Does an Object Relations Theory Exist in Self Psychology?

Howard A. Bacal, M.D. ©

The trouble with our theory [Self Psychology] is that we look at the self or personality to find out what it's like. We need to look at the relationship. That will tell us. Everything occurs in the context of a relationship.

—Ernest Wolf

As conceptualized by Kohut, self psychology is a distinct psychoanalytic theory of development and therapy. While I would essentially agree with this, I would also contend that it rests on an object relational foundation. In effect, a number of psychoanalytic perspectives that currently influence our clinical work anticipated it, and its central concepts are quintessentially “object relational.”

Although Kohut rejected the suggestion that significant antecedents of self psychology were to be found in the concepts of a number of British object-relations theorists (personal communication, 1978; see also Kohut, 1977, pp. xix-xxii), close study reveals many natural bridges between these theories of object-relations and self psychology (Bacal, 1987; Bacal & Newman, 1990). The earlier theorists tacitly (though inconsistently) identified

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the relationship that Kohut later explicitly conceptualized as the selfobject relationship, and they regarded it as centrally significant: Suttie, in his emphasis on the importance of companionship and the responsiveness of the object; Fairbairn, in his assertion that pleasure-seeking is not a primary motivator but that we are essentially moved by the need to establish relationships with objects from whom we may derive support; Balint, in his understanding of human interaction as largely determined by the attempt to reestablish safe relationships with objects as a response to the disruption of a harmonious primitive relatedness in infancy; Bowlby, as the attachment to significant others by an affectional bond that provides a sense of security; and Winnicott in his emphasis on the importance of a “good-enough” mother and her provision of a holding environment for healthy psychological development.

Thus, a number of object relations theorists tacitly rejected the centrality of instincts in human motivation. In substituting an object relational view, however, they failed, with the exception of Bowlby, to conceptualize an essential or fundamental object relationship in a systematic or consistent way. In self psychological theory, instinctual motivation is explicitly rejected as a factor of psychological significance, the self becomes the focus of attention, and so-called “object relationships” are more or less ignored.

It is remarkable that Kohut did not see his work as an outgrowth of object relations theory or at least significantly aligned with it. Apart from identifiable antecedents (see also Bacal, 1987), the selfobject—the pivotal concept of self psychology—implies a particular kind of object relation as the determinant of self-experience and the vehicle for self-development. My impression is that Kohut dissociated himself from object relations theory because he was uneasy about the emphasis placed by certain object relations theorists on “interpersonal” relations, regarding it as a threat to the intrapsychic perspective that characterizes psychoanalysis and also because “object relations” from the classical analytic standpoint are conceptualized as associated with instinctual satisfactions (Moore & Fine, 1968, p. 64). Kohut’s concern, however, was based on his familiarity with the views of North American analysts and not on those of the British with whose work he was apparently less acquainted. Rycroft, in effect, defines object-relationship as the “relation of the subject to his object, not the relation between the subject and the object which is an interpersonal relationship…. because psychoanalysis is a psychology of the individual and therefore discusses objects and relationships only from the point of view of a single subject” (1968, p. 101). Rycroft’s definition of object relations theory is also compatible with a self psychological perspective: “a theory in which the subject’s need to relate to objects occupies the central position; in contrast to

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INSTINCT THEORY, which centres round the subject's need to reduce instinctual TENSION (p. 101). In neglecting to define the nature of the relationship with the object, however, Rycroft repeats the same ambiguity that pervades theories of object relations in general.

I would submit that both the terms **object relations theory** and **self psychology** are to some extent misnomers of omission. Object relations theorists, with the exception of Guntrip (Bacal, 1987, pp. 87-89 & Bacal & Newman, 1990) and Sutherland (Bacal, 1985a, p. 486) have not conceptualized the subject—whose central need is to relate to objects—as the self. That is, what is missing but implicit in object relations theory is the notion of the self, and what is obvious but overlooked by self psychology theory is that it tacitly regards an object relationship—namely, the relation between the self and its selfobjects—as central for self development. Before discussing self-selfobject relationships, I shall review briefly the meaning of the more familiar “objects” of analytic theory and compare their meaning with that of the selfobject. I shall continue to employ Rycroft's scholarly *A Critical Dictionary of Psychoanalysis* (1968) as my lexicon.

A **need-satisfying object**, which refers to the infant's tie to its

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1 The abbreviated term **selfobject relationship** is commonly used instead of the more cumbersome, “self-selfobject relationship.”

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**The Selfobject, The Self, and The Selfobject Relationship**

An object is a selfobject when it is experienced as providing functions in a relationship that evoke, maintain, or positively affect the sense of self. A comprehensive compilation of selfobject functions has yet to be proffered, but the following³ comprises those currently regarded as most important: Tension and affect regulation—the selfobject provides a holding and soothing function, creating an experience of safety; recognition and support of the evolving self, its capacities and its vitality—that is, the selfobject provides affirming, validating, and facilitating functions; provision of meaning to internal and external experience—an organizing function which enables one to understand; and restoration of the strength and integrity of the self following enfeeblement or fragmentation.

While the self of psychoanalytic self psychology has been defined in one-person terms, e.g., “a unit, cohesive in space and enduring in time, which is a center of initiative and a recipient of impressions” (Kohut, 1977, p. 99), it is often conceptualized in terms of its relationships with its selfobjects. Here are just a few such definitions of the self amongst the many that have been

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2 Wolf’s definition is similar to mine: “Those functions of the relationship with the caretakers that evoke and maintain in the infant the experience of selfhood are defined as selfobject functions” (1985, p. 60).

3 This categorization is a modification of Markson's (1986).

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offered by eminent self psychologists: “A self can be said to be established at that point in analysis when the selfobjects (and their functions) have been ... transformed into psychological structures” (Kohut, 1979). Goldberg (1982) conceptualizes the self of self psychology [as] “composed of permanent units of relationships” (p. 14) and as “the functionally or operationally separate focus of various relations” (p. 18). Wolf has defined the self as a psychological structure, an enduring configuration associated with the experience of selfhood, consisting of a cluster of potentialities evoked and maintained by selfobject relations (1985, p. 61).

When the selfobject is experienced as providing selfobject functions, it may sometimes be satisfying instinctual need. That is, the object that provides sensual pleasure may, at the same time, provide the experience of a responsive partner, which affects one's self-esteem—a selfobject function. At one moment, the provision of instinctual satisfaction by the object may constitute the more important **drive-satisfying function**, and its selfobject function may be negligible or even absent. At another time, the provision of sensual pleasure by the object may be the **vehicle** for the provision of the more important selfobject function—the experience of a responsive partner. From this perspective, one might legitimately consider self psychology or, as Basch (personal communication) prefers to call...
it, "selfobject theory", not as "containing" an object-relations theory but as an object-relations theory that focuses on the interaction between the self and its selfobjects. The exclusion by self psychologists of a serious consideration of the "need"—satisfying function of objects or of conflicts associated

4 Stolorow (1986, p. 275) has used the example of the sexual act to illustrate the many dimensions of experiencing the object. I would concur with his view that "a multiplicity of ... dimensions coexist in any complex object relationship ... and that the figure-ground relationships among ... [them] ... shift, corresponding to shifts in the subject's psychological organization and motivational hierarchy, often in response to alterations or disturbances in the tie to the object."

5 This would appear to be the view of Modell, who believes "that self psychology is fundamentally a two-person psychology, but this fact has been obscured by Kohut's insistence that the self and not the self and its objects occupy the center" (1985, p. 98).

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with these "needs" is because the latter are drive-related and their vicissitudes are thus not regarded as significantly participating in development—apart from their association with the provision or lack of provision of selfobject functions.

Self psychological theory has, in effect, focused on the experience of selfobject function, and has lost sight of the object that provides that function and of the importance of the relationship for the patient. Thus, I would add to Stolorow's caveat that the selfobject should be conceived of as a dimension of experiencing an object (1986, p. 274), that this experience is also embodied in a significant object. In practice, self psychologists are well aware, though, of the enormous importance to the patient of the specific object that is experienced as providing reliable selfobject functions—for example, the patient's mother, father, friend, or the analyst—as well as the significance of the relationship with the specific selfobject. To recognize this gap between how self psychologists work and what they describe in theory lends further weight to the assertion that, while self psychology is ultimately concerned with the state of the self, it embraces an object relations perspective in which the relationship between the self and the selfobject is understood to be of central importance for the state of the self.

While many self psychologists would agree with my definition of the selfobject as far as it goes, some would maintain that it is specially distinguishable from other objects because of its being experienced as part of the self. While the latter is certainly not uncommon, I do not include this as an essential part of the selfobject concept since I believe that it reflects a relatively unhealthy state of the self. Rather, I would maintain that the experience of providing a selfobject function by a relatively differentiated other is characteristic of a normal, healthy self. This view is perhaps most tellingly supported by our recognition as clinicians that a person whose sense of self is relatively strong and well demarcated will not experience severe symptoms (e.g., anxiety, depersonalization, fragmentation) in the face of separation, although he may feel sadness and a painful sense of aloneness.

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because of the loss of a relatively differentiated important other. When the self is prone to fragmentation in the absence of the selfobject, we may assume the existence of a particularly vulnerable, that is, unhealthy self that may need to experience another as part of itself in order to stay intact in the same sense that the glue that is necessary to keep the parts of a broken vase together becomes part of the vase itself. This way of conceptualizing the selfobject experience also accords with recent discoveries about the normal infant's early capacities for selfobject discrimination. Yet, Kohut and Wolf's view (1978, p. 414) that "the expected control over [selfobjects] is ... closer to the concept of the control which a grown-up expects to have over his own body and mind than to the concept of the control which he expects to have over others" has a significant validity. There is a sense of ownership about the selfobject. However, this is best understood as a kind of taking it for granted—that is, behavior suggestive of a sense of relatively unquestioned, comfortable entitlement to the provision of the functions of another entity—another object—rather than a sense of control over an undifferentiated bit of the self. Balint (1937) described a similar archaic relationship, which he called "primary love," or "primary object-love,"—a natural, that is, normally occurring, early harmonious experience of the infant with the mother in which the infant feels there is no difference between his interests and hers.6 That is, the experience of a responsive archaic selfobject environment is the initial, normal experience of the infant, and its firm internalization provides the basis for a confident expectation of appropriate selfobject responsiveness. Balint's concept is analogous to Kohut's archaic mirroring or idealizing selfobject relationships (Bacal, 1981, p. 34; Bacal & Newman, 1990) and, in the light of current research on infants, none of them need be conceptualized as a "merger"7 state. I am, in effect, asserting that the

6 Although Balint calls this relationship "primary love," he does not conceive of it as libidinal but rather as a primitive object-relatedness whose
essence is a sense of harmony between the infant and the mother.

7 The assumption that archaic mergers constitute the infant’s earliest form of experience has recently been questioned (Stern, 1985).

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selfobject is experienced as “the self’s object” and that the sense of its possession and entitlement to its functions is often quite unconscious. Theories of object relations have tended to view the expectation of archaic function as immature, selfish, and narcissistic when it extends beyond infancy or early childhood. Self psychology has emphasized that the continuing need for selfobject relationships throughout life is normal, and I would maintain, in essential agreement with Bowlby, that this is true, on occasion, for so-called “archaic” needs as well and that these should not be regarded as “regressive” or “infantile.” I would also submit that the ability to seek out appropriate selfobjects depends, to a hitherto unrecognized degree, upon the intactness of a basic sense of entitlement to the selfobject’s responsiveness. From the perspective of self psychology, one never “outgrows” one’s needs for selfobject function. Normally, in an appropriately responsive selfobject environment, these needs decrease in intensity and urgency, along with the lessening of the requirement that the selfobjects of childhood and their current transference representatives fulfill them. My clinical experience suggests that the traumatic disruption in childhood of the normal, basic sense of entitlement associated with these archaic object-relationships may underlie the development of urgent, intense needs for merger as well as their defensive opposite—a more or less studied avoidance of a close relationship—or the sometimes clamorous, controlling, and extravagant expressions of “entitlement” or their defensive opposite—the reticence of the patient who dares not expect anything from his analyst. All of these may be reactivated in the transference in an (often unworkable) effort to resurrect the normal harmonious selfobject relatedness of early infancy.

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8 Brandchaft has suggested that the archaic merger experience sought by a patient may be the only way of ensuring that what is needed will be provided (1988, personal communication).

9 The inevitable disruption of the normal archaic experience described by Balint as primary love, or primary object-relatedness results in what he called the “basic fault.” Certain character formations—“gynophobic” clinging and “phallic” object-shunning—constitute adaptive attempts to deal with the anxiety about objects occasioned by this disruption (Balint, 1959, pp. 32-41; 1968, pp. 67-70). The pathological reactions to the disruption of the archaic relationship described by Balint as well as those described by Kohut are what I outline in the text.

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I would define a selfobject relationship as one in which a relatively stable sense of the object’s availability as a selfobject prevails. As I have indicated, there is no reason to consider this a form of object relationship. From this perspective, then, the mirroring, idealizing, and alterego selfobject functions (the latter is sometimes called “twinning” or “partnering”) that have come to be recognized as particularly important for the self’s healthy development are aspects of relationships that the normal child experiences with significant objects who are also apprehended as distinct from the self. The mirroring experience denotes a selfobject relationship in which recognition is felt to be provided by a significant object for what one has to offer, such as one’s capacities, talents, abilities, and personal attractiveness. The idealizing selfobject relationship denotes the experience of feeling linked to the admired other—the self, in effect, walks proudly in the shadow of his admired object. The archaic variants of each of these are the so-called merger relationships, which, as I have indicated, may not be “mergers” at all, but rather harmonious archaic object-relationships. To the extent that they may already represent the results of disruption, they constitute the reactive experiencing by the infant of an illusion of oneness as an attempt to offset experiences of frustration, desperation, and even futility in expecting early selfobject needs to be met by the mother.

In the alterego (twinship or partnership) selfobject relationship, the sense of sameness with the object constitutes the basis of the experience of selfobject functions. We now appreciate that there are other important self-selfobject configurations. One of these, in particular, illustrates the importance of the relationship with a separately experienced object that serves a selfobject function. Wolf (1980, pp. 125-126) has indicated that the boundaries of the self may be strengthened by experiences of a relationship with the selfobject “as an antagonist against whom self-assertion mobilizes healthy aggression.” Lachmann has described a similar phenomenon.

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as adversarial: “When adversarial experiences serve self-object functions, such functions can be placed on a continuum of increasing complexity from archaic needs for self-consolidation to self-demarcation and self-enhancement” (1986, p. 350).

It must, of course, be recognized that we have experiences of objects that constitute neither the traditional psychoanalytic definitions of objects nor that of self-objects, and that we have no specific designation for their function. We have contacts of one sort or another with these objects, they may fulfill certain needs, but these needs may be neither sexual nor self-affirming. To cite a commonplace illustration: a gasoline station attendant whose inability to provide fuel because the pumps are empty, has no affect on the customer's sense of self at some moment, and the customer will simply shrug his shoulders and drive on to another gas station. At another moment, of course, when his self-state renders him vulnerable to self-object failure, the customer might experience the gas-station attendant as having a significant affect on his sense of self, and react quite strongly.

Basic to the experience of a self-object relationship is affective attunement on the part of the object world and the translation of this attunement into responsiveness that is optimal for the development of the self of that particular individual (Bacal, 1985b, p. 224). This perspective becomes apparent in the self psychological view of the drives, defenses, anxiety, conflict, and the oedipal situation (Bacal & Newman, 1990). The oedipal situation serves as a particularly good illustration.

Long before the advent of self psychology, object relations theorists had already questioned the classical position of regarding the oedipus as central to development and pathogenesis. They recognized “pre-oedipal” issues as the psychological bedrock that gave shape to oedipal conflicts and significantly determined the nature and completeness of their resolution, and Kleinian theorists even placed preoedipal issues at the center of development and

10 I am grateful to Dr. Ernest Wolf for this example.

11 Kleinian theory also recognizes an earlier stage of the oedipus situation in infancy.

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psychopathology. Self psychologists do not put as much weight as other theorists on the distinction between oedipal and preoedipal, as they do not regard the Oedipus as necessarily occupying a crucial psychological position in development or in the determination of psychopathology. While they recognize the validity of oedipal conflicts, they do not regard their presence as necessarily indicative of psychopathology. In effect, they regard the Oedipus as an object relationship that comprises normal or pathological dimensions of experience. Kohut (1977) embodied these two dimensions of object relationships in his distinction between an oedipal phase and an oedipal complex. The former develops as a result of the interaction between the child's natural strivings in triangular situations and the parents' more-or-less optimal responsiveness to them, and the latter results from the interaction between these strivings and the parents' inadequate or inappropriate self-object responses to them. If the parents react to the expression of their child's oedipal feelings as normal, playful wishes for sensual and affectionate closeness and for the opportunity to test his strength against that of the homogenital parent, the child will feel understood and will traverse the hurdles of the oedipal stage with a sense of satisfaction and pride, strengthened in his or her development. As Tolpin (1988) puts it, the expression of the child's naïve sexuality, affectionateness, and assertiveness go together from the start, and his experience of hurt, anger, and jealousy are to some extent inevitable in consequence of his sense of rejection of his claims for exclusive love and commitment. However, if disappointment and injury are adequately counteracted by appropriate soothing and ongoing confirmation of the child, the degree of expectation of himself and of his self-object world become modified, and his self is thus strengthened to meet further disappointments in life. In short, the development of a sense of secure masculinity or femininity, and a healthy sexuality, or the converse—the emergence of psychopathology in these

12 Kohut did not discuss the development of masculine and feminine self-structuralization as a result of differential responsivity of self-objects. For an important contribution to this subject, see Lang (1984).

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areas—depend upon secure development, that is, upon the quality of the self-object relationship between the child and his caretakers (Tolpin, 1988). If, however, the parents view the oedipal child as wanting actual sexual relations with, or as offering serious competition to, the parent, he is likely to become overstimulated, anxious, conflicted, and confused. If, then, he is “rejected”—or met by an “acceptance” with which he cannot cope—he will become variously overwhelmed by shame and guilt and may fear his own
strength and that of the parent. Kohut calls this situation an oedipal complex to distinguish it from its natural counterpart. It is not a normal situation in which an intact self struggles, with selfobject assistance, with expectable, universal conflicts, but an abnormal relationship in which not only the seeds of the polymorphic neurotic disturbances of the oedipal phase are sown but in which the sense of self is always affected to some degree. That is, the oedipal situation of classical analysis, along with its associated anxieties and conflicts is, in effect, regarded by self psychology as the result of the derailment of a normal object-relationship and, consequently, of the sense of self in a phase of its development.

Selfobject Relationship and Maturity

The assertion by self psychologists of the normality of the continuing need to experience objects as selfobjects, from which

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13 Self psychologists recognize “castration anxiety,” but regard it as symptomatic of oedipal pathology, not as an expectable accompaniment of the engagement of the oedipal situation.

14 Confusion is not often enough recognized as a significant deleterious effect of faulty responsiveness to the child’s nonpassionate strivings toward adults (see Ferenczi, 1933).

15 The absence of a parent, either actually or psychologically, may be expected to contribute to the complexities of the Oedipus.

16 Wolf provides a telling illustration of this, which also depicts the illusory nature of the sense of independence from one’s familiar selfobject relationships. “As long as a person is securely embedded in a social matrix that provides him with a field in which he can find the needed … [selfobject] responses … he will feel himself strong and, paradoxically, relatively self-reliant, self-sufficient, and autonomous. But if by some adversity of events this person should find himself transported into a strange environment, it will be experienced as alien and even hostile, no matter how friendly it might be disposed toward him” (Wolf, 1980, p. 128). Wolf indicates that this would be the case no matter how strong his sense of self might be.

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the self “takes,” would appear to preclude the development of a capacity for “giving,” for “concern for the other,” which object relations theorists tend to regard as the hallmarks of maturity. This view of maturity reflects the traditional psychoanalytic conception of the “whole” or “true” object which is, in effect, not an object from which one expects something, but an object that one relates to with an attitude of concern—in effect, with a readiness to provide selfobject functions. Self psychology has consistently viewed maturity as marked not by the diminution of a psychological investment in one’s self nor by the replacement of a “narcissistically cathexed” object by either an object of “love” or of concern, but by the maturation of selfobject relationships. That is, a mature self is a self that has developed the capacity to diffuse its needs for appropriate selfobject relationships toward whatever may be provided by the group (Kohut, 1984, p. 77; Wolf, 1980, pp. 127-130). Self psychology in effect, defines maturity in terms of the self’s “more mature” usage of others, although Ornstein (1981, p. 358) recognizes that the increasing strength of the self enables it to become “a relatively independent center of initiative … [and then] … capable of recognizing the relatively independent center of initiative in the other—the ‘true object’ of the classical framework,” and that a healthy self will fluctuate flexibly between these two modes of relating. The absence of any theoretical consideration of how these capacities develop, however, is all the more striking if one considers that self psychologists tacitly regard giving, in the form of providing selfobject function, to constitute perhaps the most mature function of all, as evinced, for example, by the ministrations of a good parent, or a good analyst. The paucity of discussion by self psychologists about maturity in these terms is, very likely, due to their wish to avoid the “maturity morality” that tends to pervade traditional analytic theories (including object relations theory). But this need not present a

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problem for self psychological theory if one assumes, with Suttie (1935), an inherent capacity and a wish to give on the part of the infant (see also Baeul, 1987, pp. 82-83). In fact, this idea is implicit in Wolf’s idea of a complexity of virtual reciprocal selfobject relations that characterize the early interactions between the infant and the mother (1980, pp. 119-123). One might then legitimately regard the infant, in his contribution to this interaction, as evincing phase-appropriate “maturity.” I would thus suggest that the basic sense of entitlement to selfobject relationships that consolidates as a result of such interactions, in which the responsiveness of a reliable selfobject is taken for granted, is also paradoxically the basis for the development of the capacity for concern. As the self becomes strengthened through appropriate selfobject responsiveness, it also becomes more solid about this sense of entitlement to

http://www.pep-web.org/document.php?id=p1.010.0197a&type=hitlist&v...ca%7Cobject%7Cviewperiod%2Cweek%2Csort%2Cauthor%2Cahit1 Page 6 of 12
Deficit, Conflict, and the Selfobject Relationship

As Wallerstein has pointed out (1981, 1983, 1986), it is common to encounter both deficit and conflict in analytic practice; Stolorow et al. (1987, p. 26) and Lachmann and Beebe (1988) emphasize that conflict and deficit operate as dimensions of experience in object relationships and their transference manifestations in therapy, at times as “figure,” at other times as “ground.” In my experience, when the selfobject relationship with the analyst is in place as a stable “background,” conflicts and deficits (both those related to instincual needs and selfobject failure) in relation to others will variously occupy the foreground, and those which emerge in relation to the analyst will not be experienced as unduly problematic. When the selfobject relationship between the patient and his analyst becomes disturbed, however, conflicts and deficits in relation to him will occupy center stage. It is at this juncture that “resistance” becomes a consideration.

Resistance and Selfobject Relationship

Ogden (1983, pp. 236-237) draws attention to Fairbairn’s understanding of resistance in analysis in terms of the difficulties experienced by the patient in giving up the pathological attachments involved in his unconscious internal object relations. Fairbairn, in effect, regards resistance as primarily comprising a bond of hatred to one’s repressed parental bad objects that are still felt to be needed. The patient fears both their emergence from repression as well as their loss, which is threatened by their emergence into consciousness (Fairbairn, 1943, p. 73; 1944, pp. 116-117). From the self psychological point of view, the nature of resistance is in some respects not so different, insofar as it reflects a fear of being retraumatized by one’s bad objects in the transference and a fear of losing one’s good objects, i.e., selfobjects, altogether. The determinants of both, and thus the basis of resistance, is a problem experienced in the selfobject relationship between the patient and the analyst that derives from what Stolorow and his colleagues have called the “fundamental psychic conflict” (Stolorow et al., 1987, pp. 52 & 90). Such a conflict becomes enduringly established when “central affect states associated with the development of individualized selfhood are consistently not responded to or are actively rejected” (1987, p. 52). The conflict is between the requirement that one’s development conform to the emotional needs of caretakers and the deep-going imperative that it correspond to the vital affective core of one’s self. Whenever a patient who is thus vulnerable experiences significant selfobject shortfall in his analyst, conflict is engendered and their relationship becomes disrupted, as the selfobject is in effect perceived to have selfobject needs of its own that are felt to be in serious conflict with the needs of the self. In such a situation, the patient regards the assertion of his developmental need as the

reason that the analyst has withdrawn his selfobject responsiveness—that is, what has occasioned his transformation from a selfobject into a bad object—and, further, the assertion of that need is felt to threaten the links that would ensure the provision of whatever selfobject responsiveness may still be available. This is why, from the self psychological perspective, the patient “resists” the analytic process, since he no longer experiences it as providing a situation in which his analyst would respond optimally to his selfobject needs. The pathological solutions to this conflict, such as tormenting ambivalence, defiance and rebellion; abandonment of selfobject needs leading to self-distortion and self-abnegation, or depressive compliance with the emotional needs of one’s caretakers will become variously engaged in the relationship between the patient and the therapist on those occasions when the analyst inevitably fails in his selfobject function. Markson and Thomson (1986, p. 34) underscore this perspective in their assertion that “There is no conflict of clinical dimension without underlying deficit.” They believe and quote Kohut (1983) who said (pp. 396-397) that “selfobject failures … [are] … the ultimate cause of psychopathology.” Put in yet another way, it is a particular problematic kind of object relation, the disrupted selfobject relation, that is at the heart of self pathology in its various dimensions of expression.

Kohut’s assertion that the essence of a curative psychoanalytic process is the acquired ability to establish developmentally appropriate relationships with available selfobjects (1984, p. 77) unmistakably conveys a recognition of the essential importance of “object relations.” However, in contrast to object relations theorists, who focus their attention on the maturing of the relationship (which they tend to regard as the ultimate objective of effective therapy), Kohut clearly indicates that the maturing self-selfobject relationship is significant and important insofar as it reflects the healthy development of the self.
Gutrie is an exception. He drew attention to the importance of object relationships for self development, while at the same time focusing on the development of object relationships (Gutrie, 1968; Bacal & Newman, 1990).

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From the perspective of self psychology, then, disorders of the self derive from faulty interactions between the child and its caretakers; that is, they are disorders of selfobject relationships (Wolf, 1983, p. 29). In effect, it is pathological object relationships that become encoded within the self as a sense of deficiency or defect.18

**Selfobject “Transference” and Selfobject Relationship**

Transference, an inherently object relational concept, is, of course, both positive and negative but, in practice, analysts tend to use the term to designate problematic relationships with significant figures in the patient's childhood that he repeats with his therapist (Bacal, 1988). Thus, while the view of transference as the organization of experience (Stoforo et al., 1987, pp. 28-46) is a useful concept insofar as it emphasizes the central importance of subjective reality, it tends to blur certain distinctions. One of these, which I feel is particularly important to retain when conceptualizing “transference,” is the distinction between its problematic and its nonproblematic components. The selfobject “transferences” of self psychology fall into the latter category. The establishment of a selfobject “transference” in analysis has been regarded as a sign that the analysand's self has been weakened by the frustration of significant selfobject needs.26 It is also regarded as indicating that the patient has experienced at least a modicum of selfobject functioning from significant caretakers on which he

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18 I believe that a useful distinction can be made between deficiency and defect within the self corresponding to the absence of the experience of certain selfobject functions and the impingement of inimical object-reactions, respectively. This is discussed further in Bacal & Newman (1990).

19 The definition of transference that I have in mind is the patient's experience of his relationship with the analyst as it is affected by antecedent experiences of significant object-relationships, in particular, those of his childhood.

20 We must also consider that the selfobject relationship obtaining in analysis at that moment may not have arisen out of an aborted developmental need, but that it is a reflection of a mature selfobject relationship. The distinction between the two may not be evident until the former is revealed by (its ultimately inevitable) disruption.

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bases his positive expectations from the therapist. I have suggested that this expectation entails the child's sense of natural entitlement to the object's responsiveness that derives from very early harmonious experiences. That is, it reflects the revival of the experiences of archaic object relations such as that described by Balint (1937) as “primary object-love,” by Winnicott (1960) as the “holding environment,” and by Bollas (1979) as the “transformational object relationship.” All of these formulations reflect the view that the selfobject transference derives from past experience. We may question, however, the extent to which it reflects good past experience and to what extent it constitutes a new bond with the therapist that comprises the elaboration of the patient's hopeful and positive fantasies about him that are reinforced by his optimal responsiveness to the patient's selfobject needs. In my view, the selfobject “transference” is more appropriately viewed as a selfobject relationship in which all these factors variously determine the patient's experience (Bacal, in press). The contribution of fantasy to this relationship has up to now gone largely unrecognized.

**Fantasy Selfobjects and Fantasy Selfobject Relationships**

The phenomenon that severely deprived patients who have had little substantive caretaking sometimes report experiences in childhood that must be recognized as longstanding selfobject “relationships” has led me to postulate a capacity to elaborate selfobjects in fantasy (see Bacal, 1981, pp. 36-37; 1985, pp. 219-224; Bacal & Newman, 1990). This capacity to elaborate fantasy selfobjects reflects a creative capacity of the self. The latter has been overlooked by self psychological theory, largely, I believe, in order to redress the imbalance occasioned by the classical emphasis on the drives and unconscious instinctual fantasy as the determinants of the patient's psychological world and to bring back into focus the effects on development of the child's experience with actual
objects. Thus, Kohut emphasized the effect on the child of the caretaker's personality, and that it was an important part of the therapeutic process for the patient to discover what this was like. Recently, however, self psychologists have come to place theoretical as well as clinical emphasis on inner experience in order to underscore the importance of the "subjective." Thus, the selfobject is now generally regarded as an intrapsychic experience of the object that provides selfobject function, and the question of whether that experience corresponds to its "actual" character (by consensual validation) and what it may or may not "actually" provide—which was Kohut's emphasis—is bypassed as irrelevant. This current emphasis by self psychologists on "subjective reality" or "subjective validity" in determining the selfobject experience has interesting implications. It constitutes, in my view, not only a recognition that early selfobject experiences are being mobilized, but also a tacit acknowledgment that fantasy may significantly contribute to the patient's experience. It also implies a recognition of the distinction between internal and external objects.

While fantasy has traditionally been linked with the mental representation of the instincts, it is by no means limited to this activity. In my view, elaborations in fantasy of positive images of the object may contribute to its being experienced as a selfobject and, in this way, become integral components of the selfobject experience. In this sense, of course, all selfobjects are to some extent "fantasy" selfobjects. However, the term is worthwhile retaining, I believe, to designate selfobject relationships that are inordinately determined by the elaboration of fantasy. These fantasy selfobject relationships are, in effect, constructed as psychologically lifesaving responses to otherwise unmanageable trauma, and they are particularly vulnerable to severe disruptions (Baeal, 1985b, p. 217).

According to Rycroft (1968, pp. 100-101), internal objects are "phantoms, i.e., they are images [about introjected external objects] occurring in PHANTASIES which are reacted to as "REAL." The recognition that the elaboration of fantasy comprises a significant aspect of the selfobject experience would be tantamount to a recognition by self psychology of the distinction between objects as internal and external. I anticipate considerable objection to this line of thinking, not only because self psychologists prefer to blur the distinction between "external" and "internal" in order to emphasize the validity of subjective experience and thus undermine the therapist's traditional prerogative to arbitrate reality, but also because of their wish to avoid reifying experience into concrete entities or locations (Stolorow et al., 1987, p. 25). While I appreciate the importance of these considerations, the fact that self psychologists recognize the acquisition of boundary function and self-darmoncration to be highly significant for self-development lends support to my argument (Wolf, 1980, pp. 125-126; Atwood & Stolorow, 1984, pp. 71-75). Moreover, while self psychology has made an enormously important contribution to the therapeutic process by emphasizing how essential it is to our patients for us to see the world as they do, we should not lose sight of the fact that they will sometimes need us to be with them while they struggle to become aware of the unconscious contribution of their inner world to their selfobject experience. While this contribution may once have been essential to their psychological survival, it has now left them vulnerable to the failures of their outer world of objects, including their analyst.

I realize that this discussion has, so far, focused on the capacity to create good objects and has not included a consideration of the fantastic elaboration of "bad objects." From a classical and Kleinian perspective, the elaboration in fantasy of bad objects is ultimately determined by the destructive instinct. Since, from a self-psychological perspective, the mobilization of destructiveness is a reaction to a frustrating environment—a view shared by a number of object relations therapists (such as Sutte, Balint, Fairbairn, Guntrip, and Bowlby)—bad objects would be those who fail to fulfill a selfobject function when they are expected to do so. In other words, while the elaboration of destructive fantasy toward objects is recognized by self psychologists, it is regarded as arising from a sense of disillusionment with the more primary selfobject relationship, and not basically the expression of an instinct seeking discharge.

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Intersubjectivity and Object Relationship

Finally, I would like to comment briefly on the recent elaboration of "intersubjectivity" (Atwood & Stolorow, 1984; Stolorow et al., 1987) as indicative of an object relational perspective in self psychology. Stolorow and Atwood buttress their assertion of the relevance of the intersubjective approach in the therapeutic process by their recognition of the validity of the findings of a number of infant researchers, such as Sander, Beebe, Lichtenberg, and Stern, which demonstrate the infant-environment relationship to be a complexity of interacting structures or systems, and on Winnicott's contention that "there is no such thing as an infant" (1960, p. 39), "meaning that infant and maternal care together form an indivisible unit" (Atwood & Stolorow, 1984, pp. 65-67). Object relations

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theories, especially those elaborated by Suttie, Balint, Fairbairn, Guntrip, Bowlby, and Winnicott, have differed from classical psychoanalytic theory not only in deemphasizing the vicissitudes and problems associated with the discharge of instinctual impulses, but also—and perhaps primarily—in their emphasis on the significance and meaning of human interaction. They are therefore "Multi-Body Psychologies." \textsuperscript{21} Balint's view of the relevance of the object relations perspective in psychoanalysis in effect anticipated the concept of "intersubjectivity": "almost all ... [the] terms and concepts [of classical psychoanalysis] were derived from pathological forms hardly going beyond the domain of the One-Body Psychology ... That is why they can give only a clumsy, approximate description of what happens in the psychoanalytic situation which is essentially a Two-Body Situation" (1949, p. 222). According to Balint, the patient's behavior in the analytic situation "is due not to the patient's transference or to the analyst's counter-transference, but to an interplay of transference and counter-transference, i.e., to an object-relation" (1949, p. 221) (my italics).

\textsuperscript{21} According to John Rickman, "The whole region of psychology may be divided into areas of research according to the number of persons concerned. Thus we may speak of a One-Body Psychology, Two-Body, Three-Body, Four-Body and Multi-Body Psychology" (quoted in Balint, 1949, pp. 221-222).

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The self psychologist, insofar as his analytic work is "intersubjectively" informed, attends, through sustained empathic immersion, to the effect on his patient of the interplay between their differently organized psychological worlds. That is, the analyst will pay particular attention to the disparity between his own self/object needs and those of his patient as they affect their relationship. To the extent that the working through of disruptions in selfobject relationships is regarded as a crucially important analytic task, empathic attunement on the part of the analyst to the discordance between the differing selfobject needs of himself and his patient constitutes a uniquely self psychological extension and application of a psychoanalytic object relations perspective.

References

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