

THE FORGOTTEN SELF:
With the Use of Bion's Theory of Negative Links

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What is that which always is and has no becoming; and what is
that which is always becoming and never is? —Plato

THE FALSE SUB-SELVES

Winnicott originally polarized false and true selves. However, Winnicott's false self can be considered as containing two false subselves as well (López-Corvo 1996), one complying or pleasing, which I refer to as the "complying false-self," and another aggressive, which I call the "negativistic false-self." The latter is often confused with a true self¹

POLARIZATION OF THE FALSE SELVES

The "complying false self" attempts to deceive an imaginary castrator projected into the outside object by providing that object with what the patient believes that object wants. This false sub-self is related to early oral fixations. The, other, "negativistic false self." is hidden, vengeful, and related to anal-sadistic early object relations, which usually determine certain forms of acting out. This negativistic false self is the complete opposite of the complying false self and attempts to provide the outside object with exactly the opposite of what the patient believes that object wants. Between the two false selves a paranoid-schizoid circularity takes place, where a great need to comply and deceive induces castration anxiety and fear of "fusing" with the object's desire, of just becoming the object's wish and changing into a lie. This fear increases the need for a negativistic false self as a

way of attacking the castrator and providing the patient with an identity, albeit a negative and false one.

THE COMPLYING FALSE SELF

The complying false self represents a universal form of defense, present to a greater or lesser degree in most patients, although more obvious in borderline pathologies. It characterizes a pleasing behavior with the purpose of deceiving, pacifying, and controlling a possible castrator, determining the direction of the transference as well as of interpretations. It could be described as *an inversion of the natural order of desires, where the Other's wish is privileged over the wish of the self*. Let us now examine some clinical material:

Joseph is a rather difficult patient who is always late or missing sessions and recurrently resorts to delinquent acting-out behavior. During the sessions there is a regular and repetitious pattern: He is always apologizing for being late and complaining about all the “bad” things he feels he had acted out, and the “good” things he had not performed. I have the impression that he responds, in the transference, to an internal castrating object projected in the analyst that forces him to continuously show an already punished child who has failed on his attempt to stand up to the demands expected from such a castrating object.

Elizabeth is an attractive, married, professional young woman, who presented a history of early emotional deprivation. Her parents were divorced when she was only three years old and she was raised mostly by maids and a chronically depressed alcoholic mother. During the sessions her behavior resembled that of a clown. She would crack jokes and talk with exaggerated gestures. It appeared as if her main concern was to entertain in order to pacify a castrator, identified with an internal element representing the depressed, distant, and often absent mother projected in the analyst.

Isabel, a young married woman, consulted because of phobic anxiety. She grew up in an upper-middle-class family with a very religious background and with a mother whose history resembled that of Cinderella. She described her mother as very envious, critical, and demeaning of her when she was a little girl.

Her father, on the other hand, considered to be rather frightened of her mother, was privately often sympathetic with Isabel. Her attitude at the beginning of the analysis could have been compatible with a “nun–prostitute” condensation, for she was always endeavoring—as a reaction formation—to appear as a “model” of asexual asceticism, with the purpose of hiding her sexual as well as aggressive oedipal phantasies. She attempted to give the impression of a “good girl”: always being on time, well behaved, following the rules and never complaining, attending church every Sunday, and so on. She had the phantasy that the “castrator” projected in her transference was always expecting this kind of demeanor from her. Therefore, she was determined to make sure that no one, mostly *herself*, would ever suspect her of concealed oedipal phantasies. Whenever these defenses failed, she could faint in church, for instance, for she felt threatened because God was “spying” on her thoughts from on high.

THE NEGATIVISTIC FALSE SELF

Behind the façade of the “deceiving false self” there is not a true self, as Winnicott (1960) originally stated. Instead there is a negative, destructive, and anal-sadistic structure that remains hidden inside. It is usually difficult to recognize because it falsifies the image of a true self, and more significantly, it has the intention of being a true self. However, in reality, it represents a negative identity or the exact opposite of what might be considered as the Other’s wish. Repression in relation to these negative aspects of a false self is usually related to persecutory anxiety about the retaliation of aggression, sensed as an all-or-nothing kind of attitude. It could be observed in the fear of annihilating the “goodness of the object,” as seen, for example, in the apprehension of destroying the continuity of the analysis. The “deceiving” and the “negativistic” false selves represent two sides of the same coin; after all, to always do what the Other wishes or to do the opposite will obviously add up to the same thing—to remain “othered.” If the deceiving false self’s attempts to deceive are guided by the hope of complying, the negativistic self’s attempts to destroy are guided by a hope for revenge (López-Corvo, 1995).

Joseph, the patient mentioned earlier, had the omnipotent phantasy of becoming a powerful person, a fearless sort of “Superman,” for which he consumed cocaine in order, as he said, to hide his “Clark Kent.” Under the effect of this drug he participated in armed robbery, gun fights with rival gangs, physical aggression, and the like—behaviors that contrasted with the “punished child” attitude he continuously portrayed in the transference with the purpose of deceiving a possible castrator. If the analyst was satisfied with the “punishment” he had exercised upon himself, he did not need to further investigate his destructive and vengeful behavior. The intention of the acting out, on the other hand, was to attack the castrator by giving him or her the opposite of what he thought the castrator wanted: a good patient to his analyst, a good husband to his wife, or a good son to his parents. Not only did he never achieve this, but he always ended up punishing himself instead.

There are other reasons for acting out. In the case of Elizabeth, major anxiety outbursts were followed by alcoholic binges lasting several days, to the point of severe confusion that required hospitalization. During those crises she completely neglected her children, husband, work, and treatment, feeling afterwards very fearful and guilty, apologizing for all the damage and concern she felt she had caused to others; at the same time her husband and close relatives bitterly complained about her irresponsible behavior. Therefore, under the influence of such a *negativistic false self*, the only thing Elizabeth was concerned about was others, thus totally forgetting about herself. She attacked within herself what she felt others expected from her, not giving them the exact thing she felt they wanted, that is, the “good” daughter, wife, mother, and so on. By doing so, not only did she punish herself, but she did not consider herself, as if she felt unworthy of any good things, as if she did not exist at all.

In the case of Isabel, the negativistic self appeared in the form of clandestine, omnipotent masturbatory phantasies, which took place at the same time she provided the castrator with the impression of a nice, obedient, and well-behaved girl. In her sexual phantasies she was rescued by an extraordinary man with whom she then established a relationship that caused tremendous envy in her mother and sisters. In the transference she be-

lieved she was the perfect patient, and that at the end of the analysis, as an award, I would participate in her sexual phantasies.

BION'S THEORY OF LINKS

Bion referred to the phenomenology of three links, +L (love), +H (hate), and +K (knowledge), as well as negative ones: -L, -H, and -K. According to him, "negative" links do not represent opposite emotions: for instance, -L is not equivalent to +H. About -L and -H, as far as I can determine, Bion said very little, whereas about -K he was much more explicit (López-Corvo, 2003, pp. 36-37, 93-94).

Positive links are related to truth, while negative ones are associated with lies and evacuatory processes. The former are the product of a "maternal reverie," which can be observed during normal growth, when a mother-child relationship is established as a container-contained interaction dominated by a "commensal" link, that is, when the three variables involved—self, object, and the relationship between them—all benefit from each other. In this condition the baby projects his feelings inside the mother, for instance, that he is dying, and then reintrojects them after the mother has changed them into something more bearable to the baby's mind. This condition represents a basic model where the apparatus for thinking thoughts will be structured as well as the growth of K (knowledge). On the other hand, if the situation were dominated by envy—baby's and mother's—the baby would split and project his feelings inside the breast together with envy and hatred, which would hinder the possibility of establishing a container-contained relationship of a "commensal" type. Under such circumstances, the breast is felt to enviously denude all good and valuable elements capable of metabolizing the baby's fear of death, and in its place it will force back denigrated residues that will determine the manifestation of a high level of anxiety, or in Bion's terms, a "nameless terror." It corresponds to a container-contained interaction between the baby and the breast, represented by Bion as -K. Such a condition is serious indeed because not only does the breast not mitigate the fear of death, but it also takes away the desire to live (Bion, 1962, pp. 97-99).

Because complying is not real love and revenge is not true hate, the false selves are related to negative links, where the “complying false self” corresponds to $-L$, and the “negativistic” one to $-H$. Though we might promptly agree with complying being equal to $-L$, there might be some disagreement as to why $-H$ should not be considered true aggression. It is possible that Bion’s use of the term “hate” was not as accurate as Freud’s use of the term “aggression.” however, Bion may have preferred to use hate because he was referring to an emotion and not to a drive. In any case, what seems to be important is to discriminate between what we might call a true or a false feeling of hate. Why should the aggression present in the vengeful behavior of a negativistic false self be considered false? I believe the difference depends not so much on the nature of the feeling itself, but on *the nature of the object toward which the emotion is being expressed*. For instance, aggression expressed in transference toward a “father-like” internal object projected into the analyst is not true aggression against the analyst; instead, it represents false hate or $-H$, aimed at a narcissistic object placed outside by means of projective identification mechanisms. Such aggression can also be directed toward an internal object, in ways I have previously described as mechanisms of self-envy (López-Corvo, 1994, 1995).

Both the compliant and the negativistic aspects of the false self are related to mechanisms of projective identification present in the paranoid-schizoid position. They are defensive against an awareness of the process of mourning toward separateness of the object and one’s dependence upon it, conditions that are present in the depressive position and of a true self.

In summary, I hypothesize a direct relationship between Bion’s concept of negative links $-L$ and $-H$, on the one hand, and the complying and negativistic false selves, on the other. Furthermore, a significant amount of false self, as observed in borderline pathologies, induces a state of $-K$, which could be considered an empty self. Winnicott (1960) declared that the false self hides the true self; I add that not only does the false hide the true, but the former also hinders, alienates, proscribes, and forgets the latter, making it impossible for the true self to evolve. Expressed in terms of the theory of links, this formulation can be stated in the following way: $-L$ and $-H$ induce a

condition of $-K$, of “without-ness,” which I propose to call an empty or “forgotten self.”

THE FORGOTTEN SELF

What I referred to as the forgotten self is also not a true self. The true self is just possibly parallel to Bion's O , similar to the becoming of time, something that takes place and then vanishes, because it only exists while it is becoming, as in Plato's description in the epigraph to this paper. The forgotten self, on the other hand, has a negative presence that stays still until it is changed with the help of insight. It is a “minus self” directly linked to minus knowledge or $-K$. Some clinical material will help explicate this idea.

Martin is a young patient who consulted because he wanted to give up a chronic consumption of marijuana. From the very beginning I was suspicious that he was caught within a dissociation between two opposite aspects: “the consumer” part that represented his true reality, and “the nonconsumer,” a fantasized and idealized aspect, that stood for what he wished to be but was unable to achieve. Both these parts made up the false self, that is, the complying, or nonconsumer, and the negativistic, or consumer. I also suspected his intentions were to attempt—in his mind he had already done so—to project the nonconsumer element into the analyst, while at the same time continuing to act out the consumer aspect, all in an endless paranoid-schizoid circularity. Within the transference-countertransference dimension, he repeated the same dynamic of his relationship with his parents.

He conscientiously worked everyday, but equally everyday, as soon as he arrived at his house, he compulsively drugged himself with marijuana and masturbated while watching a pornographic movie; on weekends he often garnished the forlorn ritual by adding the presence of a prostitute. When invited to a party he drugged himself and got drunk, giving such a terrible impression that “decent girls” always avoided him. Because during sessions he continuously accused himself for what he was doing, it introduced the possibility of a latent danger that I could respond to with advice, recriminations, or by questioning his be-

havior as he felt his parents did in the past. It was as if I only had two possibilities, either to comply as an accomplice or to recriminate. This situation presented the risk of a tautological collusion where we could both be trapped in an endless repetition, draining off any possibility of analysis. This condition characterizes one of the limitations of institutional treatment of drug addicts, as well as the limitations of many psychotherapeutic procedures that fail insofar as they become defenders of projective identifications of idealized images of the “son free of drugs.”

Stated from the point of view of false-self pathologies, this collusion represents a continuous interaction between the complying or nonconsumer aspect, projected into the analyst and determining the countertransference, on one hand, and the negativistic or consumer aspect preserved inside the patient, determining the transference, on the other. Such an endless interaction hinders any possibility of achieving a true self because the ego is locked in between pleasing or attacking the analyst. In such interactions the patient is unable to understand that, in the end, the conflict is only taking place within himself, that it only involves him and nobody else; the patient forgets that he is a free man capable of choosing how to carry out his life. His decision whether or not to use drugs is of no relevance for the analysis, for, after all, it is his sole decision. What is really important and, therefore, must be analyzed is the dissociation to which he is subject, that is, between *a part* that continuously needs to use drugs and *another part* that continuously needs to feel guilty about it and repent. Furthermore, what is most important of all is that such incongruence hinders all possibility of finding or developing his own true self—what he really wishes to be regardless of the Other’s desire. In this way, the possibility of struggling to acquire a true self is left out, forgotten, and his own wish is ignored.

The danger of this kind of perverse collusion is the possibility of a sort of “minus container–contained” interaction, where the analyst could act out projective identifications and insist on the conflict between both false selves instead of investigating the forgotten aspect of the self that obstructed the possibility of finding the true self. Such a situation corresponds to a kind of “parasitic” interaction where all components are destroyed, a condi-

tion of minus container-contained ($-\varphi/\sigma$) where the analysis is contained by the projective identification of the patient instead of the other way around, that is, by the analyst. Seen from another vertex, this condition can also be understood as an envious attack between different parts of the self, more precisely, against the link toward a true self.

Some time later, when these dynamics became more obvious, I had the impression that Martin was somehow “dead-alive,” unable to structure and determine a sensible project to carry throughout his existence; he seemed to remain tautologically trapped between the guilt and shame for what he did, and the wish to do the opposite. The real conflict was not due to idealization of what he was not, nor to the attack of that idealization. Instead, his real conflict was the very fact of having an ignored being, a forgotten self. Martin was a young, good-looking guy, intelligent, pleasant, and with financial possibilities, yet he conducted his life in an empty and sad manner, without any hope or ambition, or sensible future prospect.

Further investigation introduced the situation of his mother's death, something he referred to at the beginning of his treatment but on which he did not elaborate. His relationship to his mother was rather turbulent and ambivalent, since he felt suspicious from very early on that she had been unfaithful to his father with several men. She was shot and killed in her car, and Martin never knew whether she was possibly murdered by his father or by one of her lovers. He also experienced significant impotence, repressed incestuous feelings as he identified with her lovers, emotional emptiness about her loss, and intense anger. He remembered the day after the fatality, when he and an older brother organized a gathering to celebrate her life and mark her departure. In a desperate effort to deny her death, Martin split his mother's memory in such tiny bits that they infected every action and every place that surrounded his life. In the transference he attempted to reproduce his relationship with his mother while she was alive, presenting a masochistic need to be punished for his continuous acting-out behavior. Furthermore, an intense and senseless rivalry with other partners colored his situation at work, similar to the condition at home, where sibling rivalry for his mother's attention was an important

issue. The gloomy ritual that surrounded his drug consumption was related to the omnipotent delusion of preserving a narcissistic fusion with his dead mother.

A few months later the analysis took a different twist as he started to feel that the conflict was between different inner parts of him, rather than comprising difficulty with others; that is, he was finally able to grasp that he was trapped more within an internal affair than within a transference matter.

ANOTHER CASE

In most cases the complying false self acts as the manifest part, while the negativistic one remains hidden and distant, acting as a possible internal saboteur of the analytic process. There are situations (Joseph, 1975) when the complying false self might present itself as “a collaborator” of the analyst, procuring scenarios or examples that would corroborate the interpretation, but at the same time always giving the impression that the interpretations are solely the “analyst’s own theories,” that the patient would never have thought of such a thing by himself or herself, and that he or she complies because that is what the analyst wishes. It seems as if objects or facts “exist” only because the analyst said so, and not because the object or the fact exists on its own and could be observed or thought by either of them—analyst or patient. The patient seems to provide the analyst’s words with omnipotent power that words do not have. The patient appears always ready to cooperate and to accept any interpretation, regardless of how peculiar it might appear. The patient seems always ready, always there, but in reality he or she is not.

Let us examine another case: Louise—a woman in her early fifties, the second of four sisters, divorced and mother of two sons—has been in analysis five times weekly for the past three years, at the moment of this presentation. Her son’s psychiatrist originally referred her to me because she was considered to be “codependent” in her son’s abuse of illegal drugs. She did not have genuine insight into her own conflicts and suffering, and she felt she was attending therapy exclusively to help her son’s recovery. For a while we had been investigating an envious and terribly self-destructive element related to a rivalry against her

sisters that filled her with remorse and persecutory anxiety. In one session she arrives and lays down, remaining silent for at least ten minutes. Finally, she says that she has absolutely nothing to say, that she did not have time to prepare anything for the session and that she is only thinking about getting ready to travel that afternoon to her native town in the interior of the country. Usually she speaks continuously as soon as she lies on the couch, and I often feel suspicious that she has previously prepared the material as some kind of “make-up” in order to hide other elements. “My mind,” she states, “is occupied with other things that have nothing to do with this treatment.” I clarify that everything in her mind has to do with her analysis and, on the contrary, there exists the danger that important aspects of her will remain excluded if she tries to please me by telling only what she think I am interested in and leaving out important aspects, like for instance, the preparation for her trip. She continues explaining that she had thought about calling her younger sister to tell her she was leaving, but changed her mind. She had cleaned her apartment thoroughly before her departure, washed the sheets, and taken all the garbage out. She continues: “As you can see these are just unimportant issues. I did not want to leave the keys with anybody, and the concierge told me someone else had left his keys, and when he came back he found that several long-distance calls were made from his phone.” She cleaned the refrigerator meticulously and threw away leftovers that were getting spoiled. She was planning to leave that afternoon around two o’clock, and preferred to drive herself instead of being taken by her driver, because “he continuously speaks about X,” a well-known politician accused of corruption and murder.

I then state that perhaps she does *not want for both of us to know* (she does not inform her sister and thoroughly cleans the apartment of any “trace”) about the existence of an unconscious “child element” who wishes to murder her sisters by poisoning mother’s milk with feces (she cleans the refrigerator by throwing away spoiled food), or that she wants to have complete control without any surprises (she does not want to give the key to anybody or to receive surprise phone calls). She wishes to be her own “driver” because if I were to do it, like her driver, she fears I might continuously denounce in her the existence of a cor-

rupted and murderous “Louise X.” She then remembers, and speaks with obvious difficulty, that during the previous session, when she had interrupted to go to the bathroom, not only had she urinated but she also had defecated. I then state, using material previously interpreted, that it seems as if there was some kind of connection between her brain and her anus, and, parodying Freud I add that perhaps we should invite her arse to join the conversation. She laughs and, after a short pause, talks about her younger sister, how she is demanding and mistreats her, envies everything she might be doing, makes remarks about her (Louise’s) son’s drug addiction, and so on. She agrees with everything I say but does not seem to have a sincere insight: “You are right; I think I want to kill my sister but I don’t want to know anything about it.”

I think the interpretation might have been correct, perhaps because it was about material she was not going to share spontaneously and only referred to after resistance was interpreted. However, I also felt, at that moment, that this was not the main issue because after the interpretation an important splitting took place, allowing her to comply again with everything I said in order to render the interpretation completely useless. The interpretation arises from the analyst’s own theories and she could go along with them, but without any true insight. The possibility of any insight would be changed into feces by the power of a very significant envy, and then defecated right on the spot.

At that moment I recall X’s fascist form of demeanor, how he would use the same shibboleth against the opposition that they might have used against him. For example, if they said he was “corrupted” or “criminal,” he would say the same about them. I feel Louise could conform to whatever I said: She could, like a chameleon, accommodate to any interpretation, while always keeping hidden away an envious and destructive part of herself. It occurs to me that next Monday, she will remember nothing of what I say, as if nothing has taken place, and she will easily conform to whatever I might then say. I felt she was trapped between the terrible need to comply while being fed through her ears with my interpretations and the control of a primitive and powerful envious element that changed whatever she might have received into feces, as if there were not a thinking apparatus in her mind, but a primitive digestive system. Bion

(1965) represented this state as $-(\varphi\sigma)$, qualified it as a “withoutness” and alerted us about the seriousness of such condition, describing it as

. . . an internal object without an exterior. It is an alimentary canal without a body. It is a super-ego that has hardly any of the characteristics of super-ego as understood in psycho-analysis: it is “super” ego. It is an envious assertion of moral superiority without any morals. . . . The process of denudation continues till $-\varphi\sigma$ represent hardly more than an empty superiority-inferiority that in turn degenerates to nullity. (p. 97)

THE TRUE SELF

Though we have learned about the difficulties that interfere with the realization of a true self from psychoanalysis and other therapies, it is important to keep in mind that other fields of knowledge such a philosophy are also concerned with this issue. There are always important resistances that impede the search for a sense of a true self, perhaps a tendency to avoid the painful attainment of individuation, loneliness, or the fatalism of becoming, of inexorably shifting toward nothingness. Ironically, there is not a true self, for it becomes as it is made; there is not a path towards attaining it, for it takes place as we walk along. Winnicott (1960), states:

The concept of a False Self needs to be balanced by a formulation of that which could properly be called the True Self . . . [that] comes from the aliveness of the body tissues and the working of body-functions, including the heart’s action and breathing. . . . There is but little point to understand the True Self, because it does no more than collect together the details of the experience of aliveness. (p. 148)

An intelligent adolescent, who was attempting to find a true expression of himself in comparison to his need to continuously please others, stated that the only situations in which he felt clear about not being an extension of others were all related to his physical needs, such as thirst, hunger, or going to the toilet: “There,” he said, “I am certain that it is me, I might agree with someone else that I want to urinate, but the urge is always mine.” Likewise, Freud discriminated between a “central” part of the self in direct contact with the instincts and another part related to the

outside world. Similarly, a patient who could not perceive that attacks to the analytic setting were attacks she made to herself, produced the following dream almost at the end of her analysis:

Her mother was stabbing her father because he had been unfaithful, but there was no blood. Then the mother was lying down on the floor, very pale as if she was dying, and she was telling the father to call an ambulance. In the dream the patient could not understand why it was that the mother was dying if she was the one who had stabbed her husband, and why was she telling him to call an ambulance. There was no blood because it was as if the wounds were inside.

My patient commented, “It was as if what my mother had done to my father she had really done to herself. Whatever happened to my father also happened to her. If I murder the analysis I murder myself.”

True self is an attitude, a complete openness toward truth or toward the capacity to “contain,” as in container-contained, *internal* truth and to deter internal lies, regardless of possible consequences. Bion said that truth is to the mind as food is to the body. The true self is the product of a process of reparation achieved by means of schizoid-paranoid and depressive (Ps \leftarrow \rightarrow D) mechanisms, not as a purpose but as a corollary, as the product of a process of Growth. The true self is not something to be achieved, but the consequence of a process summarized by a poet’s expression: “Walker! There is no path, the path is made as you, walk”; or by the Chinese word *shodoka*, used by the Zen master, meaning: *sho* = “the evident,” *do* = “path,” and *ka* = “song;” in other words, “the celebration of the evident path,” or by the apothegm quoted from Plato at the beginning of this paper: What is that which is always becoming and never is?

NOTE

1. “This was the moment at which the first encounter with Mrs. B.’s fiercely *guarded real self* appeared in the analysis. Her compliance, both in the analysis and at home, vanished. Now she expressed fury with me at the least sign of my not having understood her . . .” (Pines, 1980, p. 318). “‘Her false self’ came to the sessions, sat in the chair and talked for 50 minutes, while her ‘true self’ only appeared at the exit line” (Gabbard, 1982, p. 587).

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