Chapter 3 The Selfobject Relationship in Psychoanalytic Treatment

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It is generally agreed that the selfobject concept is the cornerstone of the self-psychological perspective in psychoanalysis. So central is it that Basch has suggested that the proper designation of self psychology should be "selfobject theory of motivation." In this chapter, I draw attention to the relational nature of the selfobject experience in psychoanalytic treatment. I identify the selfobject relationship as more than simply a static background experience of the patient against which therapy is effectively conducted. I suggest that it is a continuous dynamic experience that arises from a complex interaction between analyst and analysand and is integral to the ongoing therapeutic process. I also suggest that it is variously experienced, quite legitimately, by both participants and that this will have a significant effect on the course of the therapy.

Kohut formulated the concept of the selfobject1 when he began to apprehend his patients' complex mental states consistently from the vantage point of their subjective experience by using what he called vicarious introspection, or empathy. What he discovered was that his patients did not seem to experience him as an object toward whom they
directed their conflictual wishes over the discharge of instinctual drives; rather, they appeared to need responses from him that would evoke and affect their sense of self. He was, as it were, a "selfobject" whom they needed to experience in certain ways: as confirming their sense of vigor and perfection; as a figure of calmness, infallibility, and omnipotence with whom they could merge; and as someone who was silently present but, in essence, like them. Kohut (1971) regarded the appearance of these recurrent, identifiable configurations, which he called "transference-like structures" (p. 25), as variously indicating not only the emergence of selfobject needs for mirroring, idealizing, and twinship or alterego responses, and the experiencing of those needs as being met, but also the expectation that the analyst would respond to those needs. What I want to draw attention to here is the fact that the selfobject is a multifaceted concept that implies not only the experience of need and the experience of function provided by the other, or "object,"2 but also the experience of a relationship and that it has done so since the beginning of self psychology. My conceptualization of a selfobject relationship is an intrapsychic experience of another who can be counted upon to provide essential selfobject functions. The cohesiveness of the self is reinforced by the expectation that this other will respond optimally to one's selfobject needs. There is a sense of ownership of this other that is associated with a sense of entitlement to his or her optimal responsiveness, both of which may operate to some extent on an unconscious level (see Bacal and Newman, 1990, pp. 233, 252). In other words, a selfobject relationship is one in which a relatively stable sense of the object's availability as a selfobject prevails. There is a bond with the analyst at the center of which is the sense that the analyst will be the analyst and in the way he or she needs the analyst to be.

While the selfobject "transference"3 is commonly referred to as a tie or bond, that is, as a selfobject relationship (see Kohut, 1984, pp. 49-52), the only allusion to its functioning as a selfobject relationship in

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1 Initially, the word was hyphenated. Kohut removed the hyphen between self and object to "express more unambiguously the fact that we are dealing not with an ad hoc construct but with a viable concept which we hope will find an enduring place in analytic thought" (In a letter to the International Journal of Psycho-Analysis on September 9, 1978).

2 The selfobject concept is used to refer both to certain needs of the self as well as to experiences of their being met by others. These needs and experiences of the function of others fundamentally include the evocation of the sense of self and the reconstitution of the sense of self after it has been shaken or lost. Other ubiquitously recognized selfobject needs and experiences include self-esteem regulation, affect attunement, affect containment, tension regulation, soothing, and vitalization. Curiously, these selfobject needs and functions have not yet been given the status of the three others. Stolorow (1992) has recently described a "self-delineating selfobject function" (pp. 27, 49), which will likely become accepted as of equal importance to the three described by Kohut.

3 I put "transference" in quotes because I believe that Kohut's initial designation of selfobject transferences as "transference-like structures" (Kohut, 1971, p. 25) is correct insofar as they include much more than transference.

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the clinical situation has been as the necessary background against which therapeutic work is carried out in the foreground (see Stolorow, Brandchaft, and Atwood, 1987, p. 26). Recently, however, the selfobject relationship is becoming recognized not merely as some vague, friendly, or supportive connection but, rather, as an experience that is at the very center of the therapeutic process. Thus, Wolf (1988), in his recent description of the selfobject, regards it “as being neither self nor object, but the subjective aspect of a self-sustaining function performed by a relationship of self to objects who by their presence or activity evoke and maintain the self and the experience of selfhood” (p. 184, emphasis added). It is also significant that Stern (1985) regards the selfobject as a “term for a variety of ongoing functional relationships with others that are necessary to provide the regulating structures that maintain and/or enhance self-cohesion” (p. 242, my emphasis).4

I have described how the ideas of certain British object relations the orists anticipated the relational aspect of the selfobject experience (Bacal, 1987; Bacal and Newman, 1990); Ian Suttie’s emphasis on the importance of companionship, security, and the psychological responsiveness of the mothering figure resonates strongly with the concept of the selfobject. Aspects of Bowlby’s attachment relationship are strongly reflected in the selfobject concept, as Lichtenberg (1989) has noted in his schema of motivational systems. Bowlby’s concept of the attachment figure also recognizes the specificity of the selfobject. That is, it implies the experience of a relationship with an important other: it is not that any selfobject experience with anyone will do; it is that therapist whom the patient misses or whose absence results in the patient’s falling apart. Balint (1968) and Winnicott (1954), in particular, described certain characteristics of archaic relatedness that appear almost identical to those of Kohut’s archaic merger or mirroring selfobject relationship5 in patients who are in deeply regressed states in analysis. Indeed, since they have Winnicott, it is only quite recently that British analysts have formally acknowledged that self psychology has something to offer them.6 And self psychologists besides myself are now paying more attention to some of their ideas: one of the more sophisticated self-psychological analogues of Winnicott’s view that the Infant

4 In effect, Stern’s (1985) view of the normal infant is that its “life is so thoroughly social that most of the things the infant does, feels, and perceives occur in different kinds of relationships” (p. 118).

5 For further illustrations of analogous conceptualizations to the selfobject relationship in the writings of the British object relations theorists, see Bacal and Newman (1990).

6 During the summer of 1992 a colloquium was held in London between members of the Independent Group of the British Psycho-Analytical Society and members of the National Council for Self Psychology (see also Mollon, in press).

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Some self psychologists, such as Basch (1991b), would retain the designation selfobject to refer to the optimal responses that only the endangered self requires of the therapist and would distinguish this sharply from the cohesive self's relationship to objects. I have argued, on the other hand, that in practice we are always dealing with a relatively cohesive self (Bacal, 1991). This usually presents as a relatively weakened or fragmented self; however, we do regularly encounter situations where patients who are progressing in analysis, and whose self is becoming stronger, paradoxically need, because their sense of self is under increased strain at that time, the experience of selfobject responsivity that is above and beyond the usual in order to soar to new heights of efficacy and freedom.

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the analysand's expectation of control over the other and his function as being more like the control that grown-ups would expect to have over their own body and mind, he went much further (see Kohut, 1971, p. 32). I emphasize the word expectation, as I believe that its implications have been insufficiently appreciated. Kohut was, in effect, sanctioning the patient's sense of natural entitlement to certain basic human responses from the analyst as a parental figure in the transference. Today, we are less interested in the question of whether or not analysands experience the selfobject as part of their physical self, and, since Stern's work, we tend to think they do not. I would agree with Morton Shane (1991) that the idea of the psychological inclusion of the analyst in the patient's sense of self is as intrinsic to the selfobject concept in use today as it is to Kohut's conceptualization in 1971, but I would regard this as meaning that patients feel they have a basic sense of entitlement to the analyst's selfobject responsiveness. This sense of natural entitlement to the responsibility of the significant other is to be distinguished from the urgent, intense, agitated, controlling, and sometimes extravagant expressions of entitlement that, in fact, belie a deficiency or disturbance in a natural sense of entitlement.8 I believe that its restoration and its increasing strength and stability are major determinants of the decrease in the intensity, urgency, and anxiety associated with the experiencing of selfobject needs over time; in other words, its development is associated with the maturation of selfobject relationships. If one has a confident expectation that one is entitled to ongoing selfobject relationships9 with significant others, the self is stronger and feels more prepared to respond reciprocally to the comparable selfobject need of others.

In self-disordered patients, this sense of basic entitlement is seriously disturbed and may contribute significantly to the persistence of feelings of being hopelessly bad and inadequate. Without this sense of entitlement, the patient feels psychologically alone, an experience that people with severe narcissistic personality disorders and borderline conditions sometimes suffer from terribly. In other words, I am suggesting that the experience of this basic sense of entitlement is a precondition for experiencing a selfobject relationship, a relationship in which patients feel that they can count on the selfobject responsiveness of their analyst. There is for the patient an important sense of ownership of the other and a concomitant sense of specialness within the self; the selfobject is the self's object. I believe that this sense of ownership is also at the heart of what has been called "basic trust."

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8 George Kriegman (1988) has classified attitudes of entitlement in a way that is very similar to the one I am describing here.

9 Compare Howard Levine's (1979) "sustaining object relationship."

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I have elsewhere described the therapeutic effect of a self-psychological analysis as a "corrective selfobject experience" (Bacal, 1990). The therapeutic process through which this experience occurs is the establishment and regulation of a selfobject relationship, which is, in effect, a joint creation on the part of the analyst and the analysand. Equating the therapeutic process with the mutually created evolution of the selfobject relationship reframes a perspective that others have advanced in different ways. As Lachmann and Beeche (1992) have pointed out, a number of authors such as Gill, Hoffman, Mitchell, Stolorow, Brandchaft, and Atwood have discussed the interactive contributions of analyst and analysand that shape transference, and they themselves have proffered the view that the mutual regulation between the contributions of both participants can transform the patient's experience and psychic structure (see also Beeche, Jaffe, and Lachmann, 1992). Analogous views include Terman's (1988) concept of a "dialogue of construction," Paul Tolan's (1988) definition of the therapeutic task as "optimal affective engagement," and Lessem and Orange's recent (1992) hypothesis that the emotional bond that develops as a result of interactions between the patient and the therapist constitutes the central curative determinant of psychoanalysis.

I should now like to outline my conception of the respective contributions of the patient and the analyst to the creation of the experience of a selfobject relationship. In doing so, I am also describing what I regard to be the central elements of the therapeutic process. The selfobject relationship is, in effect, experienced by both analyst and analysand. Let us first consider the contributions of the analysand to his or her experience of this relationship:
1. The transference of unmet needs motivates analysands, despite their fears and defenses, to put the therapist in the role of provider of essential psychological functions for the sustenance of the self.

2. Antecedent selfobject relationships, especially in childhood, are also transferred onto the therapist, and they, too, incline the patient to believe that a selfobject relationship with the therapist is possible. I would include here the sense of a right to the selfobject ministrations of

10 In a certain sense, Kohut held a comparable view. He believed that it was not the interpretation that cured the patient but, rather, the therapeutic relationship that led to an empathic bond between the patient and the analyst. He understood the process to entail microrelationships within the self and its selfobjects that lead to the building of psychological structure through the process of transmuting internalization of optimal frustrations (see Kohut, 1977, pp. 31-32). I agree with Kohut that effective therapy entails the experience of the self's relationship with selfobjects, but I view the genesis of that relationship quite differently.

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a parent figure, what I have called a natural sense of entitlement, which is transferred from the experiences of the early interactions that confirm it.

3. The capacity of analysands to create in phantasy a figure who is imbued with qualities that would justify their trust also contributes to their experience of a selfobject relationship with their therapist. The exercise of this capacity is a major determinant of the experience of idealization. To the extent that the capacity derives from prior selfobject experience, it may operate somewhat like the evoked companion described by Stern (1985), that is, like a "self-regulating other [that] becomes 'present' in the form of an active memory" (p. 116). It is important to recognize, however, that it also reflects the analysand's creative imagination. I have found it useful to conceptualize a "phantasy selfobject" when the patient's experience of his or her contribution to the experience of the relationship with the analyst as selfobject appears to be based largely on this process, that is, on the mobilization of imagos of responsive selfobjects that the patient has already substantively created in childhood. These imagos serve to substitute and compensate for unbearable experiences of deprivation that patients feel they must continue to disavow; without them the experience of a selfobject relationship would likely not be possible. A patient of mine recently explained to me, during a period when she was finding the courage to experience her despair and hopelessness, "You make a phantasy because you don't have the real thing." This patient, and others, also taught me that any selfobject relationship that does develop largely on the basis of phantasy will be delicate and therefore particularly susceptible to disruption.

The essence of the analyst's contributions to the patient's experience of a selfobject relationship is his or her optimal responsiveness to those of the patient (see Bacal, 1985, 1990; Bacal and Newman, 1990). As we know, the therapist's optimal responsiveness may take many forms. It includes the provision and/or interpretation of a variety of verbal and nonverbal selfobject functions. It also includes a willingness to collaborate on the task of working through disruptions in the selfobject relationship between the two participants. It may entail an inquiring attitude or a quiet noninquiring presence, an echoing confirmation, or a confrontational challenge. Its form will be determined not only by the issues that the patient and the analyst are working on but also by the strength of the patient's self, and by the patient's operative level of developmental achievement, which Basch (1991, 1992) has described.

The therapist's ability to respond optimally to the patient will be determined partly by his or her own prior experiences of selfobject relationship. It is also significantly influenced by his or her capacity for creative imagination, or phantasy. The mild idealization of the patient by

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the therapist, which Kohut believed to be an essential ingredient of an effective treatment, is likely fueled by the exercise of this capacity. It is as if the therapist is saying, "You, my patient, are a special person who is entitled to this special relationship that we have together."

The complexity of the interactions between the patient and therapist that constitute the experience of a selfobject relationship for the patient also results in the therapist's experiencing a selfobject relationship with the patient (Wolff, 1980). The therapist, too, brings unmet selfobject needs and prior selfobject experiences into the relationship with his or her patient, and these engender expectations that the analysand will respond in certain ways. Since it is agreed that the participants have come together for the psychological benefit of the patient, our customary attitude toward the therapist's selfobject needs is that they are to be regarded as countertransferences to be understood. Insofar as the therapist is fortified by his or her extra-analytic selfobject relationships and can decent from these

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selfobject needs, he or she will be able to contribute effectively (i.e., be optimally responsive) to the patient's need for a selfobject relationship in therapy. When the analyst cannot fulfill this function, we recommend supervision or more personal analysis. This perspective is valid, ethical, and safe, but it ignores what we all know but have somehow found it awkward to discuss with each other. The therapist's experience of a selfobject relationship with the patient not only is pervasively operative in every therapeutic relationship but constitutes a precondition for the therapist to respond in ways that will enable the patient to experience a selfobject relationship with him or her. Analysts regularly expect analysands to respond in a number of ways that are, in fact, self-sustaining or self-enhancing for the therapist, such as honoring their commitment to ongoing regular sessions, for which a fee is paid, for a process in which both patient and therapist expect the patient to make some progress over time. These are only a few of the more evident selfobject functions that analysts consciously expect from the analysand, which they usually experience in their selfobject relationship with the analysand and which they tacitly, and sometimes explicitly, regard as preconditions for their effective analytic functioning. There are others that operate at an unconscious level; it is likely that a good deal of what we call countertransference corresponds to the analyst's experience of the thwarting of his or her selfobject needs that are ordinarily met in the selfobject relationship with the analysand. Perhaps Stolorow and I might agree to call this "intersubjective optimal responsibility." In any event, there is a certain essential mutuality or reciprocity in the analytic selfobject relationship. This is a topic that deserves further explication and illustration, which I will offer on another occasion (see Bacał and Thomson, 1993).

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