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Self Psychology and Mood Disorder

Kendilik Psikolojisi ve Duygudurum Bozukluğu

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ABSTRACT

The self is the state of feeling and experiencing the existence of the subject called “me”. The self is a fragmented self in the newborn. The first part is called the “exhibitionistic/grandiose self”. When appropriately mirrored and supported by the caregiver, it provides vitality and self-esteem, in other words, a sense of existence. The second part, in which the object of the self is projected, is called the 'idealized parental image'. When the idealized parental image is properly developed in the relationship between the self and the self-object, it provides a balance in tension, the ability to wait/defer and impulse control. While the psychology of the self was initially associated with the concept of narcissism, it has subsequently been used to explain depression. Our findings suggest that self-pathology and mood disorders overlap electrophysiologically. This calls for further investigation of the structural etiology of mood disorder, in other words, whether psychopathology of the self is a predisposing trait for mood disorder.

Keywords: Self psychology, depression, bipolar disorder, attachment, addiction, EEG

ÖZ

Kendilik, ‘’ben’’ adı verilen öznenin varoluşunu hissetme ve yaşantılama halidir. Kendilik yenidoğanda parçalı bir kendiliktir. Birinci parça ‘’göstermeci/büyüklenmeci kendilik adını alır. Bakımveren tarafından uygun olarak aynalanıp desteklendiğinde canlılık ve özsaygı, başka bir deyişle varoluş duygusunu yaşatır. Kendilik nesnesinin yansıtıldığı ikinci parça ‘idealize edilmiş ebeveyn imgesi’’ adını alır. İdealize edilmiş ebeveyn imgesi, kendilik ve kendilik nesnesi arasındaki ilişkide gerektiği gibi geliştiğinde, gerilimde bir denge, bekleyebilme/erteleyebilme ve dürtü denetimi sağlar. Kendilik psikolojisi başlangıçta narsisizm kavramı ile ilişkilendirildiyse de sonrasında depresyonu açıklamak üzere ele alınmıştır. Bulgularımıza göre, kendilik patolojisi ve duygudurum bozukluğu elektrofizyolojik olarak örtüşmektedir. Bu durum, duygudurum bozukluğunun yapısal etiyolojisinin, başka bir deyişle kendilik psikopatolojisinin duygudurum bozukluğu için bir yatkınlık göstergesi olup olmadığının daha fazla incelenmesini gerektirmektedir.

Anahtar sözcükler: Kendilik psikolojisi, depresyon, bipolar bozukluk, bağlanma, bağımlılık, EEG

Introduction

Self is the state of feeling and experiencing the existence of the subject called "me" (Kohut and Wolf 1978). Self is a fragmented self in the newborn. The first part is called the "grandiose self". When appropriately mirrored and supported by the caregiver, it provides vitality and self-esteem, in other words, a sense of existence. The grandiose self develops in relationship with the self-object. The self-object is the "significant other", the caregiver in the individual's life. It becomes a formation with continuity and permanence only through a real relationship and live processes. Experiences related to time and space accumulate and combine to form an integrated self.

An integrated grandiose self emerges between the ages of 0 and 1, when the longing for fusion and union with the self-object is satisfied and fulfilled (Baker and Baker 1987). "Union by fusion" is the most primitive form of the need for approval and acceptance and corresponds to the need to calm down and find peace. The next step, "twinness", is the stage of being considered and experienced as identical. "Mirror", the last stage of the development of the grandiose/grandiose self, corresponds to the need to be validated through testimony. At this point, this first, relatively integrated part is both the source and organizer of the ego function.

The second part, in which the self-object is reflected, is called the ‘’idealized parental image’’ (Baker and Baker 1987). When the idealized parental image is developed appropriately in the relationship between the self and the self-object, it provides a balance in tension, the ability to wait/postpone, and impulse control. Between the ages of 0-3, displacements between these two parts/poles enlarge the self. Sometimes the exhibitionistic/grandiose self demands, the idealized parent image fulfills. Sometimes the idealized parent image demands, the exhibitionistic/grandiose self fulfills. There will be needs that are not met by the self-object at the

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right time and with the right content, and they are called "optimal frustration" depending on their severity. At such times, the first pole of the self gradually begins to take over the function of the second pole, learning to wait/postpone and soothe itself. This process is called "internalization by transformation". The tension and balance that emerge between the two poles creates a third formation, the curiosity and enthusiasm, ideals, talents and skills of an integrated self emerge. In this article, self-psychology is examined as a representation of mood disorder, and aspects that may be related to the dynamic roots of mood disorder are reviewed in the light of the relevant literature.

Phenomenological Features between Self Psychology and Mood Disorder

It is assumed that mood disorders have causes originating from emotional and/or physical neglect in the process described so far (Kesebir et al. 2015). As a matter of fact, emotional neglect is the most common type of childhood trauma in bipolar disorder. In such a situation, the development and integration of the three pillars of the self will be incomplete to a certain extent. Situations in which we see a loss of liveliness, self-esteem, curiosity and enthusiasm are situations in which the grandiose self is damaged. Psychomotor retardation predominates in phenomenology. A reactive mood is in a dependent relationship with its self-object. A feeling of guilt is established because the demand of the idealized parental image is not met. At this point, depressed mood and anhedonia, psychomotor retardation and feelings of guilt make the diagnosis of depression possible.

Kohut talks about defensive and compensatory structures (Kohut and Wolf 1978). In order to maintain the self function, the deficiency in one pole is tried to be completed by strengthening the other pole. If an injury occurs due to the weakness of the self-object or the fact that it is strong but does not allow for fusion or idealization and identification, the self becomes weak and prone to disintegration. “Depressed child”, “hypochondriac child”, “child who feels dead” emerge in the absence of empathy, in other words, in the absence of a life-giving energy source. Under the threat of self-destruction, the self dissociates. Unintegrated aggression, unintegrated sexuality, and paranoid position are products of dissociation of the self. It is similar to the phenomenon of the manic episode.

The self-object that does not allow fusion or idealization and identification is associated with abuse (emotional, physical or sexual), which is another type of childhood trauma. The consequences of neglect and abuse vary (Kesebir et al. 2013a). A neglected exhibitionistic/grandiose self that is not properly and sufficiently mirrored will gravitate towards the idealized parent image. If it is supported sufficiently and sufficiently and identification is allowed, it will evolve to the next level with narcissistic defenses. Otherwise, it will move towards borderline personality organization. This is the basis for the frequency of comorbidity between bipolar disorder and borderline personality disorder, in other words, the overlap between the two disorders. As a matter of fact, among cases diagnosed with bipolar disorder type II, narcissistic personality disorder ranks first, ahead of borderline personality disorder (Kesebir et al. 2013b).

Although self-psychology was initially related to narcissistic pathology, it later took its place in the etiology of depression (Arieti and Bemporad 1980). In one of our studies, the relationship between the self and mood disorders in healthy individuals was examined (Karova and Kesebir 2021). It has been shown that there is a relationship between Self Inventory scores and Mood Disorder Questionnaire (MDQ) scores, being stronger in compensatory structures. When healthy individuals are compared with cases diagnosed with bipolar disorder, defensive structures are observed to come to the fore (Karova and Kesebir 2021).

Electrophysiological Features between Self-Psychology and Mood Disorder

When the relationships between the self-inventory and EEG spectral power densities were examined, findings similar to the electrophysiological projection of bipolar disorder were obtained (Güven et al. 2015, Kesebir et al. 2019, Kesebir and Yosmaoğlu 2020, Kesebir et al. 2022, Kesebir and Demirer 2023, Kesebir 2024). These data, consistent with findings from brain imaging studies examining the relationship between self and mood (Qin and Northoff 2011), were characterized by delta activity in the middle frontal and temporoparietal regions. Our findings support that self-psychology is involved as a predisposition determinant in the etiology of mood disorders.

Nonlinear dynamics effective on psychology and cognitive function are the projection of chaos and self-organization (Demirer and Kesebir 2021). It also contains information that will shed light on the mind-brain relationship. Interpersonal relations are the nature of a process that divides and separates new mental formations and mental states during the change of mental states. This process is concerned with the formation

and function of groups of neurons that often synchronize their firing patterns in a unique spatial manner (Tsuda 2015). The main theme is the relationship between moving and oscillating mental processes and neurophysiological structure. This opens a question about the organizing principles of conscious experiences and how they arise in the brain. The chaotic organization of the self provides a unique theoretical and experimental tool for a deeper understanding of dissociative phenomena and allows examining how dissociative phenomena may be associated with non-epileptiform discharges associated with a variety of psychological and somatic symptoms. In this respect, the principles that constitute human consciousness and other mental phenomena can be defined by the analysis and restructuring of psychological and psychophysiological dynamics.

Nonlinear dynamics can be used for retrieval of dissociated traumatic or stressor-containing memories or for EEG analysis during symptoms. The analysis will confirm a possible role of chaotic transitions in the processing of dissociated memory (Kozma et al. 2014). Supportive findings for a possible chaotic process related to dissociation are epileptiform discharges and characteristic laterality changes. It is associated with left-right asymmetry and entropy asymmetry calculated by non-linear iterative quantification analysis. The unique chaotic behavior and calculated entropy of epileptiform activity reflect the complexity of the deterministic structure in the system, and it can be assumed that unilaterally increasing complexity can function as an interhemispheric imbalance and hypothetically a dynamic epileptiform source (Kesebir and Demirer 2023). It can be thought of as a trauma-induced kindling mechanism and self-organizing dreams. Memory formation and processing during the dissociative states characteristic of dreaming are particularly important for the organization of the self.

Brain Imaging between Self Psychology and Mood Disorder

When we knock on a door or say "me" in response to the question "who is it?", a region in the brain is activated, and when we say our name, another region is activated (Qin and Northoff 2011). While “I” is a self function in the temporoparietal, the third person is an ego function in the posterior lateral frontal region. Self-related structures in the brain are marked as the middle prefrontal cortex and temporoparietal junction. The perigenual anterior cingulate cortex resting network has been proposed as a self-related, self-specific structure. An abnormal representation in the middle prefrontal cortex and temporoparietal junction is mentioned for major depressive disorder (MDD) (Keskin et al. 2023).

Alpha spectral power density and perigenual anterior cingulate cortex glutamate levels were found to be associated with combined EEG and MR Spectroscopy (Bai et al. 2016). In MDD, the shift between internal and external inputs in the self is reflected in non-specific bodily functions (Kesebir et al. 2002). Cognition is filled with increased internal focus and ruminations. This situation has been associated with the deficiency of inhibitory GABA in regulating excitatory cell input and output and local cell cycles. With mid-prefrontal cortex fMRI and Flumazenil PET, the response to external stimuli was found to be better than the response to internal stimuli and was associated with a decrease in GABA receptor binding (Northoff and Sibille 2014). In self-pathology, internal rumination appears to be located ahead of environmental focus at the psychological level, anterior cingulate cortex to the posterior lateral prefrontal cortex at the regional level, and resting network to the executive network at the network level.

Therapy of Self Pathology in Mood Disorder

An empty self is filled with inner uncertainty, aimlessness and restlessness, hostility and aggression (Kohut and Wolf 1978). What is sought is a focus that will bring the pieces together, in other words, a keystone. It should be sought with testing empathy rather than "Okay" or "I understand" (Widakowich 2015; Luyten 2017). Otherwise, the resulting glass bowl corresponds to the need to be protected from a distorted empathy or an inappropriate transference. It should be accepted, retrospectively and now, without criticism, as if it were a shield needed to protect the self and increase self-esteem (Kesebir 2011). Once its existence is accepted, it will present itself slowly and will want to be validated and liked in order to gain the feeling that it is real. Secondly, she/he will want to leave the completion of a blocked developmental phase to the influence of in-depth working processes and appropriate, necessary and sufficient obstacles that will make her/him a part of his adult identity. Recognizing the developmental context in which anger arises and guilt is reinforced will pave the way for dealing with the inevitable frustrations associated with the need for empathy. Non-destructive aggression is self-expression, as an self-assertion.

In the self divided by a vertical split, there are grandiose fantasies and displays on one side, and low self-esteem and shame on the other side (Kohut 1971). Grandiose fantasies are accompanied by fears of overexcitation and excessive humility. At this point, it should be remembered that the concept of narcissistic is also a spectrum. The dominant pole, the damaged pole, and the compensation mechanisms determine the narcissist's place on

this spectrum. Before this definition, two groups, high-level functioning and low-level functioning, were mentioned. In another definition, narcissistic cases are divided into depressive, borderline and antisocial. In a self divided by a vertical partition, the first goal is the improvement of compensatory structures (Kohut 1988). When this is achieved, if internal uncertainty, uneasiness and aggression recede and an awareness of the reaction to the self-object arises, the path followed is correct. On the other hand, a hungry grandiose self begins to swell in an unrealistic and insatiable way (Kohut 1971). In the division that emerges in the idealized parent image, "good" and "bad" are separated, and the therapist's demands are perceived as hostile interventions. Ambivalent, ambivalent feelings emerge towards the needed but unreliable self-object, which will form the basis of envy and betrayal in the future. Under the horizontal partition, a chronic depression and the need to constantly satisfy narcissistic needs are experienced.

The feeling of unity and sameness has two sources (Kesebir 2011). The superficial part of this recognizes me with my past and projects me into an imaginable future. The deep source is the self. If the source dries up, efforts to unify "on the trail of lost time" fail. The disintegration of the self precedes the disruption of the ego function. Fantasies of taking in a non-existent self-object are a strengthening of the experience of parts of the self while the holistic self weakens, a process accompanied by widespread anxiety. Obsessions about the separated parts intensify. The parts that are separated within the self tend to merge with other objects. The reaction to the loss of the self-object grows. New objects become a necessity. These self-objects are not objects of love, but a prisoner. He doesn't mourn even when they leave him. Even when thinking of regaining possession of the self-object, efforts are made for these objects.

The need to force the mirroring self-object to respond to itself is a form of narcissistic anger in which the goal is to increase self-esteem (Kohut 1971). With this attitude, one tries to get rid of lethargy and depression. If this situation is interpreted with empathy, it regresses (Kohut 1988). He should be shown how this defensive attitude increases and decreases with narcissistic needs and how this defense does not work in the long run. Structural void is like a kind of addiction. It cannot be permanently satisfied by behavior. The element that orientates towards the future with the slogan "Recaptured past" should not be the content of the core self, but a creative uniqueness that expresses itself. The purpose of remembering is not to know, but to strengthen the self.

If the self mirrors its object only when it is an extension of itself, a clear grandiose self exists independently on the basis of fusion (Kohut 1971). As long as it remains an extension, its superiority is confirmed. On the other hand, unlike the grandiose self, there is a self that is depressed, empty, lacks initiative, fills this with masturbation fantasies, and longs for a strong father. The real self is repressed by consciousness, a horizontal partition that has lost contact with the functional surface of the personality. This inadequately organized self tries to reinforce itself by idealizing its omnipotent self-object. This object plays the role of a teacher, a guide, a father. A very hungry grandiose self conflicts with the omnipotent self-object. Sometimes dissociation is enough for the conflict to calm down. A choice in the same direction as the self-object but independently comes to the fore. Sometimes, one completely breaks away from the self-object and turns to a completely different choice. The effort to eliminate a specific structural deficiency intensifies again. At this point, the need to move away from the dependent form of erotic representation and reactivate the relationship with the idealized self-object should be shown to him/her, and the archaic layers of the grandiose self should be allowed to move away.

There are false transference neuroses with self-pathology (Kohut 1971). These phenomena have adopted the continuity of oedipal positions with the threat of disintegration of the self. The criminal person has a robust psychic apparatus, provoked by his impulses and restrained by castration anxiety and guilt. In a narrow clinical field, it does justice to the problems of structural neuroses, and in a wide social field, it covers the conflicts of the guilty person. However, transference neuroses cannot explain the effort to put together the pieces of narcissistic personality disorder and their helplessness when they discover that the basic patterns that should be established between their passions and ideals do not exist. The unique aspect of this helplessness is its lack of guilt. It depicts tragic people. The tragic man's quest lies in the gap between unreflected core passions and unacquired ideals. The primary self-assertion in the field of love and competition is the unrequited child's self, dominated by unassimilated feelings of lust and hostility. It is created by parental figures who do not perceive themselves as participants in a temporary but meaningful life. The absence of compensation is perceived as absolute helplessness, experienced as guiltless depression, self-aggression, intolerable humiliation and indescribable shame.

The foundations of the core self are laid through the process of selectively including or excluding psychological structures that emerge simultaneously or sequentially (Kohut 1971). The first of these structures is self-esteem linked to ambitions and ideals. Whether the self can be established firmly or not and what its form and

boundaries will be are determined by secondary processes, sometimes by the same parent on the self-object, sometimes by changing order.

Trauma is also important in self-pathologies (Kesebir 2011). But the real cause is the specific pathogen parent and the specific pathogen atmosphere. In other words, it is the absence of what is healthy. The most important root cause is not being able to accept the child in a way that provides him/her with life support. The connection between the specific distortion and this genetic cause must be established. The existing problem in the self also makes it difficult to mourn the trauma. An unintegrated self, in other words, a self that continues to need integration and cannot idealize, cannot grieve. The trauma itself becomes an experience that thickens the vertical and horizontal divisions, functioning as the glue that holds together a fragmented self.

The healing process is achieved with emotional spontaneity as opposed to transference passivity (Kohut 1988). One must be aware of vulnerability, that is, the tendency to withdraw or respond angrily. Secondly, and more importantly, a reconstructive and interpretive approach based on conscious understanding of self-object transference should be adopted. If, in addition to failure to interpret, one remains cautious and silent, other harms may occur. It will be thought that the loss and the trauma it creates are rejected. The unintegrated self will disintegrate once again, a numbness of disappointment, which is the disempowerment of the self, and anger, which is the regression of self-assertion, will take over. This resulting situation is a reaction to the erroneous responses of self-objects. Aggression and hostility will first be accepted in all forms, the emphasis of the comments will change, and the holistic pathogen cluster that is the source of anger will gradually dissolve.

The deepest layer that must first be acknowledged and then tamed in the healing process is not hostility, but the ultimate understanding that, while it is possible to expect some empathy from the self-objects of adult life, the traumatic failures caused by the self-objects of childhood cannot be resolved. What will be reduced by establishing new psychological structures is the revival of pathogenic self-objects in the transference and the in-depth working out of traumatic situations.

Addiction -as an Attachment Disorder- and the Importance of Mentalization

The common root in the relationship between attachment and addiction is the word bond, which has a meaning specific to our language. Attachment is a phenomenon that is shaped in the parent-child relationship in the early stages of life, is continuous, and determines the pattern of a person's relationship with others in adulthood (Kesebir et al. 2011). An optimistic interest evolves into behavior with sensitivity, responsiveness and adaptability to emotional signals. Learning from and within the relationship is essential for the development of epistemic self-confidence. The opposite feeling of emptiness is ontologically the core of addiction, and all kinds of addiction are the relationship of the self with the self. It lacks compassion and mercy.

The mentalization capacity of the parent or family is related to their capacity to imagine and predict their child, as well as how the child is motivated and shaped by his or her emotions, wishes and desires (Luyten 2017). Mentalization is the capacity to understand one's own and one's child's mental state, and attachment is shaped by how this relates to behavior. Attention has an important place in the multidimensionality of mentalization.

Once it develops in a healthy way, traumas are the primary factors that disrupt mentalization, in other words, attachment. Unlike childhood traumas, they cause regression on an existing structure. At this point, understanding the relationship between attachment and addiction will help understand the pathogenesis of trauma-related mental illness and comorbid alcohol and substance use disorders or some behavioral addictions. This understanding will be useful to address the possibility of any mourning process continuing or ending with an addiction. In such a study, complementary perspectives on the reconstruction process of Kübler Ross's stages of mourning and Prochaska's stages of change can be effective and integrative (Chambers and Wallingford 2017). Mentalization in the psychotherapy process is the process of the therapist mentalizing the patient.

Place of Other Analytical Theories between Self Psychology and Mood Disorder

In the drive theory, a libido is mentioned that cannot be directed to the object that is not there or is defective for primary narcissism, and that returns to the subject when the object is damaged or damaged in secondary narcissism. In the first six months after birth, the mother's identification with the baby is necessary for understanding the baby (Kesebir et al. 2011). According to Winnicot, the act of maintaining and carrying the illusion of omnipotence by meeting needs in the right way at the right time, protecting and mirroring with a psychological cover is the creator of the self and the determinant of the capacity to be alone. Omnipotence will be broken by the natural course of daily life. As a matter of fact, it is inevitable that the mother will not be there at that moment and will be delayed. Meanwhile, an auxiliary object is discovered. The "transitional object" is the

first "object that is not me and that I have" in the child's life. As such, it is something that is both internal and external, both subjective and objective, serving both omnipotence and the breaking of omnipotence. In the absence of the mother, in other words, the self-object, it is an object that consoles, soothes, stimulates and gives pleasure, in other words, sustains the self. With these properties, it is very similar to the substance to which one is addicted. However, as the young child grows and internalizes the function of the mother and the transitional object, this need gradually decreases and disappears. In the developmental process, the transitional object gives way to the transitional area, that is, the game. The object has become an action. At this point, what is addicted will not be a substance, but the action itself, similar to what is observed in behavioral addictions. If these processes are disrupted or fail to occur, one way is to develop a self-pathology called the "false self". In this false self, which Volkan also describes as the "glass bowl fantasy", needs are ignored and the illusion of omnipotence is maintained in the company of the transitional object or in the transitional area. Beneath the repression barrier lies a deep depression. The other way is a continuous protest, where demands are repeated with intense aggression from time to time, in the presence of the transitional object, in other words, the substance or action to which one is addicted, and independently of it.

According to object relations theory, the object, that is, the "first thing that is not me", exists from birth (Kesebir 2011). This partial object is first the breast. Partial object, because the baby both has it and does not have it. The breast that is good and nourishing is thrown inwards, and the breast that is not there and starves is projected. This situation, which is the basis of the division mechanism into good and evil, is also the essence of the feeling of envy. Addicted individuals often tend to avoid taking responsibility for their own behavior and decisions, and often attribute their negative behavior and decisions to the substance or person they are addicted to. If insight is provided at this point, a person becomes depressed with feelings of guilt and anxiety, just like in infancy. As a matter of fact, this position provides an opportunity for therapeutic cooperation. Otherwise, all good self and object representations, envy and the need for attachment are introjected to keep under control and avoid destructive impulses, creating an idealized megalomaniac self. In such a self, the ego ideals and realistic demands of the parents cannot be brought together with the sadistic and threatening premises of the superego. The envy and hostility that cannot be neutralized are reflected on the object and taken back in; there is a dangerous and threatening world inside and outside, in which case a secure attachment cannot be achieved.

Splitting is also the pathological defense of self psychology (Kohut 1971). With a vertical cleft, rejected and unwanted aspects of the personality are kept hidden. On the one hand, there are fantasies and displays of grandeur and fears of overexcitement, together with the inability to accept one's own grandiosity; on the other half, this is the reality, there is a low self-esteem and a tendency to shame. With a kind of awareness, these two halves keep changing places with each other in the self observed in daily life. The ultimate goal of therapy is the elimination of this vertical division, the integration of the rejected grandiosity, and the replacement of grandiosity and exhibitionism by an increased sense of self-esteem and pride. At the same time, the self, which will be strengthened, will be able to cope with depression and primitive narcissistic fusions under the barrier of repression.

In borderline personality disorder, there is a chronic fragmentation and inadequacy in the self (Kohut 1971). The need to be seen and given meaning is intense. In narcissistic personality disorder, the self is permeated with the threat of inadequacy and disintegration. Hypersexuality is a reaction to the fragmentation of the self, aggression is a reaction to the trauma of the self. It is observed in the spectrum of alcohol and substance use disorders, mood disorders, phobias and somatoform disorders. Narcissistic conduct disorder, on the other hand, is temporary fragmentation of the self. These insightful narcissists may be prone to addiction, crime and risky behavior. The last two situations can theoretically be included in an analytically oriented therapy and are the groups that are likely to benefit.

There is love with the world in the second year of life, which includes the period defined by Mahler as "separation-individuation" (Kesebir 2011). The pleasure of being able to avoid being swallowed and the pleasure of being able to cope with ordinary disappointments and hurts nourish this love. The primary autonomous structures of the ego are operational and developing. At this point, the harmony of the mother's attitude and expectations with the child's developmental level and the quality of the non-verbal communication between them are important. Early and excessive support for independence will also create anxiety in the child. In cases where coping is insufficient and in some real inadequacies, it is important for the mother to be emotionally available at the most appropriate level. So much so that the child is angry with complex and contradictory emotions and behaviors. The mother's understanding and response to the needs and her tolerance of the child's moods and anger create the child's ability to withstand frustration. It is this determined maternal design and determined self-perception,

with its roots in the symbiotic period, that ends the division. Ambivalence turns into a happy and satisfying exchange, and a secure attachment is established.

People may also need self-objects in adulthood. However, this need is not for filling a deficiency, but for the sharing of two adults about loving and being loved. These objects are archaic in their self-pathology and are loaded with narcissistic energy. Any injury, beyond the loss of an object or love, has the potential to create serious anxiety and anger regarding self-worth. However, one way to achieve self-actualization is to work on constructive close relationships in which another person adds to and expands our existence. The Other is not a substitute for someone who can compensate for our developmental deficiencies, in other words, a self-object. Or if it does, one should be aware of this, because such a relationship is not free from some contamination from the past. When we are in touch with our active, selfless, self-actualizing self, we are free and have the freedom to choose love. Love implies that we accept the other for who he is and for what, other than our compelling needs. On the other hand, some needs are real and if they are not met, the relationship is unsatisfactory. Sharing warmth, affection, and mutual growth as individuals as well as as a couple are elements of a constructive relationship. Extending this with friendship, equality and loyalty can make a tremendous contribution to our existence.

Conclusion

From the interaction of the grandiose self and the idealized parental image, the curiosities and enthusiasms, ideals and ideals, talents and skills of an integrated self emerge. The grandiose self is the source of liveliness, curiosity and enthusiasm, while the idealized parental image is the source of serenity and self-control. The decrease in alertness, curiosity and enthusiasm and psychomotor retardation that occur in cases where the exhibitionistic/grandiose self is damaged are the precursors of depression. These symptoms are accompanied by feelings of guilt because the demand of the idealized parental image is not met. The trauma in the idealized parental image is characterized by unintegrated aggression, hypersexuality, and paranoia. It is similar to the characteristics of the manic period. Unlike childhood traumas, a current trauma may be experienced as a separation or disintegration within an integrated self. This dissociation or fragmentation may also be a mental representation of a mood episode, as in an unintegrated self. However, the therapy process will work differently for both situations.

Self-psychology and mood disorders have phenomenological similarities as well as some structural and functional commonalities pointed out by electrophysiology and brain imaging studies. There is a need to increase studies in this field specifically for bipolar disorder. Understanding and elaborating the proposed association between self-pathology and bipolar disorder will make significant contributions to the treatment of severe and long-term or chronic depression

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