

Review of Sheldon Bach's *Getting From Here to There: Analytic Love, Analytic Process*, by Sheldon Bach. Mahwah, NJ: The Analytic Press, 2006
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Like a sculptor who can see the form hidden within the block of stone, Sheldon Bach—most recently in his third book on narcissism, *Getting from Here to There: Analytic Love, Analytic Process*—opens our eyes to the underlying structure and dynamics of narcissistic disorders. Bach's observations and formulations are presented in an accessible, engaging and deceptively simple way, but they reflect precision of observation, clarity and sophistication of thought, deep empathy for patients, and genuine clinical wisdom. Indeed, Bach's formulations are closely grounded in clinical observation. He is clearly gifted as a healer, scientist, and teacher.

The book is, first, a distillation, synthesis and further development of Bach's earlier discoveries about narcissistic disorders. As one makes one's way through the book, reading Bach's observations and formulations about one or another aspect of the functioning of people suffering from narcissistic disorders, the internal coherence of his overall framework becomes increasingly clear. Bach points us to the truly defining elements of narcissistic pathology and development—he focuses on the essentials without oversimplifying, giving us an elegantly described phenomenology of narcissistic disorders. And he brings in findings from studies in related areas such as attachment, mother-infant attunement, separation-individuation, and cognitive neurobiology that bolster the framework he has developed over the years. His gentle erudition permeates the book.

But he also goes further in describing his clinical method than he has previously done. His method is faultlessly grounded in his understanding of the development and pathology of these disorders.

Finally, Bach speaks to a truth about what clinical work can sometimes become—and may sometimes need to become—that is out of synch with our society's prevailing objectivizing ethos and that we may seek to avoid. It is at this point that Bach's clinical wisdom meets up with his courage to follow the truth as he sees it.

What follows is a brief summary of Bach's findings and ideas.

Development and psychopathology of narcissistic disorders

In the preface to his book, Bach tells us that states of consciousness—their permutations, transformations, integration and disintegration—have been a lifelong interest for him. Indeed, beginning with his first (1977) contribution to the study of narcissistic disorders, which forms the basis of the first chapter of his first book, *Narcissistic States and Therapeutic Process* (1985), the closely observed, thoughtful explication of states of consciousness has, in my reading, been the thread around which Dr. Bach's very important contributions to our understanding of the development, pathology and treatment of narcissistic disorders are organized.

Getting from Here to There begins with a chapter “On Being Forgotten and Forgetting Oneself.” Bach places the developmental miscue of not being held in mind by the primary caregiver, when this is a chronic situation, as the characteristic central, cumulative trauma in the genesis of narcissistic pathology. “Our own feelings of aliveness,” Bach says, are sustained partly “by feeling that we exist and are remembered

in the minds of others” (p. 2). People who suffer from a narcissistic disorder, in contrast, “cannot feel continually alive in the present because as children they did not feel continually remembered and alive in the minds of their primary caretakers” (p. 2). They were forgotten—not held in mind as an abiding, “living presence” (p. 132), with a basic attitude by the caregiver of “sympathetic resonance” (p. 132).

Such people are also likely to have a deficit in what Bach has termed “evocative constancy”—“the capacity to hold on to the object representation when the object is absent, or to hold onto the self-representation when the object is not there to reflect and reinforce it” (p. 23). Having been forgotten, such people become deficient in their own capacity to remember themselves and others in a vital, fully engaged way. Evocative constancy, Bach indicates, is the basis for “the establishment of stable representations and reliable self- and object constancy” (p. 3).

It is not only the feeling of aliveness and the ability to keep oneself and others in mind that depend on being remembered, but the ability to use one’s mind in a full and integrated way. Over the course of this first chapter and the book, Bach goes on to describe the “narcissistic thought disorder” (p. 20), or “narcissistic state of consciousness” (p. 20), that results from being forgotten. This state of consciousness is notable especially for the rigidity and lack of continuity in various dimensions of thinking—the lack of capacity to encompass ambiguity, complexity and multiple perspectives that creates “either-or” thinking; the lack of ability to balance, shift between, and integrate “the great polarities of psychic life, such as self and other, subjectivity and objectivity, attachment and separation, activity and passivity, and pleasure and unpleasure” (p. 18), as well as love and hate, engagement and disengagement, and concrete and abstract perspectives on experience; the lack of a sense that the present moment is linked to the past and the future; the lack of a sense of a process that governs how things happen; and ultimately the lack of a sense of that experiences have meaning and that other people, and the world itself, can be trusted. Patients with narcissistic pathology are often engaged in frantic oscillations between what feel like discontinuous and contradictory points of experience. Being held in mind in an abiding way by another is what allows people to develop the capacity to hold in mind other states than the one they are in, and to integrate their present experience with other kinds of experiences they have had.

Bach places this forgetting, by the parents of narcissistically disordered patients, within the broader context of their failure to become engaged in the interpenetration of affects between themselves and their child, and thus their failure to foster the child’s transitional space (Winnicott, 1953). These are the states in which the child becomes able to tolerate and then to integrate contradictory experiences and to develop a sense of personal continuity, and which are the foundation for the level of attunement by the mother necessary for the child to develop evocative constancy.

Additionally, Bach sees the lack of such interpenetration and attunement as the cause of “severe emotional dysregulation” (p. 21)—another characteristic problem of those suffering from narcissistic disorders. He writes, “it often seems as if their emotional thermostats were malfunctioning or nonexistent, which was consistent with their overall problems of self- and mutual regulation” (p. 21), and cites research in cognitive neurobiology showing that the mother’s misattunement and emotional reactions affect the

child's brain functioning. Bach's discussion of regulation emphasizes his view that the psychological and the somatic and inextricable.

Bach notes that events other than the caregiver's chronic failure of attunement to the child based on the caregiver's own difficulties can also underlie narcissistic disorders. These events include a child being "so extremely high- or low-drive that few mothers could have responded adequately, or because in some other way child and mother are essentially mismatched" (p. 77), as well as "loss of the self through childhood illness, traumatic disillusionment, overwhelming anxiety, and so forth" (p. 24).

Bach pays special attention, most notably in chapters 2 and 8, to one of the polarities of psychic life that poses great difficulties for people with narcissistic disorders: the difficulty shifting between and integrating *subjective awareness*—where we are totally immersed in our own thoughts, feelings and actions, and nothing else exists for us—and *objective self-awareness*, where we observe ourselves in a more distanced way, as one person among people. The difficulty integrating these polarities is closely related both to the two manifest presentations of narcissistic pathology—overinflated and deflated—and to the sadomasochistic object relations characteristic of narcissistic pathology.

Overinflated narcissistic pathology reflects an exaggeration of subjective awareness to the detriment of seeing oneself as one person among many, and thus forms the basis for a sadistic orientation to other people. Others are devalued, and one's need for them denied; there is a hypomanic affective tone. Deflated narcissistic pathology, on the other hand, involves an exaggeration of objective self-awareness, a devaluation of one's own experience, depressive feeling, and a masochistic engagement of other people. In treatment, overinflated narcissistic pathology results in a mirroring transference (Kohut, 1971), where the analyst is a part-object whose function is essentially to admire and affirm the patient. Conversely, deflated narcissistic pathology creates an idealizing transference (Kohut, 1971), "in which the analyst is expected to embody everything the patient cannot hope to be" (p. 20). Here, the patient feels insignificant and clings to the idealized analyst, who, in a different way, functions as a part-object. Bach notes that latent within each of these manifest presentations of narcissistic pathology lies the other form, which will eventually emerge in treatment.

In an earlier book (1994), Bach described how the sadomasochistic fantasies inherent in narcissistic disorders may or may not emerge in frankly sexual forms, but will certainly shape the underlying structure of their object relations—a theme he returns to in chapter 7 of *Getting from Here to There*. This, too, he ties to "parental nonrecognition, emotional absence, or a lack of mutual pleasure between parent and child [which] force the child to flee to the sadomasochistic drives in an effort to deny the loss and to buttress a failing sense of self" (1994, p. 5, also see p. 4). Sadomasochistic object relations are seen by Bach as arising in the context of being socialized largely through coercion, "terror and fear of abandonment" (p. 98), resulting in someone seeking out pain rather than pleasure in interactions with other people—this is what is familiar (p. 101); and as constituting "a defense against and an attempt to repair some traumatic loss that has not been adequately mourned" (p. 24). The sadistic and masochistic object-relational alternatives are attempts to undo the inner insecurities upon which narcissistic disorders are based: as Bach tells us, the sadist, in his maltreatment of the other, reassures himself that "I can do anything I want to you—I can beat you or torture you forever—but you'll

never be able to leave me!” (p. 27), while the masochist essentially offers: “Do anything you want to me—beat me or kill me if you must—but don’t ever leave me” (p. 27). Both sadist and masochist use others in the instrumental way they experienced themselves as having been used in their own childhoods. The centrality of sadomasochism in narcissistic object relations is one of Bach’s most important contributions.

In this book, Bach also refers briefly (p. 18) to a subject he has dealt with at greater length in his earlier books: fantasies, other than sadomasochistic ones, frequently found in people with narcissistic disorders. These fantasies include the “narcissistic cocoon ... fantasies of implosion and explosion ... fantasies about a double, an imaginary companion, a wise baby, or an androgyne ... or fantasies of escape into another world” (p. 18). Like sadomasochistic fantasies, all of these fantasies function, in one way or another, to soothe and help regulate narcissistic distress.

Treatment of narcissistic disorders

Bach goes further in this book than in his earlier work in describing his treatment methods, in specific and concrete terms. And indeed, his treatment methods flow seamlessly from his understanding of the development and pathology of narcissistic disorders, allowing Bach to describe a compelling analytic treatment method for a disorder for which many analysts have questioned the value of analytic treatment.

On the most general level, Bach proposes that psychoanalysis—frequent, and using the couch—is the treatment of choice for narcissistic disorders, since it addresses the regulatory issues underlying narcissistic symptomatology, as well as creating the necessary conditions for an adequate reworking of disturbances in the organization of subjectivity and object relations, and thus for healing. Taking issue with the practice of medicating symptoms frequently found in narcissistic disorders, such as the depression that may result from the narcissistically disordered person’s difficulties in regulating his or her affects, Bach says, “a great many people with analytically treatable narcissistic disorders are still being diagnosed as unipolar or bipolar and treated only with medication, which may help their behavior but not their basic regulatory issues or their problems with relating to others. ... Fortunately, when these patients do get into a good analysis where they begin to trust the analyst and become able to use him or her as a transitional or selfobject, then they often become emotionally and cognitively regulated, with or without medication” (p. 21)—and “with greater precision and fewer side effects” (p. 32; also see p. 51). Bach also believes that “These patients respond very nicely to psychoanalysis but sometimes less easily to [less frequent] psychotherapy, because in many psychotherapies the appropriately deep, primitive transferences either cannot be achieved or else cannot be adequately managed” (p. 29-30).

In terms of how the specifics of the analytic setting address regulatory issues, and ultimately the patient’s trust, Bach reminds us that “analysts have for decades been providing their patients with ‘hidden’ psychobiological regulators such as a couch, some pillows and a soothing sensory environment. In my own practice I usually try to adjust the consulting room to each patient’s preferences about temperature, ventilation, sound, lighting, pillows, blankets, furniture arrangement, and so forth, within the bounds of my possibilities This policy applies to scheduling as well, which I try to keep flexible if I can do so without generating too much countertransference. Some patients simply need a longer time to get started, and I try to accommodate them whenever possible I also

arrange for the clock to be visible to both the patient and to me Many of these apparently inconsequential adjustments of the analytic environment may be thought of as paralleling the hidden biological regulators of early attachment such as the warmth, texture, and tactile, auditory, and vestibular stimulation” (pp. 25-26). And on the most basic level, “the analyst is always there and usually on time” (p. 37).

Regulation in the analytic setting is also fostered through obtaining a history of regulation. “I try in the first sessions with these patients to get both an overview of the dynamic picture and a history of the early dysregulation with which it is so often intertwined. ... I find that working in this way from the very beginning is a great help in dealing with transference disruptions, in understanding and managing them, and in arriving at the better regulated interaction that is the foundation of basic trust” (p. 39).

At the beginning of therapy, due to the patient’s difficulty in regulating emotional reactivity and interpersonal relationships, Bach sees the patient’s “attachment to the treatment [as] our primary goal” (p. 27). Bach’s basic way of doing this is to try “to enter into the experiential world of the patient ... which requires leaving behind, as far as possible, one’s own fears, memories, values, and desires. ... a tall order under any circumstances” (p. 129). “Remaining in the patient’s world is the road to attachment, [and] making an ‘objective’ comment or interpretation [is] the road to separation,” which should generally be avoided (p. 27).

“Even if the patient is unable to engage in mutual collaboration, and at first most of these patients are not, we are always collaborating with them by going along with their vision of reality even when they reject ours We must defer to the patient’s vision of reality until he becomes able to tolerate our presence and psychic reality in the room with him. ... By this means we enter the patient’s phenomenal world.” (p. 36). “The best place to be most of the time is as close to the patient’s experiential world as possible” (p. 39).

One goal of this kind of engagement of the patient is for the patient to become able to create transitional space—the medium in which a child, and later a patient, learns to integrate polarities and to develop a sense of continuity and linkage. The transitional object, Bach reminds us, is “a safe haven of attachment to the object and a means of separation from that very object. It is both a link to the past as it was and a way of carrying and transforming this past into the emerging future. It is a way of remaining immersed in subjectivity while also being a path toward objectifying the world It is only when this does not occur, as in pathology, that one finds a radical splitting and an obsessive alternation between the frozen dichotomies of subjectivity and objectivity, of self and other, which seem unable to oscillate fluidly, to integrate, or to reach some homeostasis” (p. 118). It is in the transitional area, Bach says, that “dichotomy, ambiguity, and paradox can be acknowledged and contained” (p. 76), that “trust becomes possible” (p. 94) and that “playing together becomes possible” (p. 94). Thus, in the treatment of narcissistic disorders, “the creation or recreation of an adequate transitional space is essential” (p. 70).

Inseparable from the kind of heightened attention that is part and parcel of a mother’s emotionally holding a child—and an analyst’s holding a patient—in mind as a “living presence,” and from the mother’s or analyst’s own participation in the transitional space that the child or patient creates, is what Bach calls “the reliably consistent

interpenetration and mutual regulation of affects and gestural communications in the ... dyad” (p. 19). Indeed, Bach says that transitional space “evolves largely through the interpenetration of affects and states of consciousness” (p. 70), and that in early development, the level of attunement that characterizes the kind of “living presence”-attention needed for mother and child to metabolize each other’s affects and perceptions (p. 76) and for mother to contain and manage the baby’s states and “help the baby feel he is alive in her mind” (p. 78), is based in such a state of interpenetration. This atmosphere of high attunement, interpenetration, and transitionality is the medium, Bach tells us, in which “meaning and trust originate” (p. 19). As is clear from some of these quotes, the atmosphere of interpenetration and transitionality is also the medium for the mutual regulation between mother and child—and between analyst and patient—that forms the foundation for someone learning to regulate his or her own affective and attentional states.

Bach recommends certain modifications of technique (p. 45) to foster the patient’s sense of being remembered by the analyst and being able to hold herself in her own mind in a more continuous way, including: holding, accepting projections, lending oneself to enactments without interpreting them for a considerable time, and verbal and bodily expressions of empathy and attunement. He also suggests that with a patient who has difficulty with reflective self-awareness, it may be easier to approach the understanding of her thoughts and actions from the perspective of their self-regulatory function.

Bach says: “As the patient begins to use the analyst in this narcissistic way and the analyst lends himself to this usage while elastically maintaining the overall framework, we begin to see the development of analytic trust, of a transitional area, and of mutual regulatory processes” (p. 28). “In the ordinary course of events a patient will eventually begin to take distance on his own subjectivity and to develop reflective self-awareness, which can then be taken as one sign that interpretations have now become usable” (p. 27). The analyst can then move towards “the regular employment of classical interpretive techniques” (p. 28).

A primary clinical problem is establishing trust. “We do this by making the analytic consulting room a safe and reliable space and by being absolutely truthful with the patient about everything that occurs in this space and that happens between us” (p. 36). When things go wrong, “we analyze our own reactions as well as the patient’s, for there is no way that a patient who mistrusts everything will trust us at all if we insist on leaving ourselves out of the equation. There is a way of being absolutely straight with the patient without indulging in confessions, apologia, or gross parameters” (p. 36). Bach emphasizes the importance of countertransference analysis, due to the constant affective communication between patient and analyst (p. 92).

There is an additional reason for the analyst to be open. Separating oneself from a shared pathological family worldview or state of consciousness is a necessary therapeutic task for many patients. Such a family worldview often involves a prohibition on questioning of family attitudes and on thinking about or noticing certain things that happen in the family (chap. 4). “To help such patient recognize the parental pathology and to help them separate from it is one of the most difficult clinical problems we face” (p. 64), Bach says. Thus, it is important that the patient be able to question, and have access to, the analyst’s thought processes, if he is to become able to achieve true independence.

“I allow the patient to witness my mind at work in the process of free-associating or making formulations It is especially useful for such patients to experience the analyst as he tries to deal with doubt and ambiguity, or as he tries to hold two ideas or two roles in mind at the same time, for it opens up the possibility of the patients doing the same. ... since I am implicitly asking my patients to trust me with their minds, I struggle to attain a position where I can trust them with my own mind and feel that I have nothing to hide from them” (p. 63).

In this regard, Bach says that the “the therapeutic dyad [is] a reworking of the original dyad in which the continuing goal of each participant [is] to understand how the mind and body of the other person really worked” (p. 53).

Bach says “while direct verbal communication may sometimes not be necessary to initiate important change, I believe that to understand consciously and eventually to formulate these changes in a verbal and symbolic manner always adds an *essential* extra dimension to a psychoanalysis” (p. xix). One aspect of this is that “since ... transference reactions are so often accompanied by intense rage and other blinding emotions ... the analyst is at a great advantage if the subject has already been raised and discussed in its historical context” (p. 38).

Despite the analyst’s attempts to protect the patient’s attachment to the treatment and to support the patient’s trust, there will inevitably be disruptions in the attunement and connection between patient and analyst. Following Ferenczi (1933) and Kohut (1971), Bach sees a central therapeutic role for these disruptions. “Each episode of attempted alliance, its disruption, and the repair of the alliance raises the mutual trust to a higher level Each episode of mismatch, disruption, and repair is also an ongoing process of regulation of the dyadic system Analytic trust is based on and grows with successful mutual regulation” (p. 36-37).

Due to the traumatic losses that underlie narcissistic disorders, Bach also links the process of reintegration to a process of mourning. In this regard, he cites Kris’s (1984) concept of “divergent conflicts of ambivalence” which involve an inability to reconcile the basic polarities of life. “For these patients *at this stage* the mutative process is often not verbal interpretation of drive-defense or *convergent* conflicts, but rather a prolonged process of mourning and reintegration that entails a mindful interpenetrative oscillation between these polarities” (p. 24).

Love

It is in his final chapter that Bach takes a new, especially personal, and somewhat daring, step, saying what some analysts believe in their heart of hearts about the core of therapeutic change: that it is based upon love (and cf. Steingart’s, 1995, discussion of analytic love). Bach cites Freud’s statement that “The secret of therapy is to cure by love” (p. 126), and says that “Many of the technical terms and concepts of psychoanalysis can be seen as part of a programmatic effort to specify the parameters of love in an experience-distant language” (p. 126). What Bach means by love is “the sense of knowing, appreciating, and admiring without carnal knowledge or seductive feelings but in essentially the same way one appreciates the body and flesh of one’s closest friends or one’s own children in their entirety” (pp. 129-130). Bach believes that the effects of

paying a particular kind of very close attention to the patient—characterized by the analyst holding the patient as a “living presence” in his mind, as well as by a sense of “basic trust” of, and a “sympathetic resonance” (p. 132) with, the patient—“can be very profound indeed, for the person with whom you are thus connected, whether patient or friend or lover, begins to feel held together by your attention and to feel that more and more parts of himself are becoming meaningfully interconnected” (p.133). When such a connection with the patient is achieved, “the most curious things begin to happen. After a while you find yourself totally emotionally involved in the process ... caught up in a process that is larger than yourself. A part of you is still able to observe professionally, to reflect and exercise control, but another part is hopelessly entangled, and you simply cannot help it. You have, to speak quite frankly, fallen in love with your patient” (p. 133). In this way, analytic love provides the medium for the “mutual assimilation and interpenetration” (p. xix) that may have been lacking during early childhood and that is required for the analytic reworking of this early deficiency.

One might wonder whether an analytic stance that does not include at least the effort to attune oneself to the patient in the way that makes analytic love more likely, is—drawing on the set of options that forms the title of Bach’s second book, *The Language of Perversion and the Language of Love* (1994)—a *perverse* analytic stance, in that such an approach embodies a less-than full embrace of the other person: that is, a part-object view of the patient. We may further wonder whether the same healing processes set in motion by analytic love, that naturally address the deficits in narcissistic functioning that Bach describes, can occur in the absence of analytic love? I think Bach would say that they cannot.

The kind of analytic love that Bach talks about is the opposite of the parental forgetting he describes at the beginning of the book, which he places as the root of many of these patients’ difficulties. Thus, the first and last chapters form bookends to this work. Indeed, analytic love seems to gather together many of the elements Bach believes are essential in the treatment of narcissistic disorders—the analyst holding the patient in mind as a “living presence,” with “sympathetic resonance” and “basic trust”; giving oneself over to the patient’s world; openness; and the high degree of attunement and interpenetration that facilitate mutual regulation and trust. Analytic love is also a kind of play, which is a form of shared transitionality and which carries an ever-resilient potential for mutual recognition: an achievement that all of us would hope for our narcissistically troubled patients.

Conclusion

Bach at one and the same time humanizes and operationalizes our understanding of narcissistic disorders. He has great empathy with people’s struggles and compassion for their pain, yet describes these struggles with precision and clarity. His observations and formulations are accessible and convincing. His clinical vignettes not only illustrate his points persuasively, but also give us a vivid and three-dimensional sense of the dynamic struggles of human beings in pain. In my experience, the book’s observations, formulations and vignettes all enrich enormously the possibilities to listen to our patients more closely and actively, with greater compassion and clarity, and find new dimensions of meaning in what they say and do.

Bach draws upon ideas of like-minded analytic thinkers, integrating them into his own approach—Balint's (1968) clinical avoidance of signs of the analyst's separateness from the patient and allowing the patient the kind of object relationship the patient feels he or she needs, without interpretation or challenge; Kohut's (1971) concept of self-object transferences, enriched with Bach's own formulations about subjective and objective self-awareness and sadomasochistic object relations; Winnicott's (1953) idea of transitionality, not only as a route to the development of the self and the embrace of outer reality, but more specifically as the medium in which the rigid dichotomizing of the narcissistic state of consciousness and deficits in the ability to self-regulate can be resolved.

To sum up Bach's formulations in the most schematic way: The mother's sustained attunement to her child, and seeing the child as a person in his or her own right, foster an interpenetration of affects and a healthy experience of transitionality in the child. These conditions, in turn, facilitate the child's healthy development in many areas—feeling alive, being able to keep oneself and others in mind in a vital way, being able to regulate one's own affects and to trust other people.

In contrast, many aspects of narcissistic disorders that Bach has delineated—dichotomous thinking, sadomasochistic object relations, overinflated or deflated self-experience, idealizing or mirroring tendencies, typical narcissistic fantasies—seem to reflect attempts, using primitive and rigid defenses, to compensate for deficits in these areas of development and thus to gain self-control and stability. These compensatory efforts compromise affect, thinking, self-experience, and object relations.

Bach's approach to treatment flows directly from this understanding: through various means, to create a containing and responsive environment that will lead to an interpenetration of affects, transitional space and, with luck, analytic love—a medium, in other words, that contains the essential developmental experiences the patient lacked in childhood. Such a medium will likely facilitate the growth of the patient's trust, feelings of aliveness, self- and object constancy, and more adequate ways of regulating her own affective states, and allow the patient to let go of rigid, defensive attempts to compensate for earlier deficits.

References

- Bach, S. (1977). On the narcissistic state of consciousness. *International Journal of Psycho-analysis*, 58: 209-233
- Bach, S. (1985). *Narcissistic states and the therapeutic process*. Northvale, NJ: Aronson.
- Bach, S. (1994). *The language of perversion and the language of love*. Northvale, NJ: Aronson.
- Bach, S. (2006). *Getting from here to there: Analytic love, analytic process*. Hillsdale, NJ: Analytic Press.
- Balint, M. (1968). *The basic fault: Therapeutic aspects of regression*. London: Tavistock.
- Ferenczi, S. (1933). Confusion of tongues between adults and the child. In *Final contributions to the problems and methods of psycho-analysis*. London: Hogarth Press, 1955, pp. 156-167.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Kris, A. (1984). The conflicts of ambivalence. *The Psychoanalytic Study of the Child*, 39: 213-234. New Haven, CT: Yale University Press.

Steingart, I. (1995). *A thing apart: Love and reality in the therapeutic relationship*. Northvale, NJ: Aronson.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena—A study of the first not-me possession. *International Journal of Psycho-analysis*, 34: 89-97.

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