REVIEW ARTICLE

The Undifferentiated Selfobject: A Cure and Prevention of Disorders

Author
Crayton E. Rowe, Jr., MSW, LCSW, BCD-P

Email: craytonrowe@cs.com

Abstract

Objective: To present an extension to Heinz Kohut's concept of selfobjects that will allow treatment and a cure of disorders. It is proposed that the undifferentiated selfobject (Rowe, 2005, 2008, 2010, 2013, 2014, 2020) is the key to understanding the formation and treatment of disorders that are characterized by preoccupations with destructive thoughts and actions. By destructive I am referring to preoccupations that can be harmful to oneself (e.g., impulse disorders: World Health Organization [WHO], 1992, p.11; Blais et al., 2016; Clark, 2011; Heydari & Khorram, 2015; Shea et al., 1990). Since all disorders are not characterized by preoccupations with destructive thoughts and actions (ICD-10, pp. 1-3; American Psychiatric Association, 2013, pp. 101-105), the disorders described in this article will be referred to as preoccupation disorders. They include but not limited to major depressive disorders, bipolar affective disorders, obsessive compulsive disorders, obsessive compulsive personality disorders, paranoid personality disorders, eating disorders, and impulse disorders.

Key words: selfobjects, undifferentiated, delinking, disorder

My discovery of the undifferentiated selfobject as a fundamental selfobject followed upon Kohut's belief that there are selfobject transferences yet to be discovered (Kohut, 1984, p. 209). The discovery was recognition of the universal experience that occurs when one gets up in the morning and wonders what the day will bring. It is the universal experience knowing that unknown happenings will come about. I have defined this fundamental experience as the undifferentiated selfobject. It is the experience of knowing that there are ongoing, unknown, non-specific happenings to be discovered throughout life that will be surprising, challenging, uplifting, and self-enhancing no matter the positive or negative nature of their current circumstances.

Examples of the undifferentiated experience of expecting an unknown enlightening happening can be found in the lyrics of the popular Broadway song, "Something's Coming," written by Stephen Sondheim and introduced in the 1957 production of West Side Story. With great expectation the lead actor sings that something is coming, something good. He doesn't know what it is, but he will know it as soon as it shows. It's only just out of reach, down the block, on the beach. He doesn't know what it is but if he can wait, it's going to be great.

Another example of the undifferentiated selfobject experience can be found in Samuel Beckett's renowned play, Waiting for Godot. Here the characters expect an undefined rewarding experience with the appearance of Godot, who never comes.

Fyodor Dostoevsky (2002) also clearly described the undifferentiated selfobject experience in his novel, The Idiot, when Ippolit states: "Oh, you may be sure that Columbus was happy not when he had discovered America, but when he was discovering it; you may be sure that the highest moment of his happiness was, perhaps, exactly three days before the discovery of the New World…The point is in life, in life alone–in discovering it, constantly and eternally, and not at all in the discovery itself!"(p. 394)

The undifferentiated selfobject can be considered a new classification of selfobject as it has developmental significance in sustaining the self throughout life from birth to death (Kohut, 1984, p. 49). It is undifferentiated as, unlike mirroring, twinship, and idealizing selfobjects, the undifferentiated selfobject does not depend on a provider of needed functions. It operates from birth throughout life and is a motivating force for discovering avenues for fulfillment of mirror, twinship, and idealizing selfobject needs. Interference of this fundamental selfobject is the source of preoccupation disorders.

Understanding the Undifferentiated Selfobject

This fundamental motivational experience of knowing that there is something to be discovered is commonly observed in infants' spontaneous and enthusiastic search for novelty. The spontaneity and freedom of discovery give infants a sense of vitality and aliveness that is needed for emotional and physical development (Stern, 1985). Since infants have not developed symbolization, they have not developed a concept of self and others. They are experiencing without recognizing that they are experiencing. In other words experiencing is existing. Interferences in the essential self sustaining discovery experience that go beyond the infants' capacity to maintain their freedom and spontaneity to discover can be considered moments of disappearance as what was before is no longer. They are traumatic occurrences that can be imprinted in the developing right

brain as core negative experiences (Cohen & Shaver, 2004; Shore, 2001; Watt, 2003) and remain as implicit memories. The ongoing effects of interferences in the infant's expression of the undifferentiated selfobject cannot be underestimated. Infants are threatened with a repeat of the disappearance that is associated with freedom and spontaneity in discovering. They lose their feeling of aliveness as they are unable to continue their freedom and spontaneity in discovering. The threat of a repetition of the initial experience of disappearance directs the discovery away from the freedom and spontaneity and to the imprinted experience of disappearance itself as there is no other place the discovery can go.

The loss of aliveness and the freedom and spontaneity in discovering was especially clear in one research film where an overly concerned mother quickly took away a toy that her crawling infant daughter had enthusiastically discovered. Her daughter remained immobile for nearly a minute. When she recovered, she had lost her enthusiasm and crawled away from her toys (Child Study Group of the New York Institute for Psychoanalytic Self Psychology, 2006).

Interferences in the infant's moments of enthusiasm, spontaneity, and freedom in discovering include suddenly taking an object away for fear of injury or germs and/or or interfering with the infant's discovery focus by redirecting the infant's focus to what the mother or father thinks is more stimulating or instructive. This can occur even if the infant is being held and is focusing on the features of the mother or father. For example, they may redirect their infant's fascination with their eyes or nose to what they think is more stimulating such as making sounds, facial expressions or introducing toys. These redirections distract the infant's attention away from the direction of their discovery. Usually these efforts are to get their infant to smile for personal enjoyment. It is not unusual that the mother or father will continue their efforts until they get the desired smile. If these interferences are continuous they can be disorienting. It can be suggested that the efforts to redirect the focus of their infant deprives the parents of a richer enjoyment in appreciating their infant's own direction and joy in discovering. It also deprives them of happily participating in the child's discoveries. For example, when the child is looking at the mother's face, she can point to her nose, eyes and mouth and happily blink her eyes to show her child how the eyes can blink; breathe loudly in a fun way to show breathing takes place; and in a similar fun way smile and make chewing motions to show how the mouth moves. In other words the parents can have the freedom to have fun with their child within the context of their child's discovery and without interfering with the child direction of discovery. Unfortunately, redirecting infants' attention away from their moments of discovery is supported, if not encouraged, by the teachings of universally accepted theories of attachment that emphasize the exclusivity of the infant-mother interactive real relationship in the development of the systems of the infant's brain (Cohen & Shaver, 2004; Schore, 2001, 2003; Watt, 2003). I have earlier warned that the exclusivity of mother-child theories overlooks the infant's fundamental autonomous selfobject need for discovery (Rowe, 2010). This emphasis on exclusivity perpetuates interferences in the infant's attempts at autonomous discovery and, therefore, perpetuates the formation of disorders.

As symbolization develops, the redirection of the discovery to the imprinted experience of disappearance leads to preoccupations with destructive fantasies and

thoughts about oneself and the world that are symbolic of the infant's experience of disappearance. It can be emphasized that expressions of the array of destructive fantasies about oneself and the world are commonly referred to as "negative" without consideration of its symbolic meaning of disappearance. In this website I use the term "negative" to refer to the experience of disappearance.

The undifferentiated selfobject experience of knowing that there is more forthcoming to discover, brings about an elaboration of the experience of disappearance. As symbolization develops, the elaborations lead to the formation of self destructive fantasies, behavior, and thoughts about oneself and the world that are a symbolic of the disappearance and assume various forms of preoccupations. The elaborations of the experience of disappearance underlie all preoccupation disorders. For example, one of the many forms of elaborations that are symbolic of disappearance is anorexia nervosa. The primary feature of anorexia nervosa is the loss of hunger and the loss of appetite. Usual overlapping features are obsessive concerns about body image and losing body fat. Another form that is symbolic of disappearance is major depression where the qualities of earlier emotional states no longer exist and are replaced by grief and unhappiness. If the depression is severe, overlapping features are usually self destructive preoccupations with death and suicide.

Successful treatment occurs when the discovery experience is once again directed to the positive considerations as was the case before the early interferences. This shift can be termed "delinking".

Delinking from the Patient's Preoccupations

Delinking takes place when patients become aware that the needed fundamental selfobject experience of discovery is an autonomous and self sustaining experience. It is simply an experience of knowing there is more forthcoming to discover and is independent of the direction it takes whether to the formations of preoccupations or to positive considerations. The awareness of its autonomy allows a delinking of the discovery from the preoccupations to take place because patients become less threatened with the loss of this fundamental self sustaining experience that has become wedded to the discovery of disappearance. As a result, the discovery begins to shift spontaneously to envisioning new possibilities but not without threat as they are associated with the early experience of freedom and spontaneity that was disrupted. Therefore, discovery of new possibilities will inevitably shift back to the discovery of disappearance, and patients will demean their new found visions as unrealistic. For example, patients might think of advancing their job positions or pursuing new activities and then quickly demean their thoughts as being laughable and unrealistic. These shifts are observable to the patient and are appropriate beginning times for interpretations by the analyst to explain the threat of the loss of the undifferentiated selfobject discovery that is wedded to the early trauma of disappearance.

As preoccupations are symbolic expressions of the elaborations of the undifferentiated selfobject experience of discovery, therapeutic attempts at removing or diminishing the preoccupations will inevitably threaten the patient with the loss of the needed self sustaining discovery experience. An exacerbation of the preoccupations can occur because of the need to preserve the discovery experience.

Delinking will take place over time only if patients are not threatened with the loss of the undifferentiated selfobject discovery experience. This requires the

therapist to refrain from focusing on the preoccupations and to keep the focus on the discovery. For example, in the initial stage of treatment, the therapist can say: "You can see the many things that should not be." The focus is on the discovery and not on the preoccupations. This focus allows patients to begin to separate the discovery from the preoccupation. The separation will not occur if, for example, the therapist who is treating a patient with anorexia states: "You can see the many things that should not be with your body image." In this example the focus of the treatment remains on the preoccupation. Also delinking will not occur if therapists are unaware of their countertransference feelings of discouragement that can occur as a result of the pervasiveness of the patient's discovery of disappearance that includes the disregard of the therapist's explanations. These antagonistic feelings inevitably interfere with the therapist's focus on discovery and lead to focusing on the preoccupations as an attempt to diminish them.

As delinking takes place, patients come to realize their preoccupations are only symbolic expressions of the elaborations of the discovery of disappearance. They come to realize that the direction of the selfobject experience of discovery to the imprinted experience of disappearance is the disorder and not the preoccupations. As delinking takes place, patients begin to envision new possibilities for themselves. Thwarted mirror needs for recognition begin to emerge. Emerging mirror needs for recognition can be considered to be epic in quality in that they center on life and death issues that are informed by the early traumatic experiences. It is as if the early implicit memories of disappearance have added awareness of the temporariness of life much like the well known near death experiences of adults that are motivating to seek meaningful directions in their lives. The shifts are apparent in patients' dreams. For example, before delinking takes place dreams of devastation and destruction are apparent where there is a disappearance of people, objects and activities. As delinking takes place, dreams of expansive areas of land and water that do not disappear but are experienced by the dreamer as being permanent and meaningful.

Patients become aware of their abilities that were developmentally derailed. This awareness can be disillusioning as they think their potential has been wasted. While it is true that the lives of patients who suffer preoccupation disorders would have taken a different direction if there were no disorder, it is important patients realize that their current considerations of new directions in their life have been informed by their awareness and understanding of their deprivations. For example, it is not unusual for patients to find innovative ways of contributing to their jobs, and/or consider new and more fulfilling work opportunities. They frequently become advocates for beneficial causes. This realization can lessen the disillusionment and be motivating to pursue their new ideas. Once patients become aware of the importance of the undifferentiated selfobject discovery need, the delinking of the undifferentiated selfobject from negative preoccupations takes place. Patients become aware of the shifts from negative to the positive moments of considering positive possibilities. As a result, they become open to consider the analyst's explanation of the source of their preoccupations.

These shifts to the positive are not without threat and require ongoing analysis as they are associated with the implicit memory of the immobilizing trauma that occurred during the early positive moments of discovery. At times of experiencing the positive, patients inevitably turn to the

discovery of the imprinted experience of disappearance they suffered at times of early interference. For example, patients might think of advancing their job positions or pursuing new activities and then quickly demean their thoughts as being laughable and unrealistic. It can be pointed out that the analysis of dreams are strengthening in that patients face their early disappearance experiences and as a result are less threatened by them. Defensive shifts of the undifferentiated selfobject to the core negative experiences lessen. As patients face more fully the intensity of the symbolized representations of the disappearance experiences in their dreams, aspects of the positive experiences that were eliminated emerge as primary themes. For example, common themes are vivid color dreams of scenes of nature such as landscapes, wooded areas and freely flowing water. Freedom of movement is another common theme.

Steps for Successful Treatment

As treatment deepens, the following developments should occur for a successful outcome: Patients become open to understanding the undifferentiated selfobject need for discovery.

1. They understand that interferences in their need for discovery have led to their loss of the freedom of discovering and to the experience of disappearance.
2. They understand that their preoccupation with the discovery of disappearance is the only direction available for discovery until delinking occurs.
3. As delinking takes place, patients remember previously unconscious childhood restrictions of their play and are able to reconstruct earlier constrictions.
4. As delinking takes place, patients dreams of destruction and disappearance shift to positive dreams where there is no disappearance.
5. Patients become open to understanding that their disorders are symbolically expressed discoveries of disappearance.
6. Patients become less fearful in discovering positive qualities about themselves and pursuing innovative ideas about living.

CASE EXAMPLES

The following is a summary of interventions with a patient, Ms. M, with multidisorders. Her mixture of disorders included bipolar affective disorder, obsessive compulsive disorder, paranoid personality disorder, eating disorder, and impulse disorder. These disorders were manifested in shoplifting, prostitution, and drug use.

A second patient, Mr. C, manifested a primary obsessive personality disorder. Mr. C is presented to illustrate how the recognition of the undifferentiated selfobject led to the delinking of his preoccupation with early traumatic experiences of disappearance that were manifested in hopelessness and negativity.

Treatment Example: Ms. M

Ms. M was 23 years old and sought treatment as she was forced to fulfill a probation requirement. She was arrested for prostitution and drug use. She was anorexic, and had an obsessive personality disorder that was manifested in her shoplifting and following the wishes of her boyfriend to support him by her prostitution and shoplifting.

I wished to point my first intervention to Ms. M's elaborations of the negative aspects of her life. I said: "I get a clear picture of the many difficulties you have faced and the many difficulties that you can foresee" (Rowe, 2014, p. 353). Ms. M nodded in recognition and said that she always thought about what could happen to her. She remembered that as a child, she kept a diary about the scary things that could

happen. She remembered as a child that she wanted to be like Pipi Longstocking, a nine year old girl who was a favorite character in a childhood story book who survived many adventures. Ms. M said she ran away from home at fourteen years of age with two teenage friends. She proudly elaborated on her leading the group and finding food, shelter and clothing for over a year before they were arrested for vagrancy. I sensed that my awareness and appreciation of the many difficulties she could foresee and face were important to her. She felt free to tell me of her leadership and how she was able to survive. There was a shift from her negative focus to appreciating her leadership qualities and presenting herself to me as a as a leader. This shift can be considered a beginning delinking of her previous discovery of negativity and disappearance to discovering positive attributes about herself. It may be pointed out that the patient's beginning to delink from her negativity led to a new positive view of her qualities and cannot be considered the view of her attributes at the time of her running away from home.

As is usual with patients who begin to delink from the discovery of the negative or disappearance to discovering the positive, there is anxiety as these positive moments are associated to the implicit memory of disappearance. As stated, patients inevitably return to discovering the disappearance in the form of negativity. The threat of a repetition of the initial experience of disappearance directs the discovery away from freedom and spontaneity and to the imprinted experience of disappearance itself as there is no other place the discovery can go. Ms. M abruptly stopped speaking and seemed to ignore my presence until the end of the session.

Her negativity carried over to the second session. She feared that I would report her for telling me facts about her life. She began to berate herself for telling me about herself and elaborated on how she was like other addicts who wanted sympathy. She told a number of stories that she heard about a variety of ways addicts looked for sympathy. I again wanted to communicate my awareness and appreciation of the undifferentiated selfobject discovery experience albeit directed to uncovering the disappearance of truthful responses in order for addicts to gain sympathy. I said: "I see the many ways that you have spotted where addicts have made excuses for their behavior" (Rowe, 2014, p. 357). Ms. M. nodded in agreement, and said that she did not feel like talking anymore and wanted to leave early. She leaned back in her chair and turned her body sideways as if she were trying to find a comfortable position. She rested her head on the side of her chair and closed her eyes. After some moments she sat up and handed me my fee and left the session without speaking. She seemed relaxed at the end of the session unlike the end of the previous session when she abruptly stopped speaking. I thought her shift to relaxation was a positive expression that was emerging as a result of my recognition of her undifferentiated selfobject discovery experience. As pointed out, patients who are dependent on discovery of symbolic aspects of their early experience of disappearance are relieved when they sense their discovery is not threatened.

Ms. M began the following session in a similar manner as she ended the previous session. In a relaxed manner she leaned back in her chair and shifted her body in an effort to find a comfortable position. She closed her eyes and again said that she did not want to talk. After two or three minutes I realized that she had fallen asleep. After a moment of feeling annoyed at her dismissal, I was able to put aside my evoked response and attune myself to what I sensed was a deep relaxation and sound sleep. She was

obviously feeling less fearful about the treatment process, and experiencing at least some comfort in the session. After approximately ten minutes, Ms. M opened her eyes. She quietly thanked me for letting her sleep and spoke of her difficulties with her boyfriend who threatened to expose her prostitution to the police if he were not given money. She seemed more motivated to separate from him and elaborated on the specifics of her relationship and seemed to recognize the seriousness of her preoccupation with succumbing to his wishes. I did not want to mistake her elaborations as efforts to analyze her preoccupation with a desire to analyze her preoccupation. Her elaborations were for the primary purpose of deriving sustenance from the undifferentiated selfobject discovery of new aspects of her preoccupation. As stated, patients will be threatened with the loss of the undifferentiated selfobject discovery experience if the details of the preoccupations are the focus of the analysis. It can be emphasized that the details of the preoccupations are simply expressions of symbolic aspects of the discovery of disappearance. It is this discovery of disappearance that is the disorder and not the details of the preoccupations.

As emphasized, it is only when patients delink, and the discovery shifts are to positive considerations will they experience anxiety for fear of losing the discovery experience that is focused on the early trauma of disappearance. When these shifts become observable to the patient, the analyst has the opportunity to explain the meaning of the shift to the disappearance as a way of maintaining the undifferentiated selfobject discovery that has become wedded to the early trauma of disappearance.

I, therefore, wished to continue to recognize her discovery experience of disappearance so that delinking could progress and lead to her recognizing her shifts away from positive thinking. I said, "You are opening my eyes to the many threats to your survival." She nodded in agreement and began to speak positively about herself in a similar manner as she did earlier when she spoke about her leadership of her runaway girlfriends. In addition she said that she thought she was a kind person and looking back she thought of herself as smart and pretty. She thought of her grandmother as being kind as she took her to the library and taught her to read. She realized that she did not have kind feelings about her grandmother at that time and did not mourn her death or even go to her funeral. She thought that she missed what she could have had with her grandmother and wanted to continue therapy. She began to laugh anxiously and wondered how she could consider herself worthwhile as she was a bitch, thief, whore, and drug addict could be caring. I thought that Ms. M had shifted from the discovery of positive thoughts about herself to her familiar image of having no worth. This shift was observable to her as she felt she was missing what she could have had with her grandmother and wanted to continue treatment. Since I thought that the shift was observable to her, I suggested that her thinking of the new positive view of herself and what she might have had with her grandmother triggered her old preoccupations because her new view was not familiar. I said that this shift will happen until the new view becomes stronger. This was a beginning explanation that can help patients realize that positive views can trigger their preoccupations. This awareness deepens the treatment as patients become interested in understanding the shift to their preoccupations in order to continue to develop positive views.

Treatment of Ms. M was successful as she became aware of the undifferentiated

selfobject experience of discovering new and positive directions for her life. As delinking took place, she became aware that times of shifts to destructive behavior were triggered by discoveries of new and positive directions. She became aware of shifts in her dreams from recurring anxiety dreams of being lost in unidentifiable areas and unsuccessful attempts at locating familiar structures to dreams where she was walking in vividly colored forests and fields and swimming in open waters without concern of losing her way. She was able to remember that throughout her childhood she felt constricted by her parents. She thought that they stopped her from being spontaneous.

After the first year of treatment, she increased the frequency to twice weekly for a total of five years of treatment. By the end treatment, Ms. M made a new life. She wished to give up prostitution. She did not have her old feeling of subservience and was able to break from her boyfriend. She had no source of income and was having trouble in securing work that would support her. She was offered a job by a wealthy client who wished to help her make a transition away from prostitution. She was offered a job in his real estate business. She was concerned about accepting his offer as she might be tempted to continue prostitution. After analysis of her fears, she decided to take his offer with the condition that she would not be his escort. He agreed and Ms. M accepted the job. As analysis proceeded, it was learned that her client, Mr. J did not want to see Ms. M on an escort basis as he wanted a more meaningful relationship. As analysis proceeded, Ms. M described her growing affection for him in offering her a new professional direction and appreciating her assistance in buying and selling properties. Ms. M was able to sustain her gains, and a termination date was set.

Treatment Example: Mr. C

Mr. C suffered an obsessive compulsive personality disorder (OCPD). Characteristic of this disorder is a concern with orderliness, perfectionism, excessive attention to details and control over one's environment at the expense of flexibility. The behavior is seen as rational and desirable (American Psychiatric Association, 2013, pp 678-672); Gordon, Salkovskis, Oldfield, Carter, 2013). OCPD is unlike obsessive compulsive disorders (OCD) where the obsessions and compulsions are unwanted (WHO, 1992, pp. 117-118). Mr. C looked to be in his middle forties. He doubted that he could explain his problems because he always had difficulty in explaining anything as he thought his explanations could always be more complete. He thought there was always a better explanation. He felt threatened that he would be fired again because he could not complete projects on time as he knew there were better solutions.

In a soliloquy like manner he gave examples of rejecting one idea for a better one. Recounting the rejections seemed important in itself and not for solving them. There was no concern or curiosity about the rejection of his previous idea. Mr. C was preoccupied with thinking that each previous thought should be dismissed. His preoccupation can be considered symbolic expressions of discovering disappearance. He maintained his need for discovery of disappearance by rationalizing that one can come up with better thoughts, a commonly held truth.

The first step was to begin to help Mr. C delink the needed selfobject experience of discovery from his preoccupation with perfection to positive considerations. In order for that to occur he would have to sense I was appreciative of his discovery experience albeit it to the negative. I said: "While I don't know the particulars of your discussions with your clients and with your wife, I do sense

your broad awareness of ideas that are meaningless." Mr. C said that was true. He thought he could see what was defective. He thought he initially impressed people with his ideas, but when he didn't produce, they no longer cared. He expected me to say something negative like I thought he was superior to others, or he was angry and not caring about others. He said his other therapist thought this about him and so did his wives. I said: "Quite the contrary, like the other people who were initially impressed, I am impressed with your awareness of so many ideas about directions even though they are meaningless to you." Mr. C shook his head in agreement and seemed for the moment to accept my thoughts. He then seemed agitated as he again shifted his body in his chair. He said he would like to believe I was impressed, but he couldn't because what I said was contradictory: "What difference does it make how many defects I see when I can't produce?" I said: "I see your awareness again right now when you saw my idea was defective." This time, Mr. C seemed to accept my appreciation. He leaned back into his chair and closed his eyes. After about two or three minutes, he said he was feeling relaxed, and that was not usual for him. He thought I must have a calming effect on him. He would like to try therapy with me if I would see him. I said I would like to see him. He agreed with my fee, and we decided to meet twice per week.

Summary of Treatment

During the beginning of treatment, Mr. C spoke nonstop and covered what seemed to be a comprehensive range of financial planning topics. He also covered the issue of his relationship with his wife who he thought was ignorant of the meaning of social activities. He focused on describing aspects of his thinking. The symbolic quality of disappearance was clearly evident. Each thought in turn was dismissed as meaningless. Once a thought was dismissed, a separate thought was introduced without giving any value to the previous thought that is usual in the thinking process.

On one occasion when Mr. C paused after lengthy description of ideas that were meaningless, I said I sensed again his broad awareness of ideas that were meaningless. I told him I was getting a better idea of the many nuances and specifics. He again seemed to accept my appreciation. The description of ideas that he considered meaningless subsided.

As treatment continued, I sensed the delinking process was taking place. For example, Mr. C said he was spending time studying the stock market. He was interested in the ways stocks are traded and learning the definitions of terms used in trading like call and put options. I said he was finding it interesting in learning new ideas. I thought this was in contrast to his viewing his ideas as meaningless. Mr. C nodded in agreement. In a worried manner he thought talking about interest in ideas did not make sense to him. Unlike Ms. M, he did not remember anyone in his life who was interested in his thoughts. He was always told what to do like there was a format for living. He made good grades throughout school including college but was disliked by the students. He remembered he stayed by himself to avoid being teased and bullied. He had a two year older brother who was like a robot and became schizophrenic when he was a teenager. He thought people were out for themselves. Unlike Mr. C's viewing his ideas as meaningless, he was now viewing his ideas about the events in his life as meaningful though destructive to him. His interest in exploring the events in his life became a primary focus of treatment. As is common with patients with preoccupation disorders who begin to see their deprivations, Mr. C's focus of discovery shifted back to experience of disappearance, and he began to

demean his viewing the events in his life as fabrications and untrue. Understanding the dynamics of these shifts was a major focus of the treatment. I explained he suffered early disruptions of the freedom and spontaneity in discovering. When this happens infants no longer have the input of stimuli that give them a sense of existence. It can be considered an experience of disappearance. Out of a fear of a repetition of the loss of existence, the discovery that we all need for vitality and aliveness is redirected to the imprinted experience of disappearance. The redirection was why he had been preoccupied with discovering ideas that were meaningless. Symbolically it is like discovering the early experience of disappearance. Mr. C said disappearance rang a bell with him as he remembered feeling numb as far back as he could remember. He recalled early memories of being confined to a play pen and his hands being washed repeatedly. He learned later that both his mother and father were concerned with cleanliness and were of fearful of germs. These memories supported occurrences of earlier disruptions that would have led to the derailment of the discovery process and prevent the development of mirror, idealizing, and twinship needs.

Dreams of destruction were paramount in the first months of treatment. As delinking took place there were dreams of peacefulness and unending bodies of water and fields. At times, disruptions of these peaceful dreams occurred in the form of being chased by dangerous animals. These dreams were consistent with Mr. C's shift from viewing his ideas as meaningful to viewing his ideas as meaningless in his waking life.

As delinking took place, Mr. C became aware of his unrealized aptitudes and talents that were derailed. He thought his work was improving and seemed easier. He was still enjoying learning about the stock market and registered for advanced seminars in trading. Also, he thought he would like to write short stories. He wasn't certain where his idea came from, but he did remember writing stories alone in his room as a child as a way of passing time. He thought writing was stupid at the time, but looking back he remembered some his stories were insightful.

Shifts of the discovery of meaning in new ideas to preoccupations with meaninglessness lessened in time. Delinking was facilitated by analytically focusing on the moments of anxiety that emerged at times of freedom in discovering. In this way Mr. C was able to be aware of the source and cause of his momentary redirections to his preoccupations and achieve a shift back to the freedom of discovery.

He maintained his interest in the stock market and began to make personal investments with the guidance of a broker whom he met while attending seminars. At the end of treatment after approximately six years, Mr. C was promoted to a managerial position at work.

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