

DISORDERS OF THE SELF

Authored by
mohammad looti

October 26, 2025

RECOMMENDED CITATION

mohammad looti (2025). *DISORDERS OF THE SELF*. PSYCHOLOGICAL SCALES.
Retrieved from <https://scales.arabpsychology.com/?p=61307>

DISORDERS OF THE SELF

Primary Disciplinary Field(s): Psychology, Psychoanalysis (Self Psychology), Developmental Psychiatry

1. Core Definition and Theoretical Basis

The term **Disorders of the Self** originates primarily within the framework of Self Psychology, a school of psychoanalysis founded by **Heinz Kohut**. These disorders represent significant developmental failures resulting in a compromised, vulnerable, or fragmented psychological structure. Fundamentally, they describe a spectrum of narcissistic pathologies arising not from internal instinctual conflict (as per classical Freudian theory), but from defects in the formation of the self due to insufficient or inadequate responses from the early environment. The essential narcissistic problem, as described in the source content, is the consequence of an "insufficient response by others to one's needs," leading to a chronic inability to maintain stable self-esteem, regulation of affect, and cohesive identity.

Kohut positioned the **Self** as the center of the individual's psychological universe--a cohesive, enduring, and integrated structure that provides meaning and vitality to life. When this structure is compromised, the individual experiences symptoms ranging from chronic feelings of emptiness and boredom to intense hypersensitivity and a perpetual need for external validation. Unlike drive theory, which focuses on repressed desires and internal conflicts, Self Psychology views psychopathology as an attempt to compensate for underlying structural defects. The core failure is developmental: the self was never properly built or sustained because necessary early relational experiences were lacking or inconsistent.

The concept emphasizes that human development requires specific relational nutrients provided by significant others, referred to as **selfobjects**. When these functions--such as mirroring, idealization, or twinship--are not provided with adequate empathy and consistency during critical phases of childhood, the resulting self is fragile, prone to disintegration, and structurally weak. This perspective shifts the focus of pathology away from internal guilt or aggression and toward the environmental failure to provide essential empathic attunement, underscoring the profound relational etiology of these disorders.

2. The Role of Selfobjects in Development

The selfobject concept is central to understanding the genesis of Disorders of the Self. A **selfobject** is not merely a person, but rather the function that person performs for the self, helping to establish and maintain its cohesion, vitality, and stability. Kohut delineated three primary types of selfobject needs that must be met during childhood to ensure healthy self-development. These

needs are universal and lifelong, though their intensity and manifestation change across the lifespan, becoming less demanding and more integrated in healthy individuals.

The first key selfobject function is **Mirroring**. The child needs to feel seen, confirmed, and admired by the caregiver (usually the mother). This validates the child's innate sense of perfection and grandiosity (the grandiose self). Healthy mirroring, provided through empathic responsiveness, allows the child to gradually tame and integrate this grandiosity into realistic self-esteem. When mirroring is insufficient, the child's grandiose self remains archaic and prone to being excessively exposed or shamefully hidden, leading to a perpetual search for external applause to prop up a brittle inner structure.

The second function is **Idealizing**. The child needs to merge with the strength, calmness, and competence of an admired adult (usually the father or another primary caregiver). By internalizing the idealized selfobject, the child develops internal regulatory structures--a capacity for self-soothing and setting realistic goals. If the idealizing selfobject is unavailable or disappointing, the child remains reliant on external sources of strength and perfection, leading to chronic feelings of weakness, anxiety, and a tendency to form dependent, idealized relationships in adulthood.

The third function, known as **Twinship** or the alter-ego need, involves the need to feel fundamentally similar to others. This relationship validates the sense of belonging and shared humanity, promoting the development of talents and skills within a social context. Failure in twinship provision can result in feelings of alienness, isolation, or a profound inability to engage in collaborative or peer relationships, manifesting as the conviction that one is fundamentally different from everyone else.

3. Etiology: Failures in Empathic Responsiveness

The specific cause of Disorders of the Self lies in chronic, repetitive failures of the selfobject environment to provide **empathic attunement**. As the original source content suggested with the example of "non-responsive and detached parents," the relational environment fails to respond optimally to the child's emerging needs for mirroring, idealization, and twinship. These failures prevent the necessary process of "transmuting internalization," whereby the child incorporates the selfobject function into their own psychological structure.

Crucially, Kohut argued that these pathogenic failures are not necessarily due to overt abuse or neglect, but often arise from subtle, chronic misattunement, where the parent is emotionally unavailable, preoccupied with their own issues, or consistently projects their own needs onto the child. For example, a parent who requires their child to be perpetually cheerful and successful (a narcissistic injury to the parent) cannot adequately mirror the child's genuine feelings of sadness or frustration. The child is then forced to suppress authentic self-expression to maintain the necessary bond, leading to a "false self" or a deeply fragmented authentic self.

This lack of consistent, empathetic response means that the child is unable to regulate their own tension, soothe their own distress, or maintain stable self-regard. Instead of developing internal mechanisms, they rely on archaic, unmet selfobject needs. Whenever these external supplies are threatened or withdrawn, the self collapses into states of depression, rage, or fragmentation. Thus, the disorder is rooted in structural deficit--a piece of the psychological apparatus necessary for stability is missing or weak because the early environment did not facilitate its development.

4. Manifestations of Self Pathology

The clinical manifestations of Disorders of the Self are diverse but generally revolve around issues of self-esteem regulation, affect tolerance, and identity cohesion. These pathologies are often categorized by the specific type of self-structure that has resulted from the developmental arrest or trauma. These manifestations tend to be attempts by the individual to seek the missing selfobject supplies in the external world, often through problematic or intense relationships.

One common presentation is the **understimulated self**, which results from a chronic lack of responsive stimulation during childhood. Individuals suffering from this manifestation often experience profound feelings of boredom, apathy, and lethargy. They may engage in thrill-seeking behaviors, promiscuity, or chemical abuse in a desperate attempt to generate internal stimulation and alleviate a pervasive sense of deadness or emotional emptiness.

Conversely, the **fragmented self** results from a lack of selfobject responses that integrate and organize the child's experience. This manifests as anxiety, physical symptoms (hypochondria), and a lack of coordination in thought and action. The individual feels physically and psychologically disjointed, often exhibiting hypersensitivity to slights or criticism, where a minor disappointment can lead to a catastrophic sense of worthlessness or shame.

A third manifestation is the **overburdened self**, where the child was never allowed to idealize a strong, calm selfobject and thus never developed the capacity to tolerate tension or regulate intense emotions. These individuals are highly reactive, prone to explosive outbursts, and lack the internal filters necessary to manage stress, feeling overwhelmed by even minor daily frustrations. The goal of their behavior is often to discharge tension immediately, rather than reflect upon or modulate their feelings.

5. Specific Categories of Disorders of the Self

While the term encompasses a broad range of psychopathology, Kohut and his followers provided several classifications to organize the clinical presentation based on the severity and specific pattern of selfobject failure. These categories range from severe psychotic states, where the self is completely fragmented, to less severe narcissistic personality organizations. The categorization helps guide the therapeutic approach by identifying the specific selfobject need that requires repair

or fulfillment in the analytical process.

Kohut identified several sub-types of narcissistic pathology that fall under this umbrella. These include the **Narcissistic Personality Disorders** (NPDs) and the **Narcissistic Behavior Disorders** (NBDs). NPDs are characterized by chronic grandiosity, exhibitionism, and profound difficulty in empathy, while NBDs involve problematic behaviors such as addiction, delinquency, or pathological lying, all serving to restore a damaged sense of self or obtain desperately needed selfobject supplies.

In more severe cases, Disorders of the Self can underlie borderline and psychotic states. In **Borderline States**, the self, while severely damaged, remains organized enough to maintain psychological boundaries, though it is highly prone to disintegration under stress. In **Psychoses**, the self has suffered a catastrophic failure, leading to a permanent state of fragmentation and a loss of contact with reality, which Kohut viewed as a defensive attempt to survive an environment that was overwhelmingly non-responsive and traumatic.

A core structural defect often highlighted is the presence of the **cohesive but vulnerable self**. This individual appears relatively functional but is excessively dependent on constant external validation to maintain equilibrium. The pursuit of perfectionism, fame, or endless achievement is not driven by ambition, but by the necessity of obtaining the mirroring that was denied in childhood, making their sense of self hostage to external success and approval.

6. Therapeutic Implications: The Selfobject Transference

The treatment approach for Disorders of the Self, rooted in Self Psychology, emphasizes the crucial role of the therapeutic relationship in repairing the structural deficits. Treatment aims not merely at insight or conflict resolution, but at providing a safe, consistently empathic environment in which the patient can finally experience the selfobject functions that were missed developmentally. This process involves the establishment of the **Selfobject Transference**.

The analyst's primary task is to offer sustained **empathy**, allowing the patient's archaic, unmet needs to surface within the therapeutic relationship without judgment. As the patient attempts to use the analyst as a replacement selfobject, three types of transferences often emerge, mirroring the three primary developmental needs: the **Mirroring Transference** (where the patient seeks validation and confirmation from the analyst), the **Idealizing Transference** (where the patient looks up to the analyst as a source of strength and calmness), and the **Twinship Transference** (where the patient seeks a sense of shared humanity with the analyst).

The crucial therapeutic moment occurs when the analyst inevitably fails to meet the patient's archaic needs perfectly--a process called **optimal frustration**. Unlike classical psychoanalysis, where such failures might be interpreted as resistance, Self Psychology views the analyst's

manageable failures as essential. By experiencing minor, tolerable failures in empathy, the patient can slowly internalize the analyst's function, developing the internal structures they lacked. This process allows for transmuting internalization, gradually moving the patient toward greater self-cohesion and independence from external selfobject supplies.

7. Relationship to Narcissistic Personality Disorder (NPD)

The concept of Disorders of the Self fundamentally reinterpreted the nature of Narcissistic Personality Disorder (NPD). Prior to Kohut, NPD was primarily understood through the lens of Otto Kernberg, who viewed narcissism as rooted in aggressive drives, envy, and the defense mechanisms of splitting and projection, placing it closer to borderline organization. Kohut, however, argued that narcissism is not primarily driven by aggression but by arrested development and profound vulnerability.

For Kohut, the narcissistic pathology seen in NPD is a defensive organization built around a damaged, vulnerable core self. The grandiosity and entitlement exhibited by the NPD patient are desperate attempts to stabilize a fragile self-structure by seeking external supplies of admiration (mirroring). If the individual fails to receive this supply, they may exhibit intense narcissistic rage, which Kohut viewed not as primary aggression, but as a secondary response to a threat to the self's cohesion or vitality.

This distinction is significant for treatment. While Kernbergian approaches focus on confronting and interpreting aggression and envy, Kohutian Self Psychology prioritizes the establishment of an empathic, validating environment to repair the underlying structural deficits. The shift in focus from moral deficit and aggression (Kernberg) to developmental deficiency and relational failure (Kohut) redefined the therapeutic possibility for individuals suffering from severe narcissistic difficulties.

8. Criticisms and Limitations of Self Psychology

Despite its significant influence, especially in the treatment of narcissistic and borderline conditions, Self Psychology and the concept of Disorders of the Self have faced notable criticisms. One primary critique centers on the theory's perceived "over-optimism" and the reduction of primary psychological drives. Critics, particularly those from classical and contemporary drive theory camps, argue that Kohut overly deemphasized the role of instinctual drives, such as aggression and sexuality, viewing them as breakdown products or secondary reactions to selfobject failures rather than primary organizing forces.

Furthermore, critics have questioned the scientific rigor and operationalizability of core Kohutian concepts. The reliance on **empathy** as the primary investigative tool is sometimes seen as subjective and difficult to standardize, potentially leading to a therapeutic approach that focuses too heavily on validating the patient's immediate experience at the expense of necessary

confrontation or boundary setting. There is concern that an overemphasis on providing a "good enough" selfobject experience could dilute the analytic process, transforming it into a primarily supportive, rather than reconstructive, therapy.

Finally, some cultural critiques suggest that Self Psychology may reflect a particularly Western, individualistic bias. The intense focus on the cohesion and integration of the autonomous self may not adequately account for forms of self-experience common in collectivist cultures, where the self is intrinsically defined by its relational embeddedness rather than its separateness. Despite these limitations, the theory remains crucial for its profound insights into the relational origins of psychological suffering and its humanistic focus on repairing damage through relational experience.

9. Further Reading

[Kohut, Heinz \(Wikipedia entry\)](#)

[Self Psychology \(Wikipedia entry\)](#)

[Kohut, H. \(1977\). The Restoration of the Self. International Universities Press.](#)

[Self Psychology, Narcissism and the Selfobject \(Psychology Today\)](#)