self in disidentifying

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from mother. Outwardly, this patient's False Self appeared to reflect compliance with her mother's expectations, designed to please her. On a deeper level, it was an aggressive attempt to create and sustain a disidentification from her shameful mother. She secretly experienced this as an aggressive triumph over her mother. This led me to my hypothesis that an inwardly focused and hidden use of aggression is involved in the development of the False-Self organization. The patient's secret aggression and internal rejection of everything her mother stood for was the only safe way to experience any aggression, as outward signs of aggression were not tolerated by her mother. I believe that this use of aggression was an attempt at self-differentiation. It was destined to fail, however, because it could never be experienced and validated within a relational context; thus, the patient remained in psychic bondage. Conceptualization of this particular False-Self function and the role of aggression within it provided me with a deeper understanding of its resistance to change.

By identifying and understanding within the transference the many functions this patient's False Self served, while at the same time providing a new object experience with the analyst, this woman was able to discover and develop her True Self as she surrendered her False Self. She developed the ability to identify her affective state of depression as a signal for her False-Self functioning, which created a radical shift in her way of organizing experience. No longer in bondage to her False-Self functioning, she was freed to respond to her inner strivings and to act on the basis of her own initiative. Ultimately, she was able to integrate previously unacknowledged aspects of her True Self and no longer had to live a reactive existence.

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