Selfobject Experience: Affect, Empathic Attunement & Self-Realization

I. Framing the Class

- Integration of multiple psychoanalytic perspectives: Self Psychology (SP), Infant Research (IR), Winnicott, Attachment, Intersubjective Systems Theory (ISST), with some new information from neuroscience and Motivational Systems Theory
- Re-visiting our Central questions: What motivates humans and how does this shape development? How is the mind structured?
- Revisit and revise concepts of **selfobject**, **selfobject experience**, **empathy**, **affective attunement**, and **affect regulation**.

II. Revisiting the Selfobject Concept

A. Kohut's Original Definition

- A selfobject is an object/representation experienced as "incompletely separated from the self" that maintains or restores self-cohesion.
- Clinical origin: patients whose self-cohesion collapses with minor empathic failures and is restored by empathic ambience.

B. Problems with the Original Concept

- Risk of reducing "selfobject" to "someone who is nice or supportive."
- Overemphasis on the qualities of the object rather than the *function*.

C. Later Emphasis on Selfobject Functions

- Kohut moved from focusing on the object to focusing on the **function** provided.
- Still limited by outdated assumptions about infancy (e.g., "primary narcissism," linear progression from merger → separation).

D. Infant Research Has Challenged Many of These Assumptions

- Babies alternate between states of merger and disengagement from birth.
- Infants possess innate regulatory capacities and actively participate in meaning-making.

E. Contemporary Reformulations of the Selfobject Concept

- Stolorow: “The term selfobject does not refer to environmental entities… Rather it designates a class of psychological functions pertaining to the maintenance, restoration, and transformation of self-experience.”
- Emphasis shifts from the object and function **subject’s affective experience**.

III. Stolorow & Socarides: Affect and Selfobjects

A. Self as an Organization of Experience

- Self = “a psychological structure through which self-experience acquires cohesion and continuity.”

B. Selfobject Experience is Primarily About Affect

- Selfobject needs = need for “specific, requisite responsiveness to varying affect states throughout development.”

C. Four Aspects of Affect Regulation

1. **Differentiating**
2. **Integrating conflicting affects**
3. **Tolerating affects so they can be used as signals**
4. **Translating somatic affect cognitive/verbal form**

D. Affective Attunement as Central

- Caregiver’s attuned articulation of affect helps integrate somatic states into cognitive-affective schemata.
- “The caregiver’s verbal articulations… serve a vital selfobject function in promoting the structuralization of self-experience.”

IV. Affect and Motivational Systems

A. What Is Affect?

- Subjective experience of emotion.
- Usually backgrounded (“going on being”), but shifts in affect signal internal or external changes.

B. Affective Neuroscience

- Damasio & Schore: affect motivates engagement or disengagement.

- Panksepp's primary emotional systems (SEEKING, CARE, FEAR, PANIC/GRIEF, RAGE, LUST, PLAY).
- Lichtenberg's motivational systems parallel these.

C. Motivational Systems as Innate and Tied to Affect

- Each system built around basic needs (physiological regulation, attachment, exploration, aversive withdrawal, sensual/sexual).
- Affects amplify motivational system activity and shape patterns of relating.

D. Infant–Caregiver Action Dialogues

- Repeated affectively charged exchanges create "rules of engagement."
- These become cognitive-affective schemata guiding future interactions.

E. Evidence from IR

- Infants remember affective meaning, not just reflexive patterns.
- Ex. Violations of expected patterns (e.g., still-face experiments) activate the aversive system.

V. Inborn Needs & the Drive Toward Self-Realization

A. Winnicott's Spontaneous Gesture

- Reflects inborn maturational growth process
- Development occurs when the environment facilitates rather than impinges

B. Bollas's "Destiny Drive"

- Mother initially experienced as a process of transformation
- Child's inborn potential meets the mother's "rules of relating," forming the "grammar of being"

C. Kohut's "Nuclear Program of the Self"

- Innate potential requires selfobject experiences to develop into a cohesive self

D. The Infant as Active Agent

- Infants seek stimuli, recognize patterns, plan, and influence the environment
- Self formation is co-constructed, not passively internalized

VI. Revisiting Empathy, Attunement & Affect Regulation

A. Differentiating Affects

- Requires a caregiver with a stable sense of self who can reliably recognize and respond to the child's affective states
- Failures occur when the child's affects conflict with the parent's selfobject needs

B. What Is Attunement?

- Accurate perception of the child's affective state
- Matching the provision to the need
- Proper timing: neither too quick nor too delayed

C. Regulation Through Creative Use of the Caregiver

- The caregiver does not "provide a function" to be internalized
- Instead, the child uses the caregiver's response to assign meaning to affective experience
- Over time, this builds autonomy and agency

D. Representations of Relationships, Not Functions

- Children store "rules of engagement," not internalized parental functions

VII. Empathy Reconsidered: Emotional Dwelling

A. Limits of Traditional Empathy

- Not simply perspective-taking or vicarious introspection

B. Emotional Dwelling (Stolorow & Atwood)

- Therapist "enters into the patient's reality while holding their own."
- "One leans into the other's experience and participates in it, with the aid of one's own analogous experiences."

C. Bidirectional Participation

- Child/patient attunes to caregiver/therapist as much as the reverse
- They perceive not only the caregiver's perception of them but also the caregiver's affective response as the caregiver senses into *their* experience

- This mutual resonance stabilizes self-experience

D. The "Dough" Metaphor

- Parent's/Therapist's subjectivity = malleable dough
- Must be:
    - Soft enough to be shaped (attuned, flexible)
    - Not too runny (unresponsive)
    - Not too rigid (rejecting or distorting)
- Optimal midrange contingency supports healthy development.

E. Therapist's Growth

- Therapist is shaped by the patient as well.
- Empathy involves temporary loosening of self-structure ("primary maternal preoccupation," Bion's "without memory or desire").

VIII. Mitchell's Critique: The Developmental Tilt

A. Two Groups of Theorists

1. Those who abandon drive theory (Bowlby, Sullivan, Fairbairn).
2. Those who retain allegiance to it while adopting relational ideas (Klein, Winnicott, Kohut).

B. Problems Arising Due to the Developmental Tilt

1. **Collapsing adult relational needs into infantile needs**
    - Leads to regressive framing of analytic work.
    - Infantalizes the patient.
2. **Minimizing conflict**
    - Overemphasis on deprivation rather than conflict.
    - Ignores conflicts between relationships and within relationships.
    - Empathic success can provoke withdrawal due to fear of hope.
3. **Portraying the patient as passive**
    - Overlooks active clinging to painful patterns.

    - Psychopathology as an actively woven cocoon of fantasied ties.

C. The Good Object

- Must offer something real and authentic.
- Helps patient leap out of closed internal object worlds.

IX. Summary of Integrative Themes

- Development is co-constructed through intersubjective affective processes.
- Selfobject experiences are not about “taking in” functions but about **meaning-making** through affectively charged relational patterns.
- Empathy is a mutual, participatory process.
- Motivational systems and affective neuroscience deepen our understanding of early development.
- Clinical work requires attention to conflict, agency, and the patient’s active participation in maintaining or transforming their relational world.