Self Psychology and Its Contributions to Psychoanalysis

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While controversy in theory and technique has swirled since the beginning of psychoanalysis, today’s psychoanalytic landscape reveals a wealth of different approaches. Through their presentation of alternatives in theory and technique these approaches are fostering the evolution of psychoanalytic thinking. Differences abound in conceptualizing motivational theory, central hypothetical constructs that delineate the psychological field, developmental theory, pathogenesis, transference, countertransference, theory of technique, and, lastly, theory of therapeutic action. Conferences, like the 1995 Prague Symposium, offer an opportunity for us to hear different approaches, to compare and contrast, and to learn from each other.

My task is to present a schematic overview of the theory and practice of self psychology, focusing particularly on what I deem to be its most important contributions to psychoanalysis. Self psychology as with all psychoanalytic approaches, continues to be an evolving and non-unitary theory. While certain features are fundamental, self psychology includes a wide range of variations and differences. I will provide a brief overview of the development of self psychology. I will then organize my discussion around five central topics, namely, listening modes, selfobject experience, developmental model, transference and therapeutic action, emphasizing some of the current thinking on these topics.

Heinz Kohut (1913-1981) was the founder of what has become known as the self psychological approach in psychoanalysis. His first major paper, entitled “Introversion, Empathy, and Psychoanalysis,” published in 1959 (1), presented his important formulation of the empathic mode of observation. The “empathic mode” represents an epistemological reframing of the analyst’s data gathering activity necessitated by the paradigmatic shift from positivistic to relativistic science.

A breakthrough in Freud’s work was the investigation of the patient’s intrapsychic world. The positivistic science of the day, however, significantly influenced the investigation of the patient’s inner life. The analyst’s observations and interpretations tended to be, and often still are (particularly in clinical discussions), viewed as “objective”. In
contrast, relativistic science clarifies that: 1) the analyst's observations are not only shaped by the patient, but also by the analyst; and 2) there are essentially two perspectives in the analytic arena, neither of which is "objective". In response to this paradigmatic shift, Kohut (1, 2) formulated and proposed the consistent use of, what he called, the empathic mode of observation. The empathic mode designated a listening stance for data gathering wherein the analyst attempts to listen and understand from within the vantage point of the analysand. To listen empathically the analyst resonates with the patient's affect and vicariously introspects about the patient's experience. This stance was juxtaposed with listening from an external or the analyst's perspective.

Placing the analysand's perspective and experience in the foreground does not eliminate, but does militate against the imposition of the analyst's point of view onto the analysand. This listening stance is designed "to hear" as well as possible from within the vantage point of the analysand; yet, this is a relative matter, for what is heard is always variably shaped by the analyst. While all analysts variably use the empathic mode, in contrast to a more "outside" mode of listening, self psychologists attempt to listen consistently from the empathic vantage point.

"When the analyst's observations and interpretations are no longer viewed as 'objective' facts but as 'subjective' organizations, the analytic field shifts immeasurably as the analyst is 'dethroned' from the position of the 'objective' observer and becomes a coparticipant in perceiving and constructing the analytic process" (3, 23). Recognizing that analysis involves two persons, each with a "subjectively organized world of meaning" (4), transforms the analytic encounter from an authoritarian one to a more collaborative, co-participation.

In 1965 Kohut presented his emergent views of narcissism that deviated from classical theory in a paper, "Forms and Transformation of Narcissism" (5) followed by his first book, The Analysis of the Self, published in 1971 (6). In his clinical work Kohut found that certain patients were particularly sensitive to slights, were extremely labile in mood, and suffered generally from low self-esteem. He discovered that these patients were very sensitive and reactive to any perceived slight or misunderstanding on the part of the analyst. He importantly observed that these patients also used the analyst to feel better about themselves, to restore and regulate their self-esteem. A patient used the analyst to provide certain intrapsychic functions, such as affirming, soothing and protective functions, that the patient was as yet unable to provide for himself. Kohut termed the need for acknowledgement and "affirmation", "mirroring" needs, and the need for protection, security and safety, idealizing needs. While Kohut initially felt that the emergence of these needs in the analytic relationship were the hallmark of narcissistic personality disorders, he later decided that the emergence and analysis of these needs were central for all patients.

Kohut first referred to the emergence of these mirroring and idealizing needs within the analytic relationship as narcissistic "transference-like phenomena," for they did not fit comfortably under the rubric of transference. Whereas transference to that date had always been closely linked with the repetitions from the past, these narcissistic transference-like phenomena were involving the analyst in new developments, namely, the consolidation and regulation of a positive cohesive sense of self. Subsequently, Kohut placed these mirroring and idealizing phenomena under the rubric of transference. He came to call these phenomena "self-object transferences," wherein the patient did not relate to the analyst so much as a separate person with a distinct subjectivity, but made use of the analyst, that is, the object, as part of the self. While this placement stretched the concept of transference, it gave selfobject phenomena a status equal in importance to that of repetitive transferences. Transference for self psychologists, thus, includes both those experiences of the analyst that are based on repetitions from the past and those experiences that use the analyst to provide self-object functions requisite for development.

Freud posited that we are born into a state of primary narcissism in which the libido is cathered to the ego system. Developmentally the libido must be withdrawn from the ego system and redirected toward objects--thus enabling a person to outgrow his narcissism and to become object related. In contrast, Kohut became convinced of the importance of the development of the self, as well as the development of object relations, and posited a narcissistic line of development separate and distinct from an object relational line of
development. True to his classical roots, Kohut initially anchored his new theory in drive and energy theory, positing a narcissistic libido that corresponded with Freud’s object-related libido. In *The Restoration of the Self* (7), Kohut, eschewing drive and energy theory, began to abandon his notion of two separate lines of development and posited, instead, a supraregional theory of the self.

Based on his clinical work, Kohut came to believe that the consolidation and maintenance of a positive cohesive sense of self is the central developmental task for us all. Development of the self occurs within a “self-selfobject” relationship matrix. A child needs to be acknowledged and affirmed (mirroring needs) by a parent or parental surrogates to feel worthwhile and capable. To feel worthwhile and capable, in turn, establishes ambitions. A child wants to do that for which he is praised and feels competent. A child also needs from a parent a sense of protection, security and safety, and parents or parental surrogates who are people that a child admires and wants to be like (idealizing needs). Whereas Kohut initially thought, in keeping with Margaret Mahler’s separation-individuation theory, that we outgrow mirroring and idealizing needs and become independent of selfobjects, he now suggested that mirroring and idealizing selfobject needs mature throughout a lifetime, that is, there is a developmental line for each selfobject need (8). A child’s idealizing selfobject needs, for example, mature from needing a powerful all-protective parent to a parent who has admirable qualities that become the source for the formation of ideals. In his last book, Kohut (9) identified twinship to be a third major selfobject need that refers to an experience of essential likeness. To feel that we share and are a part of a family, a community, a nation, the human race, are all twinship experiences that serve to support a vital sense of self. These selfobject needs and the availability of selfobject responsiveness within relationships are crucially important throughout our lifetime for developing and maintaining a positive cohesive sense of self. This is why, for example, that elderly people living alone do far better physically and psychologically if they have a dog or a cat, a pet who provides a vitalizing selfobject connection. Kohut describes:

Self psychology holds that self-selfobject relationships form the essence of psychological life from birth to death, that a move from dependence (symbiosis) to independence (autonomy) in the psychological sphere is no more possible, let alone desirable, than a corresponding move from a life dependent on oxygen to a life independent of it in the biological spheres (9: 47).

Kohut’s theory legitimized self issues as a lifetime concern. Narcissistic concerns, that is self concerns, were released from pejorative connotations. While the focus on the development and maintenance of self resonated with Jung and the British object relations theorists, particularly Winnicott and Guntrip, Kohut and self psychologists, in my view, have contributed significantly to psychoanalysis through delineating more clearly developmental pathways to the consolidation of a positive sense of self through the identification of selfobject needs and their emergence in the establishment of selfobject transferences.

From a self psychological perspective, consistently faulty self-selfobject relationships (now referred to more simply as selfobject relationships) during the formative years are the principal cause of psychopathology. Faulty selfobject relationships entail insufficient developmentally required selfobject availability and responsiveness, which disrupts the development and maintenance of a positive sense of self. Without sufficient affirmation a child, for example, cannot develop a positive image of self. Consistent parental criticism and denigration create negative self feelings and images. Conflict arises when a child experiences her central stirvings and affective reactions to be inimical to the maintenance of the selfobject bond (10). A child will likely accommodate to maintain some, albeit limited, selfobject tie. (This model corresponds with Winnicott’s (11), notion of the formation of “a false self on a compliant basis.”)

In the *Restoration of the Self*, Kohut (7) reconceptualized the Oedipus complex. Clinically he noted that, subsequent to patients’ self-restoration, they often went through a brief and mildly conflictual oedipal period. In contrast to Freud’s position that the oedipus complex is a biologically determined intensely conflictual arena that is central for us all, Kohut differentiated between an oedipal phase and an oedipal complex. An oedipal phase, a time when the child is expansively competitive and sexual, is natural. What is developmentally critical, however, is how each parent responds to the child’s competitive and sexual
strivings. A parent's welcoming and embracing of the child's sexual and competitive strivings as further evidence of the child's growth and prowess provides what is known as an "oedipal selfobject responsiveness," that is, a responsiveness that enhances the child's self. This oedipal phase is not marked with intense intrapsychically generated conflict. In contrast, when the child's strivings encounter a parent's hostility or denigration, most likely related to their self vulnerability, intense oedipal conflict and an oedipal complex ensue. In other words, what the child experiences within the parental selfobject relationship will effect a healthy or pathological outcome of the oedipal phase. The frequent occurrence of intense oedipal conflict, for Kohut, is not evidence of a normal developmental stage, but rather is a reflection of the magnitude of parental self disturbance extant in our society.

Kohut was deeply impressed with Freud's brilliance in using the power of the Oedipus myth to enshrine his theory of intergenerational strife. Freud had, however, failed to focus on the beginning of the Greek tragedy in which Laius, Oedipus' father, had, in response to the Oracle's prophecy, placed his son on the river, abandoning him to death. We could interpret, in keeping with self psychological thinking, that a father's abandonment of his son will surely lead to a powerfully destructive father-son relationship. In an effort to counter the power of the Oedipal myth, Kohut in his final paper, "Introspection, Empathy and the Semi-circle of Mental Health," published in 1982 (2) just shortly after his death, borrowed the tale of Odysseus to depict what Kohut felt was man's fundamental striving for intergenerational continuity. As told by Homer, the Greeks began to draft all the chieftans for their Trojan expedition. Odysseus wanted to stay home with his young wife and baby son and did not wish to go to war. To avoid the draft, he feigned insanity when plowing his fields using various antics like throwing salt over his shoulder. Sensing his malingerering, the military chiefs tested his insanity by suddenly seizing and flinging Telemachus, Odysseus's baby boy, in front of the plow. Although saving his son would readily reveal his malingerering, force him to return to war, and put his own life at risk, Odysseus without hesitation plowed a semi-circle around his son to avoid injuring him—forming what Kohut called the "semi-circle of mental health." Kohut felt strongly that "It is the primacy of the support for the succeeding generation, therefore, which is normal and human, and not intergenerational strife and mutual wishes to kill and to destroy" (2: 404).

In his last book, How Does Analysis Cure?, published posthumously in 1984 (9), Kohut presented his final views on self psychology. Having extricated himself more fully from classical theory, Kohut presents his most comprehensive self psychological account of how analysis cures. While interpretation is always central in Kohut's theory of technique, he now indicates that analytic "cure" occurs not in the cognitive sphere per se. Instead, cure is the development of the self that occurs within the "self-object relationship" within the analysis. For Kohut, analysis of the repetitive object relational transference is required to remove it as resistance to the emergence of self-object needs and the establishment of selfobject transferences. Inevitably the analyst will fail to understand or provide the necessary attuned responsiveness (from the vantage point of the patient), rupturing the selfobject tie to the analyst. Reparation of the selfobject tie occurs through understanding and interpreting the precipitants of the selfobject rupture. Kohut viewed these ruptures as optimally frustrating (if they are repairable) and their reparation as structure building. Reparation of selfobject ruptures became, for Kohut, the principle route to self development. Kohut also described, but did not emphasize, a second route to self consolidation, namely, the ongoing selfobject experience within the analytic relationship. To use Kohut's (9) words, "[the analyst's] on the whole adequately maintained understanding leads to the patient's increasing realization that, contrary to his experiences in childhood, the sustaining echo of empathic resonance is indeed available in this world" (9:78). In the following paragraph, Kohut responded to the anticipated "ill-disposed critic" of calling this process a "corrective emotional experience" with an unabashed acceptance, "So be it" (9:78).

The ideas of self psychology have continued to evolve and to influence and to be influenced by psychoanalysis at large. To delineate some of its further evolution and contribution, I will focus on five central topics: listening modes; selfobject experience; developmental model; transference; and therapeutic action.
Listening Modes

A central contribution to psychoanalysis is Kohut’s formulation of the empathic mode of perception. To reiterate, the empathic mode refers to a listening stance designed to understand, as best as we can, from within the vantage point of the patient. The concentrated focus on and close tracking of the patient’s experience, the use of the empathic mode, tends to create an ambience of safety and security that requires less protective aversiveness and makes the boundaries between unconscious and conscious more fluid.

While self psychologists emphasize consistent use of the empathic listening mode, what other listening stances do we have? Recently, I (12) have proposed that we, as analysts, use two principle listening stances. An analyst can resonate with the patient’s affect and experience from within the patient’s vantage point, what I call the subject-centered listening perspective, corresponding with the empathic mode of perception—self psychology’s emphasis; and an analyst can experience the patient from the vantage point of the other person (in this case, the analyst) in a relationship with the patient, what I call the other-centered listening perspective, frequently the emphasis in object relations and interpersonal approaches. While both listening modes are variably shaped by the analyst’s subjectivity, the other-centered mode, being less near to the patient’s experience, lends itself to more idiosyncratic shaping by the analyst. When an analyst inquires as to the patient’s feeling about a transaction that occurred in the analysis, the analyst is attempting to hear the patient’s perspective, the use of the empathic mode. When we, as analysts, view patients, for example, as seductive, controlling, humorous, or sensitive, we are listening and experiencing the patient as the other in a relationship with the patient, the other-centered perspective. When an analyst listens, for example, to a so-called extra-analytic situation, an analyst makes assessments and judgements not in an “objective” fashion, but through oscillating from the within and as-the-other perspectives with both the patient and the other person to decipher what is occurring. I believe that in all of our relationships we naturally oscillate between these two complementary perspectives as we listen to another person, and, similarly, in the analytic setting as well.

I have proposed that important data are gathered through each listening stance. While it is crucial to understand from within the patient’s perspective, it is also helpful to listen as the generic other in a relationship with the patient to understand how the patient tends to construct relationships. In oscillating between these two listening perspectives an analyst can learn both about the patient’s experience and about some of the interpersonal consequences, shedding more light on the patient’s internal and relational experience. To remain exclusively in the empathic mode of listening results in discarding valuable information about the transference and the patient’s relationships. In contrast, basing interventions solely on data gathered from the other-centered perspective can easily lead to a misunderstanding of the patient’s experience often enabling the analyst to impose his or her own subjectively-based explanations onto the patient.

Developmental Model

Kohut (9) placed at the center of psychological development the self as striving “to realize” “its intrinsic programme of action” within a self-object matrix. Kohut’s “nuclear self” refers, in part, to a prewired general developmental program involving mirroring, idealizing, and twinship selfobject needs that provides an overall direction to the development of the self. In addition, the nuclear self includes the unique talents through which the emergent ambitions and ideals are expressed. While Kohut described various experimentally accessible features of the self as “vigor,” “vitality,” “harmoniousness,” and an “independent center of initiative,” he avoided defining the concept of self precisely, because of concern that it was premature to reach closure on so new a concept. The “intrinsic program of action” refers to a general inbuilt developmental program or guiding principle unique for each person. Self psychologists differ as to how much is prewired and are turning to other fields, such as infant and child research, in an attempt to delineate the constitutional “givens”.

Inherent within the human organism is a striving to develop and consolidate a positive cohesive sense of self. In other words, self psychology is based on a self-actualization motivational model. A person strives to develop in keeping with “the
innermost programme of the self” (2). Development occurs within a self-selfobject (a relational) matrix. Lichtenberg (13) writes: “In agreement with much infant research, Kohut conceptualizes a constant interrelationship between motive, to achieve and restore self cohesion, and environment, the empathic responsiveness” (13:4-5).

More recently, in an attempt to be more specific about the various motivational thrusts within human beings, Lichtenberg (14) has posited five motivational systems based on five prewired needs: 1. the need for psychic regulation of physiological requirements; 2. the need for attachment and later affiliation; 3. the need for exploration and assertion; 4. the need to react aversively through antagonism or withdrawal (or both); and 5. the need for sensual enjoyment and sexual excitement. The emergent motivational systems all serve to develop and consolidate a positive cohesive sense of self. This map of motivations guides us clinically in identifying the shifting motivational priorities.

The postulation of developmental strivings and of a “nuclear” core, however specified, provides the motivation for and the overall direction of an analysis. A person who seeks analytic treatment hopes for the developmentally requisite experiences.

Selfobject Experience

Kohut came to view a selfobject “as that dimension of our experience of another person that relates this person’s function in shoring up our self” (9: 49). The selfobject dimension is one dimension of object relationships that comes to the foreground and recedes into the background depending on self needs and the particular relationship (14, 15).

Lichtenberg (13, 17) recently shifted the conceptual focus from selfobjects to selfobject experiences to maintain a less abstract and more phenomenological focus on a person’s experience. Selfobject experience refers to “an affective state of vitality and invigoration, of needs being met and of intactness of self” (13: 478). While mirroring, idealizing and twinship selfobject experiences occur within relationships or Lichtenberg’s attachment motivational arena, selfobject experiences may involve other motivational systems (17). Efficacy pleasure achieved through exploratory and assertive activity in the form of intellectual pursuits, for example, can provide a potent selfobject experience (enhancing a sense of vitality). A consolidated, vital experience of self can fully occur, however, only when there is an internal sense of empathic resonance with actual or symbolic others.

Transference

A new, albeit not unitary, model of transference has emerged, which I have called the organization model (18). I designate it as an organization model to reflect the core process of the organization of experience, motivated by the developing sense of self. The organization model assumes that all experience is organized in conjunction with the immediate perceptual context, motivational priorities, and expectations based on prior experience. These expectations are aspects of organizing patterns that are gradually generated out of prior thematic experiences. Transference refers to those particular experiences of analysands that focus on the analytic relationship. Analysis brings into awareness the nature of the transference experiences and the organizing patterns that are the basis of their construction (19, 20). Analysis focuses principally on the illumination of the problematic organizing patterns (that is, patterns that arrest development and render conflict unsolvable) as they are activated in the analytic relationship and on the selfobject dimension of the analytic relationship as the patient uses the analyst for self-development and self-maintenance.

Both the repetitive and selfobject dimensions of the transference are variably co-determined by patient and analyst. And similarly, the analyst’s countertransference or experience of the patient is variably co-determined by analyst and patient (12). To reflect this complexity more adequately Stolorow, Brandchaft and Atwood (4) have developed and used the rubric of intersubjectivity theory to refer to the analytic encounter of two subjectivities. Both patient and analyst enter the analytic arena with their respective organizing patterns and hopes for selfobject experience. For an analyst to hear and openly acknowledge his contribution to the patient’s experience tends to create more reflective space for the patient to examine his contribution.
Therapeutic Action

Fundamental ingredients of therapeutic action, in my view, are:
1. an ongoing sufficiently consistent and reliable experience of selfobject (idealizing, mirroring, and twinship) components with the analytic relationship; 2. the subsequent analysis and consequent management of the selfobject ruptures; 3. the illumination, within the current context, of problematic experiential themes and organizing patterns and their geneses; and 4. the fundamentally new relational experience that in large measure is created by the previously mentioned components of the analytic process (3). These processes bring about expansion of awareness, symbolic reorganization and self-righting (17, 19).

Ongoing Selfobject Experience

Kohut (2) noted that an analyst's empathic listening stance in "hearing" and acknowledging contributes to an ongoing mirroring selfobject experience which is therapeutic. Kohut (7) also asserted that the analyst had to be sufficiently available for the selfobject or developmental "pull" in the transference and referred to it as the "average expectable empathic responsiveness." According to Kohut, "...the analyst must not try to function like a well-programmed computer...the analyst's responses require the participation of the deep layers of his personality..." (7: 252). While Kohut always placed an emphasis on interpretation, his conviction that the analyst's "human presence" (9) is critical for the establishment of the developmentally requisite selfobject transferences opened the door to recognizing the potentially curative value of the relational experience (that is, selfobject relational experience) within the analytic arena (resonating with the work of Ferenczi, Balint, Winnicott, Guntrip and others). The therapeutic effects of an ongoing selfobject experience is being emphasized today in self psychology (21, 22, 23, 17, 24, 25, 3, among others).

Subsequent Analysis of the Selfobject Ruptures

With the emergence of a selfobject connection, often following analysis of protective measures (defenses), Kohut emphasized as central to therapeutic action the repair of the inevitable selfobject ruptures through interpretation. These selfobject ruptures are ruptures in the relational (understanding the selfobject dimension to be a component of relationships) connection between patient and analyst that negatively affect the patient's sense of self. During a so-called optimal rupture, the patient may be able to "stretch" and provide the necessary self-regulatory function without, or in spite of, the analyst. And following the repair of ruptures through understanding its precipitants and the patient's reactions, the patient incrementally learns that ruptures are manageable and that they do not have to lead to a lasting destruction of a selfobject tie. These experiences contribute to psychological reorganization and increase overall self-regulatory capacity. While Kohut placed a singular emphasis on reparations of ruptures as the primary route to self-consolidation, today, reparation of ruptures is viewed as one among other complex routes to self development.

Illumination of Problematic Organizing Patterns

The analysis of thematic experiences and corresponding organizing patterns is vital to facilitating psychological reorganization. To identify problematic organizing patterns, when activated within the analytic and extraanalytic relationships, and to understand their geneses gradually enables the analyst to become able to suspend these patterns and to develop new ways of experiencing and organizing his sense of self, others, and the world (18, 19, 20).

New Relational Experiences

Within a self psychological model, the process of understanding and explaining selfobject needs, ruptures, and organizing patterns substantially provides a new relational experience. To consider this new relational experience as an overriding central change agent (in which insight is only one, albeit very important, aspect of the relational experience) facilitates inclusion of the vast array of complex and subtle verbal and nonverbal communications and experiences that occur within the analytic situation. The experience of this process, discussed and not discussed, ultimately provides new interactional patterns that are the basis for new schemas of self and other, and self with other (3).
In conclusion, self psychologists in the analytic arena focus on the development of a vital sense of self in keeping with an individual’s unique central strivings and affective experience. We track closely the intricate intertwining of the selfobject-seeking dimension of the transference and the activation of problematic organizing patterns (the repetitive dimension of the transference). A patient hopes for the “new,” developmentally needed relationship and, yet, often organizes his experience in keeping with the “old” problematic relationships, closing off the possibility for the desired relational experience. With an overall focus on the development of a positive sense of self, interpretations are made with a sensitivity and alertness to their impact on the self-esteem and vitality of the patient.

At the heart of self psychology is a different view of human beings. Having been defined within a context of classical psychoanalysis in the United States, I will end with Kohut’s comparison between Guilty Man and Tragic Man. He writes:

Specifically, traditional analysis believes that man’s essential nature is comprehensively defined when he is seen as ‘Guilty Man’, as man in hopeless conflict between the drives that spring from the biological bedrock of homo natura and the civilizing influences emanating from the social environment as embodied in the superego. Self-psychology believes that man’s essence is defined when seen as a self and that homo psychologicus (if you excuse this term that is meant to contrast with homo natura) is, on the deepest level, ‘Tragic Man’. attempting, and never quite succeeding, to realize the programme laid down in his depth during the span of his life (2: 402).

References


Summaries in German and Spanish

Fosshage JL. Selbstdpsychologie und ihr Beitrag zur Psychoanalyse


Fosshage JL. La psicología del self y sus contribuciones al psicoanálisis

En este trabajo se presenta una visión esquemática de la teoría y la práctica de la psicología del self con una particular atención a lo que los autores creen como las más importantes contribuciones al psicoanálisis. Se reconoce que la psicología del self, como todas las aproximaciones psicoanalíticas, es un desarrollo y no una teoría unitaria. Las características fundamentales de la psicología del self son: 1. el constante uso del modo empático de observación, esto es, escuchar y entender desde el punto de vista del paciente; 2. la motivación primaria tiende a luchar por desarrollar y mantener un positivo y cohesivo sentimiento del self; 3. cada persona tiene una preestructura incluida en el concepto de self nuclear; 4. cada persona tiene necesidad de objetos del self que se refiere al uso del objeto para el desarrollo y regulación de un sentimiento positivo del self; 5. las necesidades del objeto del self incluyen el espejamiento (reconocimiento y afirmación), idealización (protección seguridad, y cualidades a admirar), y gemelaridad (un sentimiento de esencial semejanza, de pertenencia; 60 desarrollo y mantenimiento de un cohesivo y positivo sentimiento del self necesario de las suficientes respuestas de los objetos del self; 7. respuestas insuficientes detienen el normal desarrollo, creando organizaciones patológicas del self, del self con los otros, y produciendo conflictos; y 8. el tratamiento psicoanalítico envuelve al analista como un objeto del self y repite la dimensión de la transferencia en orden de facilitar la expansión de la conciencia, la reorganización simbólica y el self adecuado.