

STUDIES ON THE MULTIPLE SELF, 2026, 1(3)**ISSN: 3070-6742****lesterd@stockton.edu****www.drdauidlester.net****ResearchGate.net**

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IDENTITY THEORY

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Abstract: Identity theory is described and found to be a phenomenological theory that describes aspects of human behavior but fails to explain human behavior or make predictions about the individual's future choices.

Identity theory (Stryker, 1968; Burke, 1980) is a microsociological theory that explains people's role-related behavior (Hogg, et al., 1995). It views the mind as a multi-faceted, organized and dynamic system. The multiple components of the self constitute our identities, but theorists differ on how stable these identities are.

It is assumed that we come to know who we are by interacting with others. The number of our identities depends on how many groups we interact with (or I might add, how many people with whom we interact). Because the theory depends on the significant others, the theory denies the existence of an autonomous self, a weakness of the theory. There is no reason to suppose that we have the social-dependent identities (or selves) and also one or more autonomous selves. Role identities may include being a spouse, parent, teacher, friend, and more, but in addition there is also a self that is sitting here alone typing this essay. Hogg, et al. describe role identities as self-conceptions or self-definitions that depend on our particular role at each point of time. The theory asserts that these self-conceptions occur as a result of social interactions.

Hogg, et al. state that our roles determine our behavior, behavior that is considered appropriate by others. This is doubtful. Often people judge the behavior of someone to be inappropriate. Hogg, et al. state that, if a role is enacted in a satisfactory manner, then the person's role is validated and the person will have high self-esteem. Poor role performance results in doubts about one's self-worth and results in stress. People's attributes (sex, ethnicity, age) impact the roles that they can have, the importance of their role identities (to whom? the self or others?) and the nature of the interactions with others.

Hogg, et al. states that our role identities are organized hierarchically based on their frequency of occurrence, and those that occur more often are more important for our self-definition – identity salience which is defined behaviorally rather than psychologically. This causes problems for the theory. Hogg, et al. give an example of someone whose parent role identity comes into play at work and results in inappropriate behavior. Hogg, et al. construe this as caused by the nature of the situation and not by the role identity. The ignoring of the psychological subself makes this explanation of such inappropriate behavior in a situation unconvincing.

I am reminded of the debate, often to the extremes, or whether our behavior is caused by our genetic inheritance or by our experiences – nature versus nurture. Perhaps to gain attention (or even fame) some argue forcefully for one position or the other. The rest of us acknowledge that both sources play a role. The ignoring of the psychological component of role identities (or subelves) is similarly absurd. The reality is a complex interplay between our psychological subelves and the roles identities that the situation demands.

I am reminded of a colleague whose marriage broke up, and he discussed this and his distress in his classes. His role identity was overruled by his subself that sought pity and comfort. We call this a boundary violation. This was **not** caused by the nature of the situation.

Identity salience is proposed to result in behavior, especially relationships with others, and affect (self-worth and feelings of well-being). Other proposals include: salient identities result in positive evaluations of others who have the same role; and the salience of a role is influenced by the number and importance of social relationships involved in the role identity.

Another proposal is that the salience of an identity and the person's commitment to the role, is based on whether your relationships with others is dependent on you being a particular kind of person (Stryker & Statham, 1985, p. 345). Relying on Stryker, Hogg, et al. assert that the larger the number of social relationships involved in a role, the more salient the role identity. Thus, a mother who stays home to take care of her first child does not have a salient role identity as a mother. Nonsense.

More Recent Scholarly Papers

Perhaps more recent papers on identity theory will elucidate the theory better. A search of PsycInfo revealed that *social identity theory* is more the focus of current papers than *identity theory*. Focusing on identity theory, Stets, et al. (2020) have formally defined some of the terms use in identity theory. What is interesting is that in their paper they are responding to a paper by others that they think has misrepresented their ideas on identity theory. First, they propose some definitions.

1. An identity is a set of self-meanings derived from being a distinct person, role player, or member of a group or category. (p. 200)
2. Identity salience is the probability that an identity will be invoked across situations. (p. 201)
3. Identity commitment is the number and strength of ties to others based on an identity. (p. 202)

They then formulated eight propositions.

1. The greater the salience of an identity, the more positive the evaluation of the identity.(p. 203)
2. The greater the commitment to an identity, the greater the identity salience. (p. 203)
3. The more a given network of commitment is premised on a particular identity as against other identities that may enter that network of commitment, the higher that identity will be in the salience hierarchy. (p. 203)
4. The larger the number of persons included in a network of commitment premised on a given identity for whom that identity is high in their own salience hierarchies, the higher that identity will be in the [focal person's] salience hierarchy. (p. 204)
5. The higher an identity in the salience hierarchy, the greater the probability of role performances being consistent with the role expectations attached to that identity. (p. 205)
6. The higher an identity in the salience hierarchy, the greater the probability that a person will perceive a given situation as an opportunity to perform in terms of that identity. (p. 206)
7. The higher an identity in the salience hierarchy, the greater the probability that a person will actively seek out opportunities to perform in terms of that identity. (p. 207)

8. The higher the identity salience, the higher the probability that role performance will reflect institutionalized values and norms. (p. 207)

I like this formal presentation of identity theory, with definitions and propositions. However, it appears to me that this presentation of identify theory is stick in the phenomenological phase. It describes role identifies and some of their properties, but it does not make predictions about human behavior, nor does it explain interesting behaviors. In contrast, the formal presentation of my mutple self theory of the human mind makes predictions, for example, about the ways in which an individual might resolve conflicts between subselves. It also explains other behaviors such as reincarnation and running amok.

Let's take proposition 7. I was an academic. I taught in personal classes for four courses a semester. Clearly my role as a professor was salient, and I did seek out opportunities to perform in that role. I taught an extra course each semester for extra pay, and I taught summer school courses (for what is commonly called *mortgage money*). But identity theory does not bother with *why* I taught so much. It describes my behavior but does not explain it. Nor does it explain why my wife and I stopped teaching summer school. The teaching role lost some salience, but identity theory does not provide anything more than a description, and certainly not an explanation.

It is a phenomenological theory.

Comment

Identify theory is a disappointment. It is a phenomenological theory and does not provide explanations of human behavior. It observes our behavior and described the behavior in the terms of the definitions and propositions that are the essence of the theory.

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DISSOCIATIVE IDENTITY DISORDER (MULTIPLE PERSONALITY)

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Abstract: Commentary on multiple personality (DID) is reviewed. Almost all of the papers reviewed describe the phenomenon rather than explain why some of those exposed to childhood trauma develop amnesia or multiple personality while others do not. More research comparing those who develop PTSD and those who develop multiple personality would be welcome.

Given that my theory of the mind is based on the postulate that the mind had several subselves, it is incumbent on me to finally address dissociative identity disorder (DID), formerly known as multiple personality. The first question is why the individual splits up their memories into different subselves. The second question is why there is amnesia so that the different personalities may not know one another.

Rejecting the Existence of DID

In the past, and still today, some scholars reject the proposal that DID actually exists, claiming that the individuals are malingerers. Piper and Merskey (2004a, 2004b) argued that DID: (i) cannot be reliably diagnosed, (ii) is often iatrogenic (caused by medical examination or treatment), (iii) stems from childhood trauma is not supported by research, and (iv) is found in children is not supported by research. Their articles on DID are entitled “The persistence of folly.”

The Incidence of DID

Reports of DID began to increase in the 1980s. It is possible that patients with DID were misdiagnosed prior to the 1980s and that the prevalence of childhood abuse increased during the 1980s. There is no evidence for either of these possibilities. Piper and Merskey noted that this increase soon ended. Between 1993 and 1998, The principal dissociative disorders organization lost roughly one-

half of its members, and *Dissociation*, the journal for the dissociative disorders field, ceased publication in 1998.

As well as the incidence, there have been reports that appear to be nonsense. Kluft (1988) claimed to have a case with 4,000 personalities! There have also been cases of fraud, including the famous case of Sybil (see Nathan, 2011).

Childhood Trauma

It is claimed that severely traumatized children repress and mentally compartmentalize their painful experiences. These split-off parts of the mind form alternative personalities. Piper and Merskey note that childhood trauma is common, and yet DID is rare. The exact percentages are not adequately known, but long-term follow-ups of traumatized children typically do not report DIS as an outcome.

Malingering

Coons (1991) presented cases where criminal defendants used multiple personality as a defense illustrating the existence of malingering in some who claim to have multiple personality. In one case, Orne, et al. (1984) laid out the criteria for determining if a case of multiple personality was legitimate.

- The structure and content of the various personalities should be consistent over time
- The boundaries between different personalities should be stable and not readily altered by social cues
- If hypnosis is used, the response should be similar to that of other deeply hypnotized subjects
- Those who had known him over a period of years should be able to provide examples of sudden, inexplicable changes in behavior and identity, and evidence to corroborate his claimed intermittent amnesia.

In the case that they were reporting (State v. Kenneth Bianchi [1979]), they concluded that the accurate diagnosis was *Antisocial Personality Disorder with Sexual Sadism*.

Amnesia

Despite the validity of the arguments reviewed above, it may be that authentic cases of DID exist. If they exist, then my multiple self theory of the mind has relevance, and the problem of amnesia requires an explanation. Şar, et al. (2017) have provided a good summary of explanations for the amnesia in DID.

State-dependent memory refers to the recall of information encoded and retrieved in the same emotional state. If the individual enters into a different emotional state, then retrieval of the information is no longer possible. If the person encoded the information when highly aroused, they may not be able to recall the information when calm, or *vice versa*.

Putnam (1997) suggested that trauma results in the development of behavioral states that differ psychophysiologically from other states of consciousness. The experiences of the trauma and then encoded in this altered state of consciousness, and retrieval of them in other states of consciousness becomes difficult, if not impossible. For example, experiences encoded in a highly aroused state (such as during an experience of incestuous rape) may not be retrievable when minimally aroused. This may result in amnesia between the two different psychophysiological states of consciousness.

Şar, et al. suggested that betrayal trauma (Goldsmith, et al., 2012) might play a role. Betrayal trauma is trauma perpetrated by someone that the child relies on, such as the primary caregiver. Dissociative amnesia is a process that helps the child stay attached to this important caregiver who is also abusive. Şar, et al. also suggested that there is a breakdown between memory and sense of self, that is, a “breakdown between encoding experienced events (i.e., the functioning of the human memory system) and perceiving ownership of those events as part of autobiographical experience (i.e., self-referencing the events). Dissociative identities have their origin in memories of experienced events being owned or feeling like they relate to self in some identities but not others.” (p. 141).

In a sample of undergraduate students, Goldsmith, et al. (2012) found that experience of betrayal trauma (for example, “Deliberately severely attacked by someone with whom you were very close”) was associated with alexithymia, anxiety, depression, dissociation, physical health complaints, and the number of days they reported being sick during the past month. Other traumas (e.g., “Experienced a major natural disaster”) were not associated with these variables.

Schimmenti and Caretti (2016) noted that the posttraumatic response to stress (especially chronic, repetitive stress) can include intrusion symptoms (e.g.,

involuntary distressing memories of the traumatic events that re-occur to the individual [flashbacks]), avoidance symptoms (e.g., efforts to avoid external reminders of trauma), negative alterations in cognition and mood (e.g., dissociative amnesia for aspects of the traumatic event), and alterations in arousal and reactivity (e.g., such as hypervigilance).

Dissociation is an important construct in DID. Schimmenti and Caretti noted that there were several definitions of dissociation.

- nonconscious or nonintegrated mental modules or systems (subelves) as in dissociative amnesia and other compartmentalization symptoms)
- an alteration in consciousness in which there is disconnection from the self or the environment is experienced (depersonalization, derealization, and other detachment symptoms)
- a defense mechanism (as described in the psychoanalytic tradition)
- dissociation as a psychobiological mechanism which involves the process of functional disassociation among brain structures

Interestingly, Schimmenti and Caretti argued that: “In fact, *dissociation paradoxically protects the patient who was exposed to developmental trauma from a fragmentation of the self through multiple disconnections in the self*” (p. 120) which is puzzling since multiple personality (DID) is conceptualized as a problem involving dissociation.

An alternative explanation is that amnesia between the different identities is a metamemory belief that the material is unavailable rather than it being unavailable (Huntjens, et al. (2012). Metamemory processes monitor, control and appraise memories. Şar, et al. suggested three possible reasons for one identity failing to retrieve memories. The identity:

- believes they have no access to, and therefore gives up the search for such information, despite its availability,
- appraises retrieval success as minimal
- monitors with no confidence that retrieved information belongs to the self and therefore discards it (Şar, et al., 2017, p. 142)

These proposals and suggestions seem to be more like phenomenological descriptions of DID rather than explanations. However, they do suggest targets for

investigation, for example, how and why do these three processes described above develop.¹

Many people experience traumatic events in childhood. Some individuals remember those experiences, some have amnesia for them, while others dissociated them into discrete personalities which are unaware of one another.

- Those who remember the trauma often develop PTSD characterized by persistent re-experiencing, hyperarousal, and intrusion of memories
- Those who develop amnesia, often called dissociative amnesia, have gaps in memory for past events, a defense mechanism (repression)
- Those with DID split the memories into discrete identities (personalities, alters or subselves) in which one identity cannot access the memories of another

A critical research question is in which ways do these three groups of people differ. Borrelli, et al. (2024) reviewed research on the impact of trauma on autobiographical memory, a total of 48 research studies. Non-interpersonal trauma (e.g., war, hurricanes) appeared to have no impact on autobiographical memory. For interpersonal trauma, the results were mixed with the majority of the research studies (24 out of 29), however, finding impairment of autobiographical memory in terms of accuracy and quantity of details and lack of emotion, in both clinical and healthy samples.

DePrince, et al (2015) compared patients with DID and PTSD. The two groups did not differ in shame, betrayal, self-blame, anger, or fear, but those with DID higher appraisal of themselves as experiencing alienation, as well as feeling alone, disconnected and different.

Chu, et al. (1999) studied female psychiatric inpatients to a unit that focused on posttraumatic and dissociative disorders. For those physically abused in childhood, 41% had no amnesia, 32% had partial amnesia, and 27% had complete amnesia. For those sexually abuse in childhood, there percentages were 41% for no amnesia, 26% for partial amnesia, and 34% for complete amnesia. Amnesia was associated with a younger age at the onset of abuse, while the frequency of the abuse (from zero to 100+ episodes) was associated a higher score on a dissociative experiences scale.

¹ There are, of course, neurobiological theories of why DID develops (see Şar, et al., 2017)

Chu, et al. noted that the majority of the women had their recovered memories corroborated by others, and most recovered memories outside of psychotherapy suggesting that their recovered memories were not suggested by their therapists.

Comment

At the present time, there is not any thorough research comparing individuals who had childhood trauma (especially betrayal trauma) who developed multiple personality (DID) and those who did not do so. As result, most of the commentary on DID is descriptive rather than causal.

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Studies on the Multiple Self, 1(3), 14-15**A BRIEF NOTE ON AARON BECK'S THEORY OF MODES**

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Abstract: This brief essay describes Aaron Beck's theory of modes which has parallels with Lester's multiple self theory of the mind.

As you probably know, I have a multiple self theory of the mind (Lester, 2015). I was surprised to find that Aaron Beck, toward the end of his career, proposed a similar theory, citing my work.²

Beck, et al. (2020) presented the case of a schizophrenic patient who sometimes could act rational and mature and at other times act psychotic, in their words, showed a personality transformation. Beck first thought of this transformation when working with depressed patients who seemed very different when depressed and when not depressed. The same phenomenon appeared to anxious patients who seemed so different when they were not anxious. He proposed that there was an anxiety organization, or *mode*, that was activated by anxiety-arousing stimuli. Beck, et al. devised therapeutic strategies "such as providing opportunities for individuals to engage in personalized, meaningful activities, facilitated the shift from a state of maladaptation to adaptation" (p. 393).

Beck, et al. defined a mode as a specific internal construction of personality that modifies an individual's adaptation to a specific situation. "More specifically, the mode attempts to create a fit between the internal desires, needs, and impulses of an individual and the external demands of the stimulus situation" (p. 393). Modes shape our cognitions, emotions, motivation and behavior. They noted that, earlier papers by Beck focused on cognitions. Modes are much more comprehensive constructs and resemble a system.

In a new situation, first cognitions are activated and form a structure called a *schema*. The schema then activates emotions, which if strong enough, can

² Tim and I published the hopelessness scale in 1974 which now has close to 9,000 citations (Beck, et al., 1974.)

overshadow the schema so that the individual is no longer aware of the cognitions. The emotions then determine the motivations and, thence, the behaviors. This is an automatic process which Beck, et al. is overseen by *superordinate processing* which allows the individual to reflect on the appropriateness of the mode. A lack of adaptive reflective oversight results in maladaptive behavior and sometimes psychopathology.

Applying their ideas to schizophrenia, Beck, et al. suggested that there were three domains, or modes, of symptoms: the psychotic mode, the negative symptoms/withdrawn mode and the adaptive mode. Beck, et al. then developed a treatment system called Recovery Oriented Cognitive Therapy (CT-R) to facilitate transitions from the maladaptive modes to the adaptive mode and, in particular, activating the adaptive mode.

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THE CONCEPT OF THE SPLIT SELF IN PSYCHOLOGY

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Abstract: A brief review of some uses of the term *the split self*.

The notion that an individual or individuals have a split self is common in psychological articles. For example, Brenner, et al. (2009) interviewed thirteen veterans with traumatic brain injury aged 33 to 65. They reported cognitive symptoms such as impaired memory and emotional and psychiatric symptoms such as depression. But they also noted a loss of self. One veteran said:

when you have a brain trauma.....it's kind of like two different people that split..... it's kind of like a split personality. You have the person that's still walking around but then you have the other person who's the brain trauma (p. 393).

Before the injury, they saw themselves as caregivers and providers, and now they were dependent on other people. They felt that they were burdens to their spouse and to society. This loss of self was associated with the invisibility of the disability. They looked normal, and other people expected them to be able to function normally.

The Linguistics of Split Selves

We commonly refer to ourselves as if we were split selves.

- I am struggling with myself
- I don't like myself
- I dragged myself out of bed this morning

Oliveira (2025) focused on what he termed our *higher faculties*, such as consciousness, judgment and volition. These faculties appear to detach themselves and make judgments about the rest of our self as in, "When I drink, I am not myself." In other situations, we appear to have *two constituents* of the self, and one

constituent can exert control over the other constituent, for example, “I couldn’t stop myself from laughing.”

Oliveira saw one constituent self exerting control over the other often on compliance with societal norms and values. Oliveira called this constituent the SELF₁ while the constituent that needs to be controlled is called the SELF₂. In the case of “I couldn’t stop myself from laughing,” SELF₁ knows that it is not appropriate to laugh in that situation but cannot exert control over SELF₂. Oliveira denies that he is actually proposing that these two SELFs exist. They are merely how we choose to represent ourselves.

Oliveira suggested that his proposal applies to some dreams. He gives an example, (p. 606):

I am in conversation with two people. One of them is my boyfriend, and the other is a girl. At one point, the girl turns to me and asks: “Why don’t you say that to him?” I then realize that the other girl is *also* myself.

Oliveira suggests that there are two constituents here: one is the dreamer observing the scene and the other is the girl who is an externalized Self.

Zeman (2018) discussed different dimensions of *self-reference*. The first person perspective (I and me) is merely a label to cover “different dimensions of the (linguistic) self” (p. 144). “I” can also be used as a subject and as an object. Zeman gives examples of both, subject and object.

1. I am in pain (I as subject and internal)
2. I suffer from cornea dystrophy (I as object and external)

Zeman noted that I as the subject is generally true but that I as the object may often be a mistaken claim.

The Façade Self

A common split is between the *core self* and the *façade self* (often called the *social self* and the *false self*). “She’s sweet on the outside, but mean on the inside.” As Lester (2015, 2026) has pointed out, there may be many façade selves, adopted in different situations, for example, at work, at home, etc., and at work with one’s superior and at work with those one supervises, etc.

Examples of Split Selves

The Split Narcissist

Afek (2018) proposed that the narcissist has two *dissociated self* states: the grandiose self and the inferior self. As Afek described the narcissist:

In the grandiose state of the self, the narcissist experiences himself as perfect and superior to others. In this state, he is in high spirits, indeed so elated as to deny difficulties and limitations of the self and reality. In the converse self-state, he experiences himself as a completely different person, feeling flawed and inferior, empty and depressed. This is a very real split between two dissociated self-states, where no experiential information seeps through the defensive wall erected by the split from one state to the other (p. 233).

The Split Self in Eating Disorders

Spivack and Willig (2010) described one form of the split self in patients with anorexia who experienced the presence of both an *Anorectic self* and a *non-Anorectic self*. The stronger the Anorectic self was, the more negative the inpatient experience was. As one adolescent girl said:

It's really hard cos you have to fight it... But it's not as easy to just fight things cos it's not necessarily like you want to, cos you've got another part of your mind telling you not to fight it. (p. 10)

Some felt that they had lost a sense of who they were before the anorexia - the non-Anorectic self.

Stroke

Ellis-Hill, et al. (2000) found that, after a stroke, people experienced a split between themselves and their bodies. As one patient said:

I can move it about a bit you know. I keep lifting it up do my bit of exercises. I let go and it drops (laughs) you know you think oh lovely, its up there and that's it, er like I say. (pp. 10-11)

It is as if the arm is an object that is not part of her, an objectification of the arm as she uses her good arm to move her paralyzed arm.

Immigrants

Those who emigrate from their birth country to a new country often experience “vicissitudes of identity where the sense of continuity, confirmation, and consistency of the sense of self are threatened” (Walsh & Shulman, 2007, p. 356). Walsh and Shulman explored when this split between the *old self* and the *new self* is a healthy and adaptive after immigration and protects the self from overwhelming anxiety versus when it is pathological and prevents acculturation and a mourning process. The impact of immigration experience is, of course, affected by such features as the motivation and circumstances for immigrating, the age at the time of immigrating, the nature of the country left behind, the cultural differences in the new country from the old country, and their experiences in the new country.

The Victim of a Crime

Hymer (1985) drew attention to the splitting that occurs as a defense utilized by crime victims to maintain a sense of equilibrium following the trauma. The split involves a split between the *vulnerable self* that experienced the victimization from a conscious *invulnerable self* that joins with the victim’s social network in denying or minimizing the toll on the self triggered by the victimization. The invulnerable self may not acknowledge the existence of the vulnerable self, but the vulnerable self impacts the individual with symptoms such as nightmares, phobias, obsessions, insomnia, physiological reactions of discomfort. In other cases, the traumatized self may gain ascendancy (that is, assume executive power over the mind).

Hymer noted, for example, that in cases of wife abuse, “the prevalence of feelings of powerlessness and disillusionment may result in the splitting off of problem-solving and coping ego functions as the helpless, often regressed self-image conies to occupy the foreground of experience (p. 91).

Comment

The use of the construct of a split self is common in psychological discourse, but it is typically restricted to two categories. In contrast, Lester’s (2015) theory of the mind does not limit the number of subselves that might constitute the mind of the individual.

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THE SPLIT SELF AND SUICIDE NOTES

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Abstract: Earlier in this issue, Lester discussed various types of a split self, both linguistically and in people, such as the narcissistic person. A common split in personality is between the *core self* and the social self, the *façade self*. This can be illustrated by the suicide notes written by those planning to die by suicide.

In taking any psychological test, there is always the possibility that, instead of responding truthfully, individuals wish to present a particular view of themselves. To detect this, the Minnesota Multiphasic Personality Inventory (MMPI), for example, has subscales to detect presenting a healthy self (faking good) and presenting a pathological self (faking bad). Research has supported the ability of people to fake the image that they present to others. For example, Braginsky, Braginsky and Ring (1969) demonstrated that schizophrenic inpatients could choose whether or not to report major symptoms (such as hallucinations) depending on the expected outcome (being placed on a locked ward versus being released). In a second study, Braginsky and Braginsky (1971) found that adolescents in an institution for those who were retarded could vary their mental age on intelligence tests by three years, again depending on the outcome (being placed in a pleasant versus unpleasant program at the institution). Individuals present various images on a daily basis as a result of their different roles and corresponding functions that they perform. We are used to switching from one image to another and choosing the image to fit the occasion, and there is no reason to doubt that this is true when we die.

In modern times, the popularity of online activities such as Twitter and Facebook have allowed people to craft the narrative of their lives and to present themselves to friends and family, and to the world, in a particular light. This fits a popular television message in adverts: “Image is everything.” In contrast, some psychological tests ignore this behavior and assume that the individual’s self-presentation is not faked. For example, the Thematic Apperception Test (TAT), a projective test, asks respondents to tell stories to pictures shown to them. The interpretation of their stories assumes that the stories will reveal accurate

information about the respondents' psychodynamics. The scoring does not take into account the possibility that the respondents' stories are affected by the desire of the respondents to present a particular image of themselves. A recent volume, in which suicidologists were asked to write 1,500 words about themselves (Pompili, 2010) resulted in a very diverse set of protocols. Some were very personal, revealing details of the writer's life; some listed professional accomplishments; some avoided personal information but were brief scholarly articles on a particular topic; while occasional chapters revealed strong emotions such as anger. Those chapters illustrated the different ways for writers to present the self.

Suicide notes have been examined in the past in a way similar to TAT stories in that researchers assume that suicide notes reveal accurate information about the psychological states of those dying by suicide and the reasons for their suicide. As a result, researchers have not viewed suicide notes as a possible means by which the suicides consciously present a particular self-image. A broader way of stating this hypothesis is to propose that those writing suicide notes have a hidden agenda. We argue here that suicide notes may often be a result of a decision (conscious or unconscious) to present the self in a particular way and may not, therefore, provide clues to the psychodynamics of the suicidal act. In the following sections, five topics are covered: (1) examples of the hypothesis of the chapter using suicide bombers and kamikaze pilots; (2) an exploration of whether the suicidal act and the suicide note can be construed as a presentation of the self to other; (3) pseudocides (i.e., those who fake their own suicide); (4) an analysis of one suicide note in detail; and (5) an examination of the classification of suicide notes by Jacobs for its relevance for the present hypothesis. The final section draws some conclusions.

Crafted Self-Images by Suicide Bombers and Kamikaze Pilots

A good example of the presentation of the self in suicide communications comes from the videos recorded by suicide bombers prior to their departure and released to the media after the suicide attack. Best (2010) analyzed the content of some of these videos and noted that they focus on the political nature of the act and that they cast the act as altruistically motivated. However, Best also noted that the videos show evidence of editing, and this editing is done by persons unknown (for example, perhaps by those who sent the suicide bomber on his or her mission or by the media outlets that broadcast the video). Although the videos seem to be produced for the public, unedited versions may have contained messages for the suicide bomber's family and indications of the individual's state of mind. Most commentators on suicide bombers focus on the official motivation for the suicide

bombing provided by the suicide bomber or the organization that planned the attack. There is reluctance by scholars to analyze the psychodynamic processes that led the individual to become a suicide bomber, as Lester, Yang and Lindsay (2004) have noted, and a reliance on what the individual says in the video as the truth rather than as an attempt by the suicide bomber to present himself in a particular manner.

A similar problem arises with analyses of the letters sent home by Japanese kamikaze pilots from the Second World War. Orbell and Morikawa (2011) analyzed the themes in these letters and classified the themes into: mentions of an honorable or beautiful death, expressions of familial love, and so on. But to consider these letters as insights into the psychodynamics of pilots is perhaps misguided. These letters were written in the presence of other members of the unit and superiors with an awareness that they might be read by superiors. As a result, the letters are most likely to be presentations of the self rather than windows into the minds of the pilots. For example, in one of the most conforming populations in the world where what others think of you is of paramount importance, no Japanese pilot wrote that he was doing this because he was too scared not to volunteer. No pilot wrote home that he was experiencing panic or somatic symptoms of terror. No pilot said that he had had a lifetime history of depression and that going on a kamikaze mission was a way of dying by suicide in a covert manner.

Suicide Notes as Public Statements

As Etkind (1997) argued, suicide notes are meant to be public. They are written for others to read and sometimes to be published. Etkind noted that writing suicide notes became more common after newspapers in Europe started publishing them in the 18th Century. MacDonald and Murphy (1990) observed that suicides, expecting their suicide notes to appear in the newspapers, saw that they had access to a mass audience, and suicides could craft their suicide note so as to achieve sympathy or revenge, or perhaps to project an image that others would remember. Etkind presented suicide notes from those accused of misdeeds and noted that they often did not admit guilt, but rather presented themselves as victims of persecution. For example, Major Henry Hubert manufactured evidence to convict a Jewish officer, Captain Alfred Dreyfus, of treason, yet Hubert's suicide note in 1898 made no admission of guilt. Some suicide notes are written to advance a cause, perhaps arguing for assisted-suicide or for political reasons. Percy Bridgman, a Nobel Prize winner in physics, died by suicide in 1961 suffering from cancer and wrote: "It isn't decent for society to make a man do this thing himself. Probably this is the last day I will be able to do it myself." Bridgman's note is often used by those

advocating physician assisted-suicide. Jo Roman (1980) wrote a book, as well her suicide note, arguing for the establishment of places where people could go in order to die by suicide peacefully in pleasant surroundings. Craig Badialis and Joan Fox died by suicide after a Vietnam Peace Moratorium rally at Glassboro State College (in New Jersey) on October 16, 1969 (Asinof, 1971), and left notes that advocated peace (but which were suppressed by the local authorities). Etkind (1997, p. i) argued that, instead of being intensely personal documents, many suicide notes should be read as *social acts*.

Suicides can indeed be choreographed. Etkind described the suicide in 1944 of Lupe Velez, a Hollywood actress known as the Mexican Spitfire. She was divorced from *Tarzan's* Johnny Weismuller and pregnant by a man who was unwilling to marry her. She ordered a Mexican feast, decorated her bedroom with satin sheets, flowers, candles and a crucifix, and ingested 75 Seconal tablets. Her note was addressed to the lover, blaming him for her death and that of their unborn child. Some suicides occur in public, along with public statements intended to shape the image presented to others. Yukio Mishima died by seppuku in 1970 in front of a regiment of soldiers after urging them to rise up and restore the Emperor to his rightful, powerful place in Japan. Bud Dwyer, the state treasurer in Pennsylvania, was convicted in 1986 of taking a \$300,000 kickback after awarding a state contract and faced a 55-year prison sentence and fine. On January 22nd 1987, one day before sentencing, he shot himself in his office in front of newspapers and television reporters, proclaiming his innocence.

Lester and Stack (2015) have explored the many ways in which the act of suicide may be viewed as a dramatic act that is staged by the person intending to die by suicide.

Pseudocides

Some people fake their suicide, leaving a suicide note and then disappearing, moving elsewhere to start a new life. These instances include occasional notes left on the Golden Gate Bridge in San Francisco for which no one saw anyone jump off the bridge. Seiden and Tauber (1970; Lester, Seiden & Tauber, 1990) studied these notes and found that they differed from notes left by suicides. They tended to be longer, gave more realistic reasons for suicide (such as financial and legal problems), had less positive emotion, and made less mention of death and suicide than the genuine notes. Here is one short suicide note from a man who was a member of the board of San Francisco supervisors who turned up a year later

selling bibles in Houston: “Loved ones: My nerves are shot. Please forgive me. Chris.” (Etkind, 1997, p. 61)

An Illustration of the Thesis

To illustrate the thesis of this essay, here is a genuine suicide note from a man in his 90s who died by suicide.

A terrible fright! I woke up this morning at 9 o'clock and looked over to my spouse's bed, and she doesn't move. On closer inspection, she is dead. She had been ailing in the afternoon and stayed in bed, but had in the evening freshened herself up and enjoyed her supper. She was, on the contrary, for the most part buoyant following her stay in the hospital. I gave her the medication. She did cough a lot, but she finally calmed down. I lay down and then fell asleep. After I awoke, see above. What the cause of her decease is I cannot determine. I shall leave everything in the room the way it is. I myself am, at my age of 93, utterly unhappy and have no desire to continue living, above all as I have often been ill for years now. Why should I go on now? I wish to add that my spouse was just in the clinic and had just been released by [Dr. Y. following a thorough examination. Our marriage has lasted since 1926 and might doubtless be termed good. My married son lives in [address]. He is a teacher, but very often ill, is not allowed to visit us. His grief! Instead, his wife helped out in our household while my spouse was undergoing surgical treatment (eye operation) and returned home when my spouse was released. As I said, I have no desire to continue living and am going to take my life with some medical drugs I collected years ago. I have not informed anyone of my spouse's death as my own will follow immediately. In deepest mourning, Karl.

At first reading, this note suggests an elderly, possibly frail man with not many years left to live, acting impulsively on discovering that his wife has died. His son is not well, and he may feel that he would be a burden to his son and daughter-in-law if they had to take care of him. The death of his wife means that he has lost a very important social tie. This elderly man, therefore, seems to fit neatly into Joiner's (2005) theory of suicide which proposed that perceived burdensomeness and thwarted belonging are the two most important causal factors for suicide.

But let us look at this note from a *presentation of the self* perspective. First, the note carefully lays out the facts and the man's decision-making processes. He

is presenting himself as calm and rational. He is not a crazy, elderly man with dementia. Second, he knows (or strongly suspects) that his son and daughter-in-law will read this note. How will they feel? His son may feel guilty, and perhaps his father wants him to do so! Although the son is ill, he has not visited his parents, nor have his parents visited him. He left taking care of his parents in an emergency to his wife. Has he telephoned or written regularly to them? How long ago is it since his parents were invited to visit and stay with him? Did he make his parents feel welcome if they did visit, or did he make them feel that they were an inconvenience?

The man's suicide seems to be a sudden decision, but he and his wife may have talked about what they would do if one of them died. In one's 90s, illnesses are common, and the day-to-day tasks of living quite difficult. Suicide may have been a well-thought out plan. Alternatively, could this be a murder-suicide or double suicide, with the suicide note intended to mislead the police? After all, the wife is in her 90s, and a natural death is very likely. Is the medical examiner going to conduct as thorough an investigation as he or she would if the couple were in their 30s or 40s? Moreover, a double suicide is not a crime and, even if it is murder-suicide, the murderer is dead, and why upset the children any more than would a natural death followed by suicide? Studies have found that the authorities sometimes show concern for the survivors. For example, Carpenter, et al. (2011) found that coroners in Queensland (Australia) were less likely to carry out a complete autopsy on a suicide if the family had concerns about the procedure or if the religion of the deceased had proscription against autopsies.

Jacobs's Classification of Suicide Notes

Since the circumstances leading to suicide are subject to a wide variation, it is plausible to assume that suicide notes may be determined by the desire to present the self in a particular way. According to Jacobs (1967) suicide notes can be classified into four types: (1) the person has a terminal illness, (2) the person accuses another of causing his or her death, (3) last will and testaments, and (4) *first form notes*. It is this last category that is relevant to the present hypothesis. By and large, in this type of note, suicides try to reconcile the image of themselves as to-be-trusted people (who have been given the sacred trust of life) with the fact that they are about to break this trust through the act of suicide.

Jacobs summarized several components which might be found in first-form suicide notes. (i) The person is faced with extremely distressing problems, (ii) he views this state of affairs as part of a long history of such distressing crises, (iii) he

believes that death is the only solution to his problems, (iv) he has become increasingly socially isolated so that he cannot share his distress with others, (v) he has overcome his internalized moral constraint that categorizes suicide as irrational or immoral, (vi) he has succeeded in this since his social isolation makes him feel less constrained by societal rules, (vii) he has constructed some verbal rationalization that enables him to view himself as a to-be-trusted person, in spite of his trust violation, by defining the problems as not of his own making or as open to no other solution, and (viii) he has made some provision that his problems will not occur after death. It is typically found that these notes beg forgiveness or request indulgence, show that the problem is not of his own making, notes the history of the problem, communicates that the problems have grown beyond endurance, notes the necessity of death, and finally communicates that he is fully aware of what he is doing but knows that the reader will not understand his reasons. While Jacobs felt that this expressed the genuine thoughts, desires and emotions of the suicide, the present hypothesis would view the suicide note as deliberately presenting the image of a rational and reasonable person making a sensible decision.

Conclusions

The hypothesis presented in this essay is that suicide notes may not simply reflect the motivations and psychological state of the person dying by suicide, but rather may be constructed so as to present an image to the person's significant others. In this case, the suicide is perhaps engaging in a *psychosomatic fallacy*, a term coined by Shneidman and Farberow (1957) to describe the situation where a person confuses the self as experienced by the self with the self as experienced by others. The suicide in this case is concerned with the reactions of others even though he or she will not be around to witness these reactions. It is not possible to prove that a particular suicide note is a result of a desire to present the self in a particular manner, but likewise it is hard to prove that the note is *not* the result of a desire to present the self in a particular manner. We should use caution, therefore, when using suicide notes as a means of understanding the psychodynamics of the suicidal mind.

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SCHWARTZ'S INTERNAL FAMILY SYSTEMS THERAPY

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Abstract: This essay describes Schwartz's theory of the mind, compares it to Lester's theory of the mind and offers some criticisms.

Schwartz (2023) proposed an Internal Family Systems Therapy (IFST) that is consistent with a multiple theory of the mind. Schwarz talks of *inner voices* and *thought patterns and emotions, inner personalities, parts of ourselves, discrete personality inside us, parts* and *subpersonalities*. It is not uncommon for two parts to be in conflict, *polarization*. Often we are war with ourselves when these inner voices are in conflict and in dysfunctional relationships with one another. IFST helps people create dialogues with these inner voices, including voices from a younger age, now frozen in time. But Schwarz also talks of the *Self* or the *True Self* (even the *soul*). He says:

What if you totally trusted that those parts were different from you true Self and that you, as that Self, could help them to transform? (p. 19)

In his self-help manual, Schwartz provides a list of experiences that people might have, like

- A yearning for intimacy
- Anxiety that freezes your mind in high-performance situations
- An underlying sense of incompetence
- The belief that you have been victimized in life

He suggests approaching each voice with curiosity and trying to listen to it. For example, in the case he presents of Anya, she spoke about her pessimistic voice and her critic who reacted to her achievements with words of doom and gloom. She talked of another voice that argued with these predictors of failure and another that felt ashamed and incompetent. He had Anya ask her pessimistic voice why it always told her that she was hopeless, and it answered that it was trying to protect her.

It seems, therefore, that IFST gets the client to assume each of the inner voices and create dialogues between them, both to listen to them and to try to change them. For example, Schwartz suggested that Anya talked to an angry inner voice and ask it to stop interfering in her negotiations with other inner voices, and it agreed to step back. In some situations with his clients, Schwartz uses Fritz Perls' empty chair technique, putting two inner voices in different chairs and talking to each other, with Schwartz sometimes intervening.

When the extreme inner voices have stepped back, Schwartz's clients usually became calm and compassionate. When asked what inner voice was there, they often said: "That's not a part like those other voices are. That's more of who I really am – that's my true self" (p. 26). That indicates that Schwartz believes that there is a true self, and he types this as the *Self*, with a capital letter S. It is this inner personality that ought to assume control. The ideal is for the true Self to be in control and have it give permission for other parts to take over.

Resolution and Integration?

In my theory of the mind (Lester, 2026), I have a series of postulates relevant to this issue. If the mind is conceptualized as made up of several subselves, the issue arises as to how the mind might be integrated. It might be that the process of integration (seen by Carl Jung as the task of the second half of life) involves breaking down the boundaries between the subselves and integrating them into a single unified self. Alternatively, it might be that the different subselves are fully developed and coexist in harmony with one another. Other forms of integration include time sharing (where each subself has control of the mind on some occasions), cooperation, absorption (where one subself absorbs another), fusion or merging, and finally synthesis.

Postulate 8: The individual eventually tries to integrate the subselves.

Corollary 8a: The integration of subselves is a task for the second half of life.

Corollary 8b: One form of integration is peaceful and harmonious coexistence, cooperation, and collaboration between the subselves.

Corollary 8c: One form of integration is the fusion or merging of the separate subselves into a single unified self.

It seems that Schwartz favors Corollary 8b with one self, the true Self, in charge. In Lester's theory, Corollary 11e captures this idea.

Corollary 11e: The healthiest individuals may have one subself that is in charge of the set of subselves.

Schwartz notes that, once people access their Self more often, they relate differently to those in their social network, especially when the other inner voices learn that they can trust the Self, but Schwartz also notes that the Self is not always in charge, guiding our behavior. Schwartz describes the Self as having the qualities of calmness, clarity, curiosity, compassion, confidence, courage, creativity and connectedness.

Exiles, Managers and Firefighters

Schwartz labels some parts as *exiles*, *managers* and *firefighters*. Exiles are those parts that we have suppressed or repressed, perhaps because our parents (or others) disapproved of those parts or because we cannot handle awareness of them. Managers are those parts that manage our day-to-day safety. They want to control our choices, and we both rely on them as well as feeling constrained by them. When stress occurs, the firefighters take over to prevent a meltdown. They might use the body to create pain as a distraction or lead us to retreat from the situation.

These three types of parts exist because of the pain and shame that we experienced earlier in our lives. As we come to terms with our parts and explore them and move to where the Self takes control of the mind, these three roles are no longer necessary, and they transform into new parts.

Discussion

This essay so far has been based on Schwartz's self-help book, and I worry that that book oversimplifies the theory of the mind that Schwartz has proposed. Schwartz's model is one of many that proposes that there are many parts or subpersonalities that make up the mind, but he differs in proposing the existence of a true Self that exists and should, in the healthy person, take over control of the subpersonalities. An examination of his more scholarly description of his theory (Schwartz & Sweezy, 2020) indicates that the true Self is even more unlikely.

Schwartz and Sweezy assert that we are born with a Self, and it does not develop through stages (p. 43). It is an active inner leader and an expansive and boundaryless state of mind. They note that the Self is similar to the concept of a soul, and its essence is joy and peace. In asserting that, as noted above, the Self is characterized by calmness, clarity, curiosity, compassion, confidence, courage, creativity and connectedness, they are adopting a pollyanna approach. In my theory, it is possible for there to be a subpersonality that is healthy, optimistic and with all the qualities that Schwartz and Sweezy propose. But I could not assert that everyone has this type of subpersonality. I also cannot agree that a Self, if the person has one, does not change from birth on and is not impacted by the person's experiences. There is no evidence that such a Self exists – unchanged from birth on and with only good qualities. It might be better if, theoretically, Schwartz proposed the existence of a soul with its religious, rather than scientific, connotations.

Comment

I am interested in Schwartz's theory of the mind and, in criticizing the theory, I do not mean to minimize its usefulness as the therapeutic technique with benefits for clients. In the examples that Schwartz provides, it is clear that his clients benefit from the techniques that he advocates.

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SELF-CONCEPT CLARITY AND PSYCHOLOGICAL WELL-BEING

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Abstract: A brief examination of whether the Self-Concept Clarity Scale is a good scale to assess a multiple personality. Research shows that self-concept clarity is positively associated with psychological well-being and probably not a good assessment tool for the multiple self

The self-concept clarity scale (SCCS) developed by Campbell, et al. (1996a, 1996b) has been the focus of a great deal of research. Their 1996a article has been cited 1,629 times according to PsycInfo as of May 2, 2026. This essay looks at some of the research that has been carried out using the SCCS.

The Self-Concept Clarity Scale

The items in the SCCS are:

1. My beliefs about myself often conflict with one another.*
2. On one day I might have one opinion of myself and on another day I might have a different opinion.*
3. I spend a lot of time wondering about what kind of person I really am.*
4. Sometimes I feel that I am not really the person that I appear to be.*
5. When I think about the kind of person I have been in the past, I'm not sure what I was really like.*
6. I seldom experience conflict between the different aspects of my personality.
7. Sometimes I think I know other people better than I know myself.*
8. My beliefs about myself seem to change very frequently.*
9. If I were asked to describe my personality, my description might end up being different from one day to another day.*
10. Even if I wanted to, I don't think I could tell someone what I'm really like.*
11. In general, I have a clear sense of who I am and what I am.
12. It is often hard for me to make up my mind about things because I don't really know what I want.*

The question for us is whether these items tap into the existence of multiple selves. Clearly, Item 6 and Item 9 relate to a multiple self, but an item such as Item 12 taps into a different construct. Furthermore, the SCCS items are odd in that ten of the twelve have to be reverse-scored. However, for present purposes, the SCCS may be relevant to the concept of a multiple self but, obviously, it not an ideal scale for assessing a multiple self.

Research Using the SCCS

In PsycInfo, journal articles with the term *self-concept-clarity* in the title produced 237 journal articles in English.

In their initial study, Campbell, et al. (1996a) found that women obtained lower scores than men as did older people compared to younger people, but these differences were weak. SCCS scores were positively associated with self-esteem, extraversion, agreeableness and conscientiousness (traits in the Big 5) and negatively associated with neuroticism, repression-sensitization, depression and anxiety.

SCCS scores had a strong negative correlation with Self-Reflection and a small positive correlation with Internal State Awareness. Campbell, et al. suggested that pattern indicates that individuals with more confused self-concepts have a greater tendency toward chronic self-analysis but may be somewhat less attuned to their internal states than people with more clearly articulated self-schemas. SCCS scores had a strong inverse correlation with Rumination but were only weakly related to Reflection, suggesting that the high levels of self-analysis exhibited by people low in clarity are not particularly motivated by intellectual curiosity about themselves, but take the form of affectively negative, intrusive self-relevant thoughts. SCCS scores were negatively correlated with Public Self-Consciousness suggesting that people with more confused self-concepts may be more sensitive to or concerned about how their behaviors are viewed and evaluated by others.

If we view low scores on self-clarity as similar to having a multiple self, then the findings reported by Campbell, et al. suggest that a multiple self is incompatible with psychological well-being. This is supported by other research. For example, in a sample of nursing students, Hong, et al. (2022) found that SCCS scores were positively associated with meaning in life and emotion regulation ability and negatively with depression. In university students, Willis and Burnett

(2016) found that SCCS scores were negative associated with perceived stress and rumination, but not with resilience.

Comment

This research on the SCCS documents a pathological impact of low self-concept clarity. I did not undertake a thorough review, as is apparent, but all of the studies that I examined supported this pathological impact of self-concept clarity on psychological well-being. However, it is apparent from the items on the SCCS that they are not specifically measuring the existence of multiple selves.

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ERVING GOFFMAN'S BACKSTAGE SELF

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Erving Goffman (1959) believed that individuals continually perform for each other during every day interactions, and that our social behavior is similar to a play that is acted on a stage. His approach, which he felt was a metaphor, has been labeled a dramaturgical theory. In this theory there is a backstage where the individual can relax, drop their social front, their front-stage selves (public selves or, as I would put it, their multiple social selves), and become their true uninhibited selves. This backstage self is similar to a core self.

Immediately, several issues arise.

1. Does a backstage self exist in everyone?
2. Is the backstage self uninhibited in everyone (or in anyone)?
3. Is the backstage self *true*, that is, the *real* self?
4. What are the contents of the true self?

Regarding point 3 above, consider an individual whose job transfers over to life outside the job. Police officers, for example, often carry a firearm all the time outside of the home, even when off-duty, and continually scan their environment for signs of criminal activity. Psychotherapists often are in their psychotherapeutic self outside of the clinic and behave in that way with family members, friends and strangers. Do such individuals have a true self that is not occupation related?

Google describes this proposal in the following way.

Key Aspects of Goffman's Backstage Self:

- ***Relaxation and Preparation:*** *It is the space where the performer can be less rigid, allowing them to prepare for future performances and, as described in The Presentation of Self in Everyday Life, drop their act.*
- ***Impression Management Removal:*** *The backstage allows individuals to step away from the conscious "impression management" required in public, where they are less concerned with how they are perceived.*

- **Privacy and Control:** *The backstage is typically hidden from the audience, and actors take precautions to ensure the audience does not see them when they are not in character.*
- **Relative Nature:** *The backstage is not absolute, as it exists only in relation to a specific audience; it is often described as where a person can be "more real" rather than entirely real, as there may still be social grooming or interaction with peers.*
- **"Break in Character":** *Sometimes, the backstage is unintentionally revealed, which Goffman termed a "break in character".*
- **Example:** *A waiter acting polite in front of customers (front stage) can drop this act and be relaxed in the kitchen or breakroom (backstage).*
- *Goffman emphasized that this "backstage self" is rarely seen by the audience, and the transition between the two areas is carefully managed.*

We might note that this careful management is frequently missing, as in my presentation of the life of Hubert Aquin (Lester, 2025, 2026).

Newton (2021) noted that people rarely change into their backstage self in public. However, sometimes when an individual interacts with another, he or she may unintentionally reveal a part of the backstage self. Goffman called this revelation a *break in character*.

Immediately, there arises an objection to this. The concept of a backstage self implies that there is a true or real self as noted above. The evidence is that this real self is a product of the infant, child and adolescent experiences. In this way, the real self is created by the behavior of others. In a similar manner, people do not always, indeed, hardly ever, *create* their front-stage self. It appears as the individual interacts with another person. The person can observe this front-stage self and decide to change it. For example, parents interacting with their child do not create a front-stage self unless they observe themselves and do not like what the front-stage self is with their child. Then they may modify the front-stage self and create a new version.

Presenting the front-stage self requires *impression management*, and the front stage self is achieved through conscious, deliberate actions using gesture and verbal and nonverbal communication. Goffman went into detail on this aspect of the dramaturgical approach, and this is of little interest for the present purpose. It is sufficient for us to note that Goffman's ideas are consistent with the theory of a multiple self, but more limited.

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TWO CONCEPTS THAT ARE NOT MULTIPLE SELVES: THE POST-SELF AND THE FUTURE SELF

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Not every *self* is a multiple self. This essay considers two such concepts: the post-self and the future self.

The Post-Self

According to Google:

The "postself" is a concept coined by pioneering suicidologist Edwin Shneidman. It refers to how an individual perceives they will be remembered in the minds of others—their postmortem reputation and legacy. Shneidman used it to understand how one's anticipation of being remembered can influence their psychological well-being.

Core Concepts of the Postself

- **Definition:** *It is one's continuous psychological footprint. Shneidman posited that humans have a natural drive to maintain a positive postself, living on through their children, creative works, DNA, and cultural impact.*
- **Relation to Suicide:** *In his extensive research on self-destructive behavior, Shneidman observed that individuals in severe psychological pain (psychache) often experience a distorted or destroyed postself. They may feel disconnected from the world or believe they will be a burden after death, erasing the protective psychological barrier that a positive postself provides.*
- **Importance in Therapy:** *Shneidman argued that clinicians working with suicidal patients should explore their client's view of their postself to understand their personal value systems, sources of meaning, and reasons to continue living.*

Catalogic

Shneidman and Farberow (1970) suggested one fallacy that suicidal individuals may make in their reasoning. Although they called this type of reasoning *catalogic*, since it destroys the reasoned, they also called it, more accurately, a *psychosemantic fallacy*. They suggested that some suicidal

individuals confuse the self as experienced by themselves with the self as experienced by others. If the suicidal individual reasons, “If a person kills himself, he gets attention; I will kill myself, therefore I will get attention,” the “I” that kills is the self as experienced by the self while the “I” that gets attention is the self as experienced by others. This fallacy is called by logicians the fallacy of equivocation (Engel, 1986). Shneidman and Farberow noted that this fallacy is avoided if the suicidal individual believes in a life after death in which case he or she will be able to watch the reaction of others.

This is how Google described catalogic.

Catalogic, or "suicidal logic," was defined by Edwin Shneidman and Norman Farberow as a form of disordered, destructive logic found in suicide notes. It represents a cognitive process where the individual, often experiencing intense psychological pain or "[psychache]," operates from an incorrect or warped premise that views suicide as the only logical solution to their problems.

Key characteristics of catalogic as defined by Shneidman and Farberow include:

- ***Disregard for Logic:*** *It ignores formal reasoning and semantic clarity, often leading to a catastrophic end.*
- ***Semantic Fallacy:*** *A core feature where the meaning of words—specifically the concept of "I" or the self—changes within the argument.*
- ***Confusing Self-Perception:*** *The individual confuses "the self as experienced by the self" with "the self as experienced by others".*
- ***"Destructive" Nature:*** *It is a style of thinking that "destroys the logician".*

This concept was developed through their study of genuine and simulated suicide notes in the 1950s, highlighting that the suicidal mind often operates through distorted, yet internally consistent, reasoning rather than mere insanity.

The Future Self

Several scholars have introduced the concept of *possible selves* (Hooker & Kaus, 1992; Dunkel & Kerpelman, 2004). Although their concept appears to be similar to subselves, it is not. Hooker and Kaus’s concept of possible selves refers to goals and fears for the future. Hooker and Kaus instruct their subjects to think about “the kinds of experiences that are in store for us and the kinds of people we might possibly become . . . what we hope we will be like” (p. 395), and they give an example of “one of my own [possible selves] is to win the lottery and become a millionaire” (p. 395).

Despite this difference between their concept and the present theory, their discussion raises the possibility that people might indeed seek to create new subselves as defined in the Lester's theory. For example, with regard to roles (one possible form of subselves), an individual might plan to have a child and become a parent, thereby creating a new role. When depressed people enter therapy of some kind to change their lives, their behavior can be construed as seeking to create a new, happy subself for the future. In this last example, the reality is that the depressed subself will not disappear or be destroyed, but rather that it will take over the mind for less and less time in the future, in the way that Angyal (1965) proposed that the biopositive system principle organizes the mind for longer periods of time as patients progress through psychotherapy, whereas the bionegative system principle organizes the mind less often

Comment

We must, therefore, be cautious Not every *self* that is proposed fits into the theory of multiple selves.

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